



## Notice of Privacy Practices

Effective Date of this notice: April 1, 2013

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

### PRIVACY RESPONSIBILITY.

This Notice describes how we may collect, use and disclose your protected health information and your rights concerning your protected health information. "Protected health information" is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present, or future physical condition, the provision of health care to you or the payment for that care.

Protected health information in this Notice includes information about you that appears on enrollment applications, claims, prior authorization requests, referral requests to medical providers, surveys, health care treatment, services and prescriptions, health care encounter data, service requests, payment information, appeal and grievance information, and other records received in writing, in person, by telephone, or electronically (such as your name, address, telephone number, and other demographic data.)

### OUR PRIVACY RESPONSIBILITIES INCLUDE:

- Protecting the privacy of any protected health information created or received about you and notifying you if there is a breach of your unsecured protected health information.
- Providing you with this Notice that indicates Group Health Cooperative of Eau Claire's privacy policies and our legal obligations regarding those policies.
- Using and sharing protected health information as outlined in this Notice.
- Notifying you when information within this Notice changes.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.

Uses and Disclosures for Payment, Health Care Operations and Treatment. We use and disclose protected health information in a number of different ways in connection with the payment of your health care, our health care operations, and your treatment. The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization.

**Payment:** We will use and disclose your protected health information: to administer your health benefits policy or contract, which may involve the determination of eligibility; claims payment; utilization review and management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. Protected health information may also be shared with government programs such as Worker's Compensation, Medicaid, Medicare as well as for coordination of benefits with other insurance companies in order to administer your benefits and issue or review payments.

**Health Care Operations:** Protected health information may be used or disclosed in order to perform necessary business activities in relation to your benefits and services received. These activities include: quality and cost improvement functions such as conducting and arranging medical reviews and accreditation by independent organizations such as the National Committee for Quality Assurance and the Accreditation Association for Ambulatory Health Care, quality improvement surveys and studies, performance measurement and outcomes assessments, health claims analysis and health services research, operation of preventive health, early detection and disease and case management and coordination of care programs, including information about treatment alternatives, therapies, health care providers, settings of care or other health-related services; underwriting and ratemaking and administration of reinsurance, stop loss and excess of loss policies; transfer of policies or contracts, risk management, and audit services; quality of care case review, peer review and credentialing of providers; data and information systems management; customer service; administrative management; and general administration of your benefits.

**Treatment:** Protected health information may be used or disclosed in order to make sure that you are receiving the medical treatment and services needed, in accordance with your policy benefits. We may disclose your protected health information to health care providers (doctors, dentists, chiropractors, pharmacies, hospitals, and other caregivers) who request it in connection with your medical treatment. We may also disclose your protected health information to health care providers in connection with preventive health, early detection and disease and case management programs.

In connection with foregoing activities, we may collect the following types of information about you:

- Information we receive directly or indirectly from you or your employer, benefits plan sponsor or one of its business associates through applications, surveys, or other forms (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information and medical history).
- Information about your relationships and transactions with us and others (e.g., health care claims and encounters, medical history, eligibility information, payment information and appeal and grievance information).

**Affiliates and Business Associates.** We may share your protected health information with affiliates and third party business associates that perform various activities for us or on our behalf. Whenever such arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information in accordance with applicable Federal and State law. We may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Plan Administrative Functions.** We may disclose protected health information to the plan sponsor to permit the plan sponsor to perform administrative functions. Please see your plan sponsor for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administrative functions for your group health plan.

**Genetic Information and Underwriting Activities.** Group Health Cooperative of Eau Claire is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any protected health information for underwriting purposes and the policy or contract of health insurance or health benefits is not issued by us, we will not use or disclose that protected health information for any other purpose, except as required by law.

**Use and Disclosure After Disenrollment.** We do not immediately destroy protected health information when individuals terminate their coverage with us. The information is necessary and used for many of the purposes described above, even after an individual leaves a plan, and is in many cases subject to legal retention requirements. However, the policies and procedures that protect this information against inappropriate use and disclosure apply regardless of the enrollment status of any member, subject to applicable law.

**Applicability of More Stringent State Law.** Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

### OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

We may use or disclose your protected health information in the following additional situations without your authorization:

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, or any other person that you identify, the protected health information directly relevant to that person's involvement in your health care or payment for health care. If you are present for such a disclosure, we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Unless we are given an alternative address, we will mail explanations of benefits forms and other mailings containing protected health information to you at the address that we have on record for the subscriber of the policy.

**Informing You:** Your protected health information may be used to let you know about health and wellness services that are offered by the health plan. This may include contacting you for appointment reminders, follow-up care surveys, informing you of treatment alternatives or providing you with information about health-related benefits and services offered by Group Health Cooperative of Eau Claire or its providers or affiliates, subject to the other limitations in this Notice.

**As Required by Law:** Your protected health information may be used or disclosed to the extent that we are required to do so by law.

**Legal Proceedings:** We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful processes.

**Law Enforcement:** We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons, or to provide information concerning victims of crimes.

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This Notice is being directed to all members of Group Health Cooperative of Eau Claire.

**Public Health:** Your protected health information may be reported to a public health agency to help prevent or control disease, injury, disability, infection exposure, child abuse, or family violence. In addition, disclosures may be made as required to the Food and Drug Administration to report adverse events or product defects, track products, enable product recalls, make repairs or replacements, or conduct product surveillance.

