

Notice of Privacy Practices

EFFECTIVE DATE OF THIS NOTICE: 9/23/13
EFFECTIVE DATE OF THIS NOTICE: 12/14/12
EFFECTIVE DATE OF THIS NOTICE: 1/1/10
EFFECTIVE DATE OF THIS NOTICE: 12/1/08
ORIGINAL EFFECTIVE DATE: 04/14/03

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.

INTRODUCTION TO THE GHC-SCW NOTICE OF PRIVACY PRACTICES

Each time you visit Group Health Cooperative of South Central Wisconsin (GHC-SCW) for health care, it is documented in your electronic medical record. This record contains identification and financial information as well as symptoms, diagnoses, test results, a description of your physical examination, and a treatment plan. This record is often referred to as your “medical record” or “health information.” GHC-SCW may also store your information on paper. Your health information is used to: (1) plan for your care and treatment; (2) for communication among your health care professionals; (3) as a legal document describing the care you received; (4) as a way for you or your insurance company to verify the services provided; (5) to help GHC-SCW review and improve health care and outcomes; and (6) for other similar activities that allow GHC-SCW to conduct business efficiently and provide you with high quality health care.

This Notice provides you with the following important information:

- How we use and disclose your protected health information
- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

The terms of this Notice apply to all designated GHC-SCW records containing your protected health information (PHI) that are created and maintained by our organization. We reserve the right to revise or amend our Notice of Privacy Practices (Notice). Any revisions or amendments to the Notice will be effective for all of your records created or maintained in the past as well as any records we create or maintain in the future. We will post a copy of the most current Notice in a prominent location at each of our sites. We will also post the most current Notice to our organizational website. GHC-SCW will abide by the terms of the Notice currently in effect. At any time, you may request a copy of our most current Notice. You may acknowledge receipt of this Notice.

GHC-SCW HEALTH CARE PROVIDERS’ DUTY TO PROTECT YOUR HEALTH INFORMATION

Under the Health Insurance Portability and Accountability Act of 1996 (a federal law also known as “HIPAA”), GHC-SCW providers are required to keep your health information confidential, and to provide you with this Notice. This Notice describes how GHC-SCW providers use and disclose your health information. GHC-SCW providers consist of several different types of health care professionals including physicians, physician assistant’s, nurse practitioners, nurses, lab technicians and other clinical and administrative staff. Your health information may also be provided to health care professionals contracted with GHC-SCW, such as UWHC specialists and other health care organizations, involved in your care and treatment. GHC-SCW stores your information primarily in an electronic format that is protected by stringent privacy and security mechanisms. Providers collect, create, maintain, use and disclose your health information.

GHC-SCW PRIVACY PRACTICES

GHC-SCW provides care and administers health insurance benefits to our members in partnership with physicians and other professionals and organizations. Our privacy practices are observed by:

- Any of our health care professionals who care for you at any one of our locations or sites;
- All locations and departments that are part of our organization; and
- All members of our workforce to include employees, students, contractors, interpreters and interns.

SHARED MEDICAL RECORD

We participate in a regional arrangement of health care organizations, who have agreed to work with each other, to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this regional arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We store health information about our patients in a joint electronic medical record with other health care providers who participate in this regional arrangement. You may contact GHC-SCW at (800) 605-4327, the Member Services Department, for a list of healthcare providers who participate in the joint electronic medical record.

HOW GHC-SCW WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We are committed to ensuring that your health information is used responsibly by our organization. We collect health information about you and store it in electronic files. We may use and disclose health care information for the following purposes:

1. **Treatment.** We may use or disclose your health information for treatment purposes without your authorization. In the course of treatment, we may find it necessary to share your health information with physicians, physician assistants, nurse practitioners, nurses, lab, radiology and others involved in your care and treatment such as a hospital where you may be transferred.
2. **Payment Functions** to determine eligibility for health plan benefits, obtain premiums, facilitate payment and services you receive from other health care providers, determine health plan responsibility for benefits and to coordinate benefits your information may be used without your authorization. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your health plan.
3. **Health Care Operations** for health care operations such as to ensure health benefits are properly administered and to receive cost-effective, high quality health care your health information may be used without your authorization. Activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of treatment provided to you when compared to patients in similar situations. Other activities include underwriting, premium rating, and other health plan rating coverage, quality improvement activities, submitting claims for stop-loss coverage, conducting or arranging for medical review, legal services, audits and business planning.
4. **Information Provided to You and for You.** We may use your health information to assist us in communicating with you about appointment reminders, test results and treatment information and health care options. Our communications to you may be made by phone, GHCMYChart, in person, by mail or other secure channels. .

