



## **NOTICE OF PRIVACY PRACTICES**

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.

### **Our Legal Duty**

Network Health Plan (“NHP”) and Network Health Insurance Corporation (“NHIC”) are committed to protecting the privacy of our members’ confidential health information. We are required by law to:

- Maintain the privacy of your health information
- Provide you with this notice of our legal duties and privacy practices with respect to your personal health information. If you have any questions about any part of this notice or if you want more information about the privacy practices at NHP and/or NHIC, please contact us using the information listed at the end of this notice.

### **Effective Date of This Notice**

This notice takes effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time. The terms of this notice apply to all designated NHP and/or NHIC records containing your protected health information that are created and maintained by our organization. Any changes 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 within our facilities and on our organizational website. NHP and/or NHIC will abide by the terms of the notice currently in effect. We must provide a new notice to all members within 60 days after any material change to the contents of the notice. At any time, you may request a copy of our most current Notice.

### **Who Will Follow Our Privacy Practices**

NHP and/or NHIC provide health care services to community members in partnership with physicians and other professionals and organizations. Our privacy practices will be followed by all members of our workforce, regardless of geographical location.

## Purposes For Which We Use and Disclose Your Health Information

We are committed to ensuring that your health information is used responsibly by our organization. We may use and disclose your health information, without your written authorization, for the following purposes:

1 **Treatment:** We may use or disclose your health information to a physician or other health care provider to treat you.

2 **Payment:** Your health information may be used or disclosed for payment purposes. It may be necessary for us to disclose your health information to pay claims from practitioners, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

3 **Health Care Operations:** We may use and disclose your health information for health care operations. Health care operations include: health care quality assessment and improvement activities; reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities; conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations; and business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying health information, and creating limited data sets for health care operations, public health activities, and research. We may disclose your health information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the health information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

4 **Information Provided to You:** We may use your health information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we or an affiliated entity provides or that is included in our benefits plan, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our network, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan. Our communications to you may be by phone or by mail.

5 Notification and Communication With Family and Friends: We may share health information about you with family members or friends who are involved in your health care or payment for your health care. We will disclose only the health information that is relevant to the person's involvement. If you are unable or unavailable to agree or object, our health professionals will use their best professional judgment in communicating with your family and others.

6 Your Employer or Organization Sponsoring Your Health: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors. We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours. We may disclose your health information and the health information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your health information. Please see your group health plan document to see whether your employer may receive this information and for a full explanation of those limitations.

7 Required by Law: We may use or disclose your health information when required by law. Examples of situations where we may be required or permitted to release your health information include:

- a. for public health activities, including disease and vital statistic reporting, and Food and Drug Administration (FDA) oversight;
- b. to report child and/or adult abuse, neglect, or domestic violence;
- c. for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies;
- d. for judicial and administrative proceedings;
- e. to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, identifying or locating a suspect, fugitive, material witness, or missing person;
- f. to coroners, medical examiners, and funeral directors;
- g. for organ, eye or tissue donation purposes;
- h. to avert a serious threat to health or safety of the general public;
- i. for specialized government functions such as military and veterans activities, national security, and intelligence activities;
- j. to correctional institutions and law enforcement regarding inmates; and
- k. for worker's compensation purposes.

8 Research: In certain situations, we may use and share your health information for research purposes. However, all research projects are subject to special review and approval process designed, among other things, to ensure the privacy of your health information.

9 Disaster Relief: We may use or disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

## **Other Purposes For Which We Use and Disclose Your Health Information**

In any other situations not covered by this Notice as noted above, we will ask for your written authorization before using or disclosing information about you. If you choose to authorize disclosure of information about you, you can later revoke that authorization at any time by notifying us in writing of your decision.

## **Your Rights Regarding Your Health Information**

As a member of NHP and/or NHIC you have certain rights with regard to the health information that is maintained by our organization. These rights are as follows:

1 **Access:** With few exceptions, you have the right to access and receive a copy of your health information. The request must be made in writing. If you request a copy, it should be requested in advance and we may charge a fee for the cost of copying, postage and/or other related supplies. In certain situations, we may deny your request. If we deny your request, we will tell you, in writing, why your request was denied and explain to you your right to have the denial reviewed.

2 **Disclosure Accounting:** You have a right to receive a list or accounting of those disclosures, which NHP and/or NHIC has made regarding your health information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities. The request must be made in writing. Your request for the accounting must state a specific time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting in a 12-month period is free; other requests may be charged according to our cost for producing the information.

3 **Amendment:** You have the right to request that your health information be amended if you feel it is incorrect or incomplete. The request must be made in writing. NHP and/or NHIC will review the request and make a determination as to whether or not an amendment will be made. If we did not create the information that you feel is incorrect or incomplete, we may deny your request. NHP and/or NHIC will communicate to you in writing the final decision on your request, as well as provide information to appeal a denial of your request should it occur. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

4 **Confidential Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. The request must be made in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you requested. We have the right to decide whether the request is reasonable. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence. We do not have to comply with an unreasonable request.

5 Restriction: You have the right to request restrictions on certain disclosures of your health information. The request must be made in writing. We will consider your request and determine our ability to carry out your request, while not compromising your care.

6 Notice: You have the right to receive a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time or you may print a copy from our web site at <http://www.networkhealth.com>.

### **Questions and Complaints**

If you want more information about our privacy practices, or if you would like to exercise one or more of your rights regarding your health information, please contact us using the information listed at the end of this notice.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your rights to your health information, you may complain to us using the information listed at the end of this notice. The complaint must be made in writing. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You may contact us using the information listed below:

Network Health Plan/Network Health Insurance Corporation Privacy Officer 1570 Midway Place  
Menasha, WI 54952 Telephone: (920) 720-1200 or (800)-826-0940