

Privacy Statement  
Capital Administrative Services, Inc.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
Notice of Privacy Practices for Personal Health Information

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

We are required by law to maintain the privacy of Personal Health Information. We are required to abide by the terms of this notice so long as it remains in effect. We reserve the right to change our Privacy practices, procedures, and terms of this HIPAA Notice of Privacy Practices for Personal Health Information (PHI) as necessary within the legal boundaries of this Act. You may obtain a copy of this Notice by accessing our Website at [www.capitaladminservices.com](http://www.capitaladminservices.com) or by mailing a request to the address below.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

We have made reasonable efforts to use, disclose and request only the minimum amount of protected health information needed to accomplish the intended purpose. Policies and procedures have been developed and implemented to reasonably limit uses and disclosures to the minimum necessary.

For Payment

We may use and disclose your Personal Health Information as necessary for payment purposes.

For Health Care Operations

We may use and disclose your Personal Health Information as necessary, and as permitted by law, for our health care operations such as underwriting, customer service, claims, fraud and abuse prevention and detection. We may use and disclose your Personal Health Information to provide you with information about other benefits and services that may be of interest to you.

To Business Associates

At times it may be necessary for us to provide some Personal Health Information to one or more of our business associates or agents. We require these business associates and agents to appropriately safeguard the privacy of your information.

Additional Uses and Disclosures without Your Authorization

We are permitted or required by law to make certain other uses and disclosures of your Personal Health Information without your authorization for any purpose as required by law.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., 200 Independence Ave., Washington, D.C. 20201. There will be no retaliation for filing a complaint. All complaints must be submitted in writing.

How to Contact Us

If you have questions or need further assistance regarding this Notice, or wish to exercise any of the above-mentioned rights, you may contact the HIPAA/Privacy Officer at the address below:

Privacy Officer  
Capital Administrative Services, Inc.  
1425 East Piedmont Drive, Suite 301  
Tallahassee, Florida 32308  
1-800-780-3100