5. **Appointment Reminders.** We may contact you by phone for the purpose of appointment reminders or changes, notification of events such as flu clinics, announcements and to communicate other information designed to provide you with high quality care and treatment. These contacts may be transmitted in an electronic format or an in-person telephone call, or through other channels of communication. GHC-SCW will leave messages on answering machines, voicemail, or when appropriate, another person who answers your telephone. If you have specific preferences (i.e. leave messages only on my cell phone) or if you would like to opt-out of telephone reminders, please contact the GHC-SCW Member Services Department at (608) 828-4853 or (800) 605-4327.
6. **Required by Law.** When required by state or federal law, with or without your authorization, GHC-SCW must provide it. An example would be when a request is mandated by a court in a litigation proceeding.
7. **Correctional Institutions.** If you are an inmate of a correctional institution, we may disclose to the institution your health information necessary for your health and the health and safety of others.
8. **Law Enforcement.** To identify a suspect, fugitive, material witness or missing person, for compliance with a court order or subpoena or various other law enforcement activities.
9. **Victims of Abuse, Neglect, or Violence.** We may disclose your information to a governmental authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
10. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child or elder abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration (FDA) to other government agency problems with products and reactions to medications; and reporting disease or infectious exposure.
11. **Health Oversight Activities.** To health oversight agencies during the course of audits, investigations, inspections, licensure, certifications and other proceedings.
12. **Judicial and Administrative Proceedings.** In the course of any administrative or judicial proceeding.
13. **Coroners or Medical Examiners:** We may disclose your information to coroners or medical examiners and funeral directors. We may disclose this information to assist in the identification of and/or investigation of deceased person or determine a cause of death.
14. **Organ and Tissue Donation.** To organizations involved in procuring, banking or transplanting organs and tissues.
15. **Public Safety.** To prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.
16. **National Security.** For military, national security, prisoner and government benefit purposes.
17. **Worker's Compensation.** To comply with Worker's Compensation or similar laws.
18. **Plan Sponsor Disclosures.** Information about your enrollment or disenrollment to the sponsor of your group health plan for the purpose of administering benefits.
19. **Research.** To conduct research. Such use or disclosure occurs only under certain circumstances and with specific approval.
20. **Health Information Marketing.** We may use your health information to give you information about other treatments or health-related benefits and services that we provide and that may be of interest to you. If you do not want GHC-SCW to use your information for such purposes, you may notify us at (800) 605-4327, extension 4237, the GHC-SCW Privacy Officer.
21. **Health Information Availability After Death.** GHC-SCW may use or disclose your protected health information without your authorization 50 years after the date of your death. If you wish to restrict such use and disclosure, see "Request Restrictions" below.

22. **To Those Involved With Your Care or Payment.** To a family member, relative or other person specifically identified by you in advance of such a disclosure. GHC-SCW requires most adult patients to complete and submit an Authorization to Disclose Protected Health Information Form in advance specifically providing your written permission for GHC-SCW to interact with this other individual (i.e. if you want GHC-SCW to communicate freely with your spouse or others about any aspect of your health care and treatment). If you are given an opportunity to object to this disclosure and you do express this objection, or if circumstances reasonably infer, GHC-SCW providers will use professional judgment to determine how an interaction should be handled. If you are not present or the opportunity to agree or object cannot practicably be provided due to incapacity or emergency circumstances, GHC-SCW will determine whether the disclosure of relevant information is in your best interest. We may disclose information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

*The Genetic Information Nondiscrimination Act of 2008 (GINA), prohibits discrimination based on a person's genetic information related to health coverage and employment. Section 105 contains a provision entitled "Privacy and Confidentiality" that the Department of Human Services (DHS) is using to propose modifications that would: clearly state that "genetic information is health information;" prohibit the use or disclosure of PHI that is genetic information by health plans for underwriting purposes; amend the Notice of Privacy Practices for health plans performing underwriting; make modifications to definitions and update the definition of "health plan." For more information, go to <http://edocket.access.gpo.gov/2009/E9-22492.htm>.

WHEN GHC-SCW IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, GHC-SCW will not use or disclose your protected health information without your written authorization. For example, uses and disclosures made for the purpose of psychotherapy, marketing and sale of protected health information require your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. GHC-SCW does not disclose individual specific health care information to plan sponsors. It is also your right to revoke a previously-submitted authorization. This revocation must be submitted in writing and GHC-SCW will not apply to information already disclosed.

