

NOTICE OF PRIVACY PRACTICES

MercyCare Health Plans

Effective Date: September 23, 2013



MERCYCARE
HEALTH PLANS

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.

MercyCare is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at MercyCare, please contact the Privacy Officer at MercyCare Health Plans, PO Box 550, Janesville, WI 53547-0550, 608-752-3431.

How MercyCare May Use or Disclose Your Health Information

The following categories describe the ways that MercyCare may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- I. **Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care service, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.
2. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for reinsurance and stop-loss coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; and business planning, management and general administration.
3. **Treatment.** We may use or disclose your health information to a physician or other health care provider to treat you. For example, a doctor prescribing a medication may need to know if you have diabetes or heart disease and what medications you are currently taking, as this might affect what he or she can prescribe. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
4. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding.
5. **Public Health.** Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
6. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
7. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
8. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
9. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
10. **National Security.** We may disclose your health information for military, prisoner, and national security.
11. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.
12. **Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.
13. **Disclosures to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.
14. **Fundraising.** You have the right to opt out of receiving fundraising communications. MercyCare does not conduct fundraising activities. If MercyCare ever did disclose your health information for the purposes of fundraising, you would receive an opt-out notice before each such communication explaining how to opt-out.

When MercyCare May Not Use or Disclose Your Health Information

Written Authorization. Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. 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. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosure of health information in which the health plan receives compensation.

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

Statement of Your Health Information Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. MercyCare is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. We will let you know if we can comply with the restriction or not.
2. **Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. We are not required to agree to your request.
3. **Right to Inspect and Copy.** You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.
4. **Right to Request Amendment.** You have a right to request that MercyCare amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. You must also provide a reason for your request.
5. **Right to Accounting of Disclosures.** You have the right to receive a list of "accounting of disclosures" of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. MercyCare will provide one list per 12 month period free of charge; we may charge you for additional lists.
6. **Right to a Copy.** You have a right to receive an electronic or paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to MercyCare Customer Service Coordinator, PO Box 550, Janesville, WI 53547-0550. You may also obtain a copy of this Notice at our website, www.mercycarehealthplans.com.
7. **Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured health information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550, 608-752-3431.

Changes to this Notice and Distribution
MercyCare reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains.

As your health plan, we will provide a copy of our notice upon your enrollment to the plan and will remind you at least every three years where to find our notice and how to obtain a copy of the notice if you would like to receive one. If we have more than one Notice of Privacy Practices, we will provide you with the Notice that pertains to you. The notice is provided to the named subscriber insured on the plan and will pertain to the insured and dependents named under this insured.

As a health plan that maintains a website describing our customer service and benefits, we also post to our website the most recent Notice of Privacy Practices which will describe how your health information may be used and disclosed as well as the rights you have to your health information. If our Notice has a material change, we will post information regarding this change to the website for you to review. In addition, following the date of the material change, we will include a description of the change that occurred and information on how to obtain a copy of the revised Notice in our annual mailing to all individuals then covered by the plan.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. MercyCare will not retaliate against you in any way for filing a complaint. All complaints to MercyCare must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019.