**Abuse or Neglect:** We may make disclosures to government authorities concerning actual, alleged, or suspected abuse, neglect or domestic violence, in accordance with applicable law.

**Health Oversight Activities:** Your protected health information may be used by or disclosed to a governmental agency authorized to oversee the health care system or government programs or its contractors. Examples include: licensing and inspecting of medical facilities and audits or other proceedings related to the oversight of the health care system.

**Coroners, Medical Examiners, or Funeral Directors:** Protected health information may be used or disclosed to a medical examiner, coroner, or funeral director as needed to carry out duties authorized by law. For example, medical information may be necessary to identify a deceased person.

**For Organ Donations:** If you are an organ donor, information may be given to the organization that locates organs for the purpose of an organ transplantation or donation.

**Worker's Compensation:** Your protected health information may be used or disclosed to the extent required by worker's compensation laws.

**Public Safety:** Your protected health information may be used or disclosed in order to prevent or lessen a serious threat to your health or safety, to another person, or the general public.

**Military Activity and National Security:** If you are a veteran, your protected health information may be used or disclosed as required by veteran administration authorities. It also may be disclosed to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

**Court Orders/Correctional Institutions:** Your protected health information may be disclosed in order to comply with court orders and other hearings. If you are an inmate in a correctional facility, your information may be disclosed for the provision of health care to you or the health and safety of you or others.

#### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION.

Your authorization is necessary to allow us to use or disclose your protected health information for certain marketing activities, including Treatment or Health Care Operations communications where we receive financial remuneration from a third party to communicate this information to you. Your authorization is also necessary for us to sell your protected health information. Finally, your authorization is necessary for most uses and disclosures of psychotherapy notes. Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

You may revoke your authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. Please refer to the Contact Information box for the telephone number and address for this request.

#### YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS.

The following are additional rights you have in relation to your protected health information:

**Right to Review or Copy Your Protected Health Information:** You have the right to review or copy records used to make decisions about your health plan services. This right to review and/or copy does not include information needed for civil, criminal, administrative actions and proceedings, or psychotherapy notes. We may ask that your request be in writing and to provide us with the specific information we need to fulfill your request. A fee will be charged to cover certain actual costs in relation to your request, and you may request your information in electronic format. Please refer to the Contact Information box for the telephone number and address for this request.

#### Contact Information

For all above indicated requests, please contact Group Health Cooperative of Eau Claire at (715) 552-4300 or (888) 203-7770.

Or you may write to the following:  
Group Health Cooperative of Eau Claire  
Attn: Director of Compliance  
PO Box 3217, Eau Claire, WI 54702-3217

**Right to Correct Information You Believe to be Incorrect or Incomplete:** You have the right to ask us to amend enrollment, claim, or other records. All requests for amendments must be in writing. In certain cases, we may deny your request, as we may not have created the original information. All denials will be made in writing and will indicate how you can respond if you disagree. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Request a List of Who Was Given Your Information and Why:** You have the right to have us provide you with a list of times when we have disclosed your protected health information for any purpose other than treatment, payment, or health care operations, national security purposes, or for any listing already provided to you. All requests must be in writing. We will require you to provide us with the specific information we need to fulfill your request, with specific dates required. This requirement applies for six years from the date of the disclosure, beginning with dates after April 14, 2003. If you request a list more than once in a 12-month period, we may charge you certain actual costs in relation to your request. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Request Restrictions:** You have the right to request restrictions on the way we use or disclose your protected health information for treatment, payment, or health care operations; however, we are not required to agree to these restrictions. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Confidential Communications:** You have the right to reasonable requests to communicate with you about your protected health information by alternative means or to alternative locations. Your request will be evaluated and you will be notified if it can be done. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Contact Information:** You may exercise any of the rights described above by contacting Group Health Cooperative of Eau Claire. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

#### YOUR RIGHTS REGARDING REPRODUCTIVE HEALTH INFORMATION.

We are committed to protecting your privacy, especially regarding reproductive health care. Under federal law, we are prohibited from using or disclosing your protected health information (PHI) for certain purposes related to reproductive health care.

We will not use or disclose your PHI for:

Investigating or imposing criminal, civil, or administrative liability on any person for seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it is provided.

Identifying any person for the purpose of conducting such investigations or imposing liability.

#### Attestation Requirement

In certain cases, before we disclose PHI that may relate to reproductive health care, we may require a signed and dated attestation from the person requesting the information. This attestation must confirm that the PHI will not be used for prohibited purposes, such as legal investigations or proceedings.

#### Redisclosure Notice

Once your PHI is disclosed to another party, it may no longer be protected under HIPAA and could be subject to redisclosure by the recipient.

#### CHANGES TO PRIVACY PRACTICES.

This notice may be changed or amended at any time. The changes are effective for all protected health information that we maintain. Group Health Cooperative of Eau Claire will redistribute a new Notice of Privacy Practices whenever policy changes are made.

#### ADDITIONAL INFORMATION.

If you have any questions about this notice or would like an additional copy of this notice, please refer to the Contact Information box for the telephone number and address for this request.

#### COMPLAINTS.

If you are concerned about this Notice of Privacy Practices or if you believe that your privacy rights may have been violated, please forward your written complaint to the address listed within the Contact Information box.

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. If you have questions about the complaint process, please refer to the Contact Information box for the telephone number and address.

You will not lose benefits or eligibility for filing a complaint or a grievance regarding your privacy rights.