

## **Privacy Notice Statement for Personally Identifiable Information**

This Privacy Notice Statement (“Statement”) explains how Blue Cross Blue Shield of North Dakota (“Agency”) may collect, use and disclose certain Personally Identifiable Information (“PII”) when assisting you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in qualified health plans (“QHPs”) through the Federally Facilitated Marketplace (“FFM”) and/or applying for federal subsidies.

Please read this Statement carefully and contact the Agency at 800-280-2583 if you have any questions or concerns regarding this Statement, or the Agency’s collection, use and disclosure of PII in general.

### Legal Authority to Collect PII

PII is information that can be used to distinguish or trace an individual’s identity, alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. Examples of PII include name, address, telephone number, email, Social Security Number, date and place of birth, and driver’s license number.

The Agency participates in the sale of health insurance products on the FFM and must comply with the FFM’s privacy and security standards. Section 1312(e) of the Affordable Care Act (“ACA”), and its implementing regulations, authorize the Agency to collect PII to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the FFM, and/or applying for federal subsidies.

### Purpose of the Information Collection

The purpose of the Agency’s collection of PII is to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the FFM, and/or applying for federal subsidies.

### To Whom and for What Purposes PII May be Disclosed

The Agency may disclose your PII to the FFM (including its employees, agents or sub-contractors), certain federal and state agencies, a health insurance company offering the QHP that you have selected (or the company’s employees, agents or sub-contractors), or any individual who is duly and legally authorized to act on your behalf in connection with your PII. Your PII may be disclosed to the extent reasonably necessary for the Agency to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the FFM, and/or applying for federal subsidies.

### Authorized Uses and Disclosures of Collected Information

The Agency may use and disclose PII to the extent reasonably necessary to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the FFM, and/or applying for federal subsidies. The Agency will obtain your informed consent, which you may revoke at any time, for any other uses or disclosures of PII.

### Whether Request for Collection of PII is Voluntary or Mandatory

The Agency's request to collect your PII is voluntary. You are under no obligation to provide PII to the Agency.

#### The Effects of Nondisclosure of PII

While you are under no obligation to provide PII to the Agency, the assistance the Agency provides is based only on the information you supply to the Agency. If the information is inaccurate or incomplete, the Agency may not be able to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the FFM, and/or applying for federal subsidies.