



NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CHB Group (Cherry Hill Benefits, Inc.) is committed to maintaining and protecting the confidentiality of personal information about you that we may receive in the course of doing business. We are required by law to maintain the privacy of that information and to provide you with this Notice of our legal duties and our Privacy Practices. Unless you give us written authorization, we will only disclose your health information to administer your benefit plan, assist in the payment of claims, or health care operations or when we are otherwise required or permitted by law to do so.

CHB Group has procedures in place to protect your confidential information from anyone who is not authorized to have access to it. Our employees are trained on our privacy practices and policies.

HOW WE MAY USE AND DISCLOSE YOUR CONFIDENTIAL INFORMATION

Treatment. We may disclose health information about you to your personal doctor or to other health care providers who take care of you. For example, we may notify your personal doctor about treatment you receive in an emergency room. We might also use health information about you to help you manage your health care by suggesting ways to improve your health.

Payment. We may use and disclose health information about you so that the health services you receive can be properly billed and paid for.

Health Care Operations. We may use and disclose health information about you for our operations. For example, we may use health information about you to review the quality of services you receive.

Business Associates. We may use and disclose health information about you to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our clients.

Authorizations. If you give us a written authorization to do so, we may use and disclose your health information. If you give us a written authorization, you have the right to change your mind and revoke that authorization.

Copies of this Notice. You have the right to receive an additional copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Changes to this Notice. We reserve the right to revise this Notice. A revised Notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever Privacy Notice is currently in effect.

Your Right to Inspect and Copy. Upon written request, you have the right to inspect the health information we maintain about you and to have copies of that information. You may be charged a reasonable fee for any copies that you request.

Your Right to Amend. If you feel that the health information about you which we have is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written basis for our denial.

Your Right to a List of Disclosures. Upon written request, you have the right to receive a list of our disclosures of your health information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment or health care operations. We are not required to give you a list of disclosures made before April 14, 2003.

Your Right to Request Confidential Communications. You have the right to request that we communicate with you about the health matters in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you at work or only at a certain address or only by mail.

How to Use Your Rights Under This Notice. If you want to use your rights under this Notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to the Federal Government. If you believe your Privacy rights have been violated, you have the right to file a complaint with the Office of Civil Rights. Please contact us for the correct address. You will not be penalized for filing a complaint with the federal government.

Complaints and Communications With Us. If you want to exercise your rights under this Notice or if you wish to communicate with us about Privacy issues or if you wish to file a complaint with us, you can write to: Privacy Officer, CHB Group, 1111 Marlkrass Road, Suite 103, Cherry Hill, NJ 08003. You can also call us at 856-424-9744. You will not be penalized for filing a complaint with us.