STATEMENT OF YOUR HEALTH INFORMATION RIGHTS

You Have the Right To:

1. **Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic format (e.g., PDF saved onto a DVD). If the form and format are not readily producible, then GHC-SCW will work with you to provide it in a reasonable electronic form or format. This does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional.
2. **Request Restrictions.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if that restriction affects your treatment or payment or health care operations. We are not required to agree in all circumstances to your requested restrictions, except in cases of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out treatment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a

request for restrictions, you must submit your request in writing to the GHC-SCW Privacy Officer at (608) 662-4899.

3. **Request Confidential Communications.** To ask that we communicate your protected health information to you in different ways or places. For example, you may wish to receive information about your health status at work, rather than home. To request confidential communications, you must submit your request in writing to the GHC-SCW Privacy Officer at (608) 662-4899.
4. **Request Record Amendment.** If you believe that your protected health information is incorrect or incomplete, you must submit a written request to have it amended. Upon receipt of the request, GHC-SCW may approve or deny your request. You will be informed of our decision and given the right to appeal this decision.
5. **Accounting of Disclosures.** To ask for a list of the disclosures of your protected health information GHC-SCW has made during the previous six years, not to include dates prior to 4/14/03. We will comply with your request within 30 days unless you agree to a 30-day extension. We will not include in the list any disclosures made to you or for the purpose of treatment, payment or health care operations, limited data sets, national security, law enforcement or corrections and certain health oversight activities.
6. **Notification of a Breach.** GHC-SCW is required by law to maintain the privacy of protected health information and provide you with a notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.
7. **Receive a Copy of the Notice of Privacy Practices.** You will receive a copy of this Notice in your Membership Information Booklet upon enrollment. The document is also available in the following ways:
 - a. Obtain from the Notice of Privacy Practices kiosk in the designated area at the entrance to your clinic.
 - b. Contact the Privacy Officer at (608) 662-4899.
 - c. Go to our Web site at www.ghcscw.com.

CHANGES TO THE NOTICE OF PRIVACY PRACTICES

GHC-SCW may change this Notice of Privacy Practices and notify you if we make any material changes. Until such time, GHC-SCW is required by law to comply with the current version of this Notice.

COMPLAINTS ABOUT GHC-SCW PRIVACY PRACTICES

Complaints about this Notice or about how we use or disclose your protected health information should be directed to the Privacy Officer at (608) 662-4899. It is your right to file a complaint with GHC-SCW and doing so will not affect your care and treatment, nor will we retaliate against any person for filing a complaint. You also have the right to file a complaint with the Office of Civil Rights at <http://www.hhs.gov/ocr/hipaa/>.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

At GHC-SCW, the privacy of your protected health information is important to us. In this mailing, we have provided you with the Notice of Privacy Practices. It describes your privacy rights and GHC-SCW's responsibilities. We ask that you sign and return this acknowledgement form to confirm that you have received the Notice of Privacy Practices. However, it is your choice whether or not to sign and return the form, it is optional and choosing not to do so will not affect your care and treatment in any manner.

I have received the GHC-SCW Notice of Privacy Practices.

Patient Name

GHC member or group number

Signature of Patient or Personal Representative

Date of Signature

Frequently Asked Questions About the Acknowledgement of Receipt of Notice of Privacy Practices

Q: Why are you giving me this Notice?

A: For two reasons: (1) we feel that it is important that you understand how we use your health information; and (2) HIPAA, a federal law, requires that we provide this information to you.

Q: Do I have to read this?

A: No, it is your choice. You can keep for your personal files or discard as you wish.

Q: I don't like to sign things. Do I have to sign it?

A: No, it is your choice. Choosing not to do so will not affect your care and treatment in any manner.

Q: What if I refuse to sign?

A: If you choose not to sign, it will have no impact on the care or service that you receive at GHC-SCW.

Q: It seems like I just signed one of these. Do I have to sign it again?

A: No.

Q: Does every member of my family have to sign?

A: If you choose to sign, each adult should sign for themselves. The parent or legal guardian should sign for a separate form for each minor child under the age of 18 (each of you should have been mailed their own form).

Remember, we have to offer that you sign the form, but you do not need to accept.

Q: Can I sign for my spouse, adult child or elderly family member?

A: It is preferred that each adult sign for him/herself unless it is impossible for an individual to sign for themselves.

Send, fax or e-mail completed form to:

GHC-SCW Privacy Officer,
1265 John Q. Hammons Drive,
Madison, WI 53717

OR

Fax to (608) 662-4965

OR

E-mail as PDF attachment to jcoleman@ghcscw.com

Questions? Contact the Privacy Officer at (608) 662-4899.