



Our Privacy Policy

In the course of administering your employer's flexible spending account and/or health reimbursement arrangement (the Plan), your employer and Manley Services will receive and use certain Protected Health Information (PHI) about you. **This notice describes how PHI may be used and disclosed, and how you can get access to this information. Please review it carefully.**

The Plan, sponsored by your employer and administered by Manley Services, is required by law to keep your PHI private. Your employer may receive PHI about you as part of its role in administering the Plan. Manley Services may receive PHI from service providers in order to approve and pay your claims.

Our Commitment to Ensure Your Privacy

The privacy of your PHI is important to your employer and Manley Services. Although we are required by law to maintain the privacy of your PHI and provide you with this notice, we are sincere in our pledge to ensure the confidentiality of your nonpublic personal information, including your medical records. This information pertains to you and any covered dependents, so please be sure to share it with any family members covered under your plan.

How We May Use and Disclose PHI

We may share a participant's personal information for the purpose of claims processing and payment. By signing an enrollment form, the participant acknowledges that personal information can be shared for that express purpose. We may use and disclose PHI as follows:

Treatment

We may use and disclose PHI about you with health care providers who are involved in your health care. For example, the Plan may disclose the name of your treating dentist to your treating orthodontist so that the orthodontist may request your dental x-rays from the dentist.

Payment

We may use and disclose PHI about you in managing your benefits and paying claims. For example, we maintain PHI regarding your coverage election and deductibles; we may provide PHI to a provider's office for claims review and payment.

Healthcare Operations

We may use and disclose PHI about you for regular health plan operations. For example, we may use PHI to review the effectiveness of the Plan and to provide you with excellent customer service. The Plan may disclose PHI to the Plan Sponsor.

Business Associates

Business associates provide necessary services to our organization through contracts. Examples of business associates include Web software and debit card vendors as well as our employer clients. We may disclose the minimum necessary medical information to our business associates so they can perform the job we have asked them to do. To protect your PHI, we require our business associates to appropriately safeguard your information. We will not share your information with these outside groups unless there is a business need to do so and they agree to keep it protected. We require our business partners to treat your private information with the same high degree of confidentiality that we do.

Marketing

We will never sell information about you to any third party for marketing or any other purpose not described in this notice. Further, we do not use personal information for investigative consumer research or reporting.

Other Individuals

We will only disclose account information with another person if we have the participant's permission. We will also discuss account information with the account beneficiary if the participant is incapacitated or when required or authorized by law.

As Permitted or Required By Law and For Law Enforcement

We may use or disclose PHI about you when required or permitted by federal, state, or local law, or by a court order.

Other Uses and Disclosures

If we use or disclose PHI about you for any reason other than those listed above, we will first obtain your written authorization. State laws may prohibit us from disclosing the following types of sensitive personal information without your authorization: chemical

dependency, mental health, psychotherapy, genetic, or HIV/AIDS records. If you give us written authorization, you may revoke it at any time. This will not affect information that has already been shared.

Your Rights Regarding Your Medical Information

You have the following rights regarding PHI we maintain about you. If you wish to exercise any of these rights, please contact your employer or Manley Services. You may be asked to complete a form that we will provide. You will find our contact information below.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of most information we maintain about you. You may be charged a fee for the cost of copying your records.

Right to Request a Correction

If you believe that PHI we have about you is incorrect or incomplete, you have the right to ask us to change or amend the information.

Right to an Accounting of Disclosures

You have the right to request a list of disclosures we have made of your PHI for purposes other than treatment, payment, healthcare operations, and other limited activities. Your request may not be for a record of more than six years and may not include dates before April 14, 2009.

Right to Request Confidential Communications

You have the right to ask that we communicate with you about health matters in a certain way or at a certain location. We will attempt to accommodate all reasonable requests and may require that you make your request in writing.

Right to Receive a Paper Copy of This Notice

You have the right to ask for a paper copy of this notice at any time, and it will always be available on our Web site at ManleyPlan.com/forms/privacy-policy.pdf.

How to Report a Problem or File a Complaint

You may contact any of the people listed below to report a problem or file a complaint. You must do so in writing. Your benefits will not be affected by any complaints you make. We will not take any action against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe is unlawful.

Changes to this Notice of Privacy Practices

This Notice of Privacy Practices takes effect on April 14, 2009, and will remain in effect until we update or replace it. In the future, we may change our Notice of Privacy Practices. Any changes will apply to PHI we already have about you as well as any information we receive in the future. Before we make a significant change to our privacy practices, we will change this notice and supply a copy to you within 60 days.

Contact Information

If you have any questions about this notice or would like more information, you're welcome to contact us.

Manley Services

Contact: Customer Service Department,
Manley Services
Office Hours: Monday through Friday,
8:00 a.m. to 5:00 p.m.
Address: PO Box 70168
Eugene, OR 97401
Telephone: 541.485.7488
toll-free: 800.422.7038
Fax: 541.681.8792
E-mail: customerservice@manleyserv.com
Web site: ManleyPlan.com

Employer:

Address: _____

Telephone: _____

Fax: _____

Health and Human Services

Contact: Office for Civil Rights, U.S. DHHS
Address: 2201 Sixth Ave - Mail Stop RX-11
Seattle, WA 98121
Telephone: 206.615.2290
TDD: 206.615.2296
Fax: 206.615.2297
E-mail: ocrcomplaint@hhs.gov