

LIST OF DISCLOSURES FOR WHICH YOUR AUTHORIZATION IS NOT REQUIRED

1. **To Our Fund Business Associates:** The Fund engages third parties (called “Business Associates”) such as Blue Cross Blue Shield of Michigan, the Fund’s claims administrator, and TIC International Corporation, the Fund’s third party administrator, to provide various services for the Fund. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, the Fund will have a written contract with that third party designed to protect the privacy of your PHI.
2. **To You and Your Personal Representative:** The Fund and its Business Associates may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
3. **For Treatment:** The Fund and its Business Associates may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, the Fund may disclose your PHI to health care providers in connection with disease and case management programs.
4. **For Payment:** The Fund and its Business Associates may use and disclose your PHI for the Fund’s payment-related activities and those of health care providers and other health plans, including for example:
 - a) Obtaining contributions and determining eligibility for benefits.
 - b) Paying claims for health care services that are covered by your health plan.
 - c) Responding to inquiries, appeals and grievances.
 - d) Coordinating benefits with other insurance you may have.
5. **For Health Care Operations:** The Fund and its Business Associates may use and disclose your PHI for our health care operations, including for example:
 - a) Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation.
 - b) Performing outcome assessments and health claims analyses.
 - c) Preventing, detecting and investigating fraud and abuse.
 - d) Underwriting, rating and reinsurance activities.
 - e) Coordinating case and disease management activities.
 - f) Communicating with you about treatment alternatives or other health-related benefits and services.
 - g) Performing business management and other general administrative activities,

including systems management and customer service.

The Fund and Business Associates may also disclose your PHI to other providers and health plans who have a relationship with you for certain of their health care operations. For example, the Fund may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

6. **To Others Involved in Your Care:** The Fund and its Business Associates may, under certain circumstances, disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in our health care or payment for health care. For example, the Fund may discuss a claim determination with you in the presence of a friend or relative, unless you object.
7. **When Required by Law:** The Fund and its Business Associates will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. The Fund and its Business Associates will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.
8. **For Matters in the Public Interest:** The Fund and its Business Associates may use or disclose your PHI without your written permission for matters in the public interest, including for example:
 - a) Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight.
 - b) Reporting adult abuse, neglect, or domestic violence.
9. **For Research:** The Fund and its Business Associates may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.