



**Solstice Benefits, Inc. ("Solstice")
Policies and Procedures for PHI Use and Disclosures**

It is important for you to know that we respect your right to privacy. These policies and procedures address handling, safeguarding, using, and disclosing protected health information (PHI). In accordance with the company's Business Associate Contract with health care providers, health plans, and health care clearinghouses, we must ensure the privacy of an individual's protected health information.

PHI refers to all information (oral, paper-based documents, and electronic documents) that relates to an individual including but not limited to:

- Medical information
- Billing information
- Financial information
- Names and other identifying information such as:
 - Telephone numbers
 - Fax numbers
 - Electronic Mail addresses
 - Social security numbers
 - Medical record numbers
 - Birth date
 - Date of death
 - Health plan beneficiary numbers
 - Account numbers
 - Certificate/license numbers
 - Full face photographic images and any comparable images
 - Any other unique identifying number characteristic, or code

Respecting your privacy rights

All of our business practices are in full compliance with the privacy requirements set forth by the Health Insurance Portability and Accountability Act (HIPAA).

Protecting your confidential information

We have taken precautionary measures to make all information received from our online visitors as secure as possible against unauthorized access and use. We do not sell or share information to companies outside of our UnitedHealth Group organization.

However, it may be necessary for us to provide information to contracted external partners in order to respond to your inquiries and to provide you with services on our behalf. They may only use the information provided for the specified use and project.

Your online preferences

We use "cookie" technology to obtain usage information from our online visitors. You may disable your cookie information by adjusting your browser preferences on your personal computer at any time. Keep in mind that cookies do not identify a specific user and are not used to collect any personal information.

In order to provide you with the best possible service and relevant information to you, we use cookies to:



- Track resources and data accessed on the site per visitor
- Record general site statistics and activity
- Assist users experiencing Web site problems

Safeguarding your data on site

We have appropriate security measures in place in our physical facilities to protect against the loss, misuse or alteration of information that we have collected from you at our site.

Our online communication practices

You should know that unless otherwise noted, the email functionality on our site does not provide a completely secure and confidential means of communication. It is possible that your email communication may be accessed or viewed inappropriately by another Internet user while in transit to us. If you wish to keep your information completely private, you should not use email.

We may send email communications to you related to general health benefits, Website updates, health conditions and other general health topics.

We may also send electronic newsletters on a periodic basis to various individuals and organizations. To opt-out of the newsletter you're receiving, click on the opt-out button associated with the specific communication.

Policies and Procedures

1. When using or disclosing protected health information, we will take reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
2. The following are situations in which the minimum necessary provisions would **not** apply:
 - Uses or disclosures that are required by law.
 - Uses or disclosures made to the individual.
 - Uses or disclosures made pursuant to an authorization.
 - Disclosures to a health care providers for treatment purposes.
 - Disclosures to the Secretary of Health and Human Services for enforcement purposes.
 - Uses or disclosures that are required for compliance with HIPAA requirements.

Treatment

The identity of any person contacting this company requesting protected health information (PHI) must be verified before any disclosure may take place. Staff members must also verify the requesting person's authority to have access to the PHI.

In cases where a public official is requesting PHI, you must verify the identity of the requester by examining reasonable evidence, such as a written statement of identity on agency letterhead, an identification badge or similar proof of status. In addition, the legal authority must be determined and verified by examining the reasonable evidence, i.e., a written request provided on agency letterhead that describes the legal authority for requesting the release.

**Payment**

PHI may be used or disclosed so that the treatment and services patients receive may be billed and payment may be collected from the individual, an insurance company or a third party. PHI may be used or disclosed to obtain prior approval or to determine whether an individual's insurance will cover the treatment.

Solstice may disclose PHI in response to a subpoena, discovery request, or other lawful order from a court.

To the extent that the law permits us to release information, we may disclose PHI if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances.

Solstice will disclose PHI about patients when required to do so by federal, state or local law.

Disclosure

If you wish to enroll in the Solstice dental and/or vision benefit programs, please read and agree to the following terms and conditions.

Acceptance of Terms & Conditions

I have reviewed the Schedule/Summary of Benefits, Evidence of Coverage and Certificate of Insurance documents on this website and I understand that coverage under this program is subject to the terms as described in those documents.

I understand that coverage under this program will be provided for me and the dependents designated on the enrollment screens. I am responsible for payment of required premiums and compliance with all of the provisions and conditions of the Solstice dental and vision plans as described in the Evidence of Coverage, Certificate of Insurance, and Schedule/Summary of Benefits.

I understand that I am committing to this plan for one full year and as such will not be able to terminate the coverage prior to completion of one continuous year of coverage under this program. I understand that I will have the opportunity to renew prior to the end of the coverage term in order to avoid any interruption of coverage.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony in the third degree.

Solstice Benefits, Inc. provides benefits as a prepaid limited health service organization as described in Chapter 636 of the Florida statutes.