Blue Cross Community Health Plans℠

Privacy Practices Notice-Your Legal Rights

Effective 10/1/2025

Blue Cross and Blue Shield of Illinois must give you two notices: HIPAA Notice of Privacy Practices and a State Privacy Practices Notice. The HIPAA notice explains how we can use or give out your protected health information and your rights to that information under federal law. The State Privacy Practices Notice explains how we can use or give out your nonpublic, private financial information and your rights to that data under state law.

Please take a few minutes and review these notices. To receive these notices by email, go to the **Blue Access for Members**℠ portal at **www.bcbsil.com** to sign up. Our contact information is found on page 5 and at the end of each notice.

HIPAA NOTICE OF PRIVACY PRACTICES-YOUR RIGHTS

When it comes to your health information, you have certain rights.

Get a copy of your health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information.
- We will give you a copy or outline of your health and claims records within 30 days of the request. If we need more time, we will notify you. We may charge a small fee.

Ask us to fix health and claims records.

- You can ask us to fix your health and claims records if you think they are not right.
- If we say no to your request to fix your records, we will tell you why in writing within 60 days.

Ask for private communications.

- You can ask us to reach you in a certain way or to send mail to another address.
- We will provide a response to all requests. We must agree to your request if you tell us you would be in danger otherwise.

Ask us what not to use or share.

- You can ask us not to share or use certain health information.
- We do not have to agree with your request. We may say no if it would affect your care.

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

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Get a list of those with whom we have shared data.

- You can ask us for a list of when we shared your information, with whom we shared it and why during the last six years.
- We will provide this information to you. However, we will not provide you information about your care payment. We will provide you this information once a year for free. We may charge a small, cost-based fee if you ask again within 12 months.

Get a copy of this notice.

- You can ask for a paper copy of this notice at any time, even if you are OK with getting the notice electronically.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can also ask for information and make decisions for you.
- We will confirm with you that these individuals are allowed to get information about you before we make it available.

File a complaint if you feel your rights are violated.

- If you feel we have not done the right thing with your information, you can complain to us.
- You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-877-696-6775** or by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints** or by sending them a letter: 200 Independence Ave., SW, Washington, D.C. 20201.
- You have a right to file a complaint. If you do, we will not hold it against you.

YOUR CHOICES—For certain health information, you can tell us your choices about what we share.

If you know how you want us to share your information in the specific conditions described below, tell us and we will follow your orders.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in paying for your care
- Share information in a bad situation and help you fix the problem
- Reach you for fundraising efforts

If there is a reason you cannot tell us with whom we can share information, we may share it if we believe it is best for you. We may also share information for health or safety reasons.

We never sell or use your information for promotional purposes unless you give us your written OK.

INFORMATION USE AND SHARING—How do we use or share your health information?

Help you get added or improved health care treatment

- We can use your health information and share it with doctors or health staff who treat you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange more services.*

Run our operations

- We can use and give out your information to support and improve our operations. *Example: We use health information to create better services for you.*

We cannot use your genetic information to decide whether we will give you care except for long-term care plans.

Pay for your health services

- We can use and give out your health information to your health plan sponsor for plan administration purposes. *Example: We share information about you with your dental plan to make a payment for your dental work.*

Administer your plan

- We may give out your health information to your health plan sponsor for plan administration purposes. *Example: We may provide certain information to the sponsor of your health plan to explain how we charge for our services.*

How else can we use or share your health information?

We also can share your information in order to help the public good like public health and research. We have to meet many laws before we can share your information for these reasons. For more information go to: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**

Help with public health and safety issues

- We can share your health data when we need to:
  - Stop diseases
  - Help with product recalls
  - Show bad reactions to drugs
  - Show suspected harm, neglect or home violence
  - Stop or lessen a threat to someone's health or safety

Do research

- We can use or share your information for health research.

Follow the law

- We share information about you when a state or federal law says we must. *For example, we may share information with the Department of Health and Human Services. This is so they can check to see that we follow privacy laws.*

Answer organ/tissue donation requests and work with certain experts

- We can share your health information with an organization that helps with organ or tissue donation.
- We can share your information with a medical examiner, coroner or funeral director.

Address workers' compensation, police and other government requests

- We can use or share your health information:
  - For workers' compensation claims
  - For police purposes or with a law enforcement official
  - With health oversight firms for activities approved by law
  - For special government functions such as military, national security and presidential protective services or with prisons regarding inmates.

Answer to lawsuits and legal actions

- We can share your information in response to a court order or in response to a request to show up in court.

Certain health conditions and diseases

- State laws may ask us to be extra careful with information about certain health conditions or diseases. *For example, the law may stop us from sharing or using data about HIV/AIDS, mental health, alcohol or drug abuse and genetic data without your OK. In these situations, we follow what state law says.*

OUR DUTIES—When it comes to your information, we have certain duties.

- We must keep your health information safe and secure.
- We must let you know if your information has been shared or used by someone that could affect you negatively.
- We must follow the privacy practices that are described in this notice and make sure that you can get a copy of the notice.
- We will not use or share your information except as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

For more information: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

STATE PRIVACY PRACTICES NOTICE

BCBSIL collects private information about you. This information comes from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSIL agrees to:

- Not give out your information even if you stop being a customer to any non-affiliated third parties except with your OK or according to the law.
- Limit the workers who can see your information to those who perform jobs needed to run our business and give care to our customers.
- Have security and privacy practices that protect your information from unauthorized use.
- Use your information only to process your claims, to bill you and to provide you with customer service.
- Use your information according to the law.

BCBSIL is able to share your information with certain third parties who perform jobs or services for us. Here are some examples of third parties that we can share your data with:

- Our affiliates
- Clinical and other business partners that offer services on our behalf
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory and other governmental groups including the police
- Your group health plan

You have a right to ask us what nonpublic financial information we have about you. You can ask for a copy of this information.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices. The changes we make will apply to all the information we have about you. If we make changes, the law requires we mail you a copy of this notice.

CONTACT INFORMATION

You can get a copy of these Notices at any time by:

1. Going to the website at **https://www.bcbsil.com/il/documents/medicaid/bcchp-hipaa-notice-il.pdf** privacy-practices-notice or
2. Calling the toll-free number found on the back of your member ID card.

If you have questions about your rights or these notices, contact us.

1. Call us at **1-877-361-7594** or
2. Write us at
   Privacy Office
   Blue Cross and Blue Shield of Illinois
   300 E. Randolph Street
   Chicago, IL 60601-5099

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-877-860-2837**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at
https://www.bcbsil.com/bcchp/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-877-860-2837** (TTY: **711**) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-877-860-2837** (TTY: **711**) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-877-860-2837** (TTY: **711**) أو تحدث إلى مقدم الخدمة الخاص بك.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-877-860-2837** (TTY: **711**) 或咨询您的服务提供商。
Français French	ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-877-860-2837** (TTY: **711**) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-877-860-2837** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-877-860-2837** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-877-860-2837** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero **1-877-860-2837** (TTY: **711**) o rivolgiti a un assistente.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-877-860-2837** (TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오.
فارسي Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با **1-877-860-2837** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-877-860-2837** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-877-860-2837** (TTY: **711**) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-877-860-2837** (TTY: **711**) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونامداد اور خدمات بھی مفت دستیاب ہیں۔ **1-877-860-2837** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Ελληνικά Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **1-877-860-2837** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-877-860-2837** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn.