



Notice of Privacy Practices

For assistance in understanding this document in a language other than English, at no cost, please call (608) 245-3075 or 1-800-963-0035.

- Reciba asistencia gratuita para traducir esta, por favor llame
(608) 245-3075 or 1-800-963-0035.
- Peb muaj kev pab pub dawb rau nej nrog txhais cov ntawv no, thov hu
(608) 245-3075 or 1-800-963-0035.
- Пожалуйста, позвоните нам, если вам будет нужна бесплатная помощь в переводе
(608) 245-3075 or 1-800-963-0035.
- ຕ້ອງການຊ່ວຍເຫຼືອແປສິ່ງນີ້, ຈະແປໃຫ້ຟຣີ, ກະລຸນາໂທ
(608) 245-3075 or 1-800-963-0035.

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.

Care Wisconsin maintains the privacy of your “protected health information” according to the privacy practices described in this Notice. Protected health information includes any identifying information, financial information and information about your health and health care services. This Notice of Privacy Practices describes our legal duties and privacy practices concerning your protected health information. In general, when we use or disclose your protected health information, we must use or disclose only the information we need to achieve the purpose of the use or disclosure.

I. USE AND DISCLOSURE OF HEALTH INFORMATION

- A. Care Wisconsin may use and disclose your protected health information without your written authorization for purposes of treatment, payment and health care operations. The following descriptions provide a few examples but do not refer to every way your protected health information can be used and disclosed. Please note that Wisconsin law is more protective of certain information than the Privacy Rule. Therefore, in most cases, Care Wisconsin may not disclose your information related to treatment for mental health, alcohol or drug dependence, developmental disabilities, neuropsychological exams, sexually transmitted disease or HIV status without your written authorization.

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- 1. To Provide Treatment.** Care Wisconsin may use and disclose your protected health information to provide medical treatment and coordinate your care within Care Wisconsin and with others involved in your care, such as your physician and Care Wisconsin team members. For example, your Care Wisconsin team members may disclose protected health information to suppliers of medical equipment in order to select the most appropriate item.
- 2. To Make or Obtain Payment.** Care Wisconsin may use and disclose your protected health information to make payment to or collect payment from third parties for the care you receive. For example, the Wisconsin Medicaid Program requires Care Wisconsin to disclose certain health care status information for reimbursement purposes. Or Care Wisconsin may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.
- 3. To Conduct Health Care Operations.** Care Wisconsin may use and disclose protected health information for our own operations in order to facilitate the function and operations of Care Wisconsin and as necessary to provide and coordinate quality care to all of Care Wisconsin's participants. Health care operations include activities such as:
 - Quality assessment and improvement activities.
 - Activities designed to improve health or reduce health care costs.
 - Clinical guideline and protocol development, case management and care coordination.
 - Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
 - Contacting you with appointment reminders.
 - Professional review and performance evaluation.
 - Training programs including those in which students, trainees or practitioners in health care learn under supervision.
 - Training of non-health care professionals.
 - Accreditation, certification, licensing or credentialing activities.
 - Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. This includes disclosure and exchange of information between Care Wisconsin and state and federal oversight agencies and their authorized representatives.

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- Business planning and development including cost management and planning related analyses and formulary development including required submission of data to federal and state governments.
- Business management and general administrative activities of Care Wisconsin, including customer service and resolution of internal grievances.
- Underwriting and other insurance related activities.
- Conducting or arranging for legal services.
- Creating “de-identified” protected health information.

For example, Care Wisconsin may use your protected health information to evaluate its staff performance, combine your protected health information with other Care Wisconsin participants to evaluate how to more effectively serve all of Care Wisconsin’s participants, and disclose your health information to Care Wisconsin staff and contracted personnel for training purposes. Care Wisconsin may use your protected health information to conduct case management, quality improvement and utilization review, and to engage grievance and appeal resolution activities. Furthermore, Care Wisconsin may use or disclose your protected health information to provide you with information on health-related benefits and services that may be of interest to you

- B.** Care Wisconsin is permitted by law to use and disclose your protected health information without your authorization for a number of functions and activities listed below:
- 1. As Required by Law.** Care Wisconsin will disclose your protected health information when it is required to do so by federal, state or local law.
 - 2. Public Health Risks.** Care Wisconsin may disclose your protected health information for the following public activities and purposes to:
 - Prevent or control disease, injury or disability; report disease, injury, and vital events such as birth or death; conduct public health surveillance, investigations and interventions.
 - Report adverse events and product defects; to track products or enable product recalls, repairs and replacement; to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
 - Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
 - Notify an employer about an individual who is a member of the workforce as legally required.

- 3. Abuse, Neglect or Domestic Violence.** Care Wisconsin is allowed to notify government authorities if Care Wisconsin believes a patient is the victim of abuse, neglect or domestic violence. Care Wisconsin will notify you of the disclosure unless we determine this would put you at risk.
- 4. Health Oversight Activities.** Care Wisconsin may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. Care Wisconsin, however, may not disclose your protected health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.
- 5. Judicial and Administrative Proceedings.** As permitted or required by state law, Care Wisconsin may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Care Wisconsin makes reasonable efforts to either notify you about the request or to obtain an order protecting your protected health information.
- 6. Law Enforcement Purposes.** As permitted or required by state law, Care Wisconsin may disclose your protected health information to a law enforcement official in response to a court order or in order to identify or locate a suspect, fugitive, material witness or missing person, or to report or respond to a crime.
- 7. Coroners and Medical Examiners.** Care Wisconsin may disclose your protected health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.
- 8. Funeral Directors.** Care Wisconsin may disclose your protected health information to funeral directors consistent with applicable law to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Care Wisconsin may disclose your protected health information prior to, and in reasonable anticipation of, your death.
- 9. Organ, Eye or Tissue Donation.** Care Wisconsin may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.
- 10. Research Purposes.** Care Wisconsin may, under very select circumstances, use your protected health information for research. Before Care Wisconsin discloses any of your protected health information for such research purposes, the project will be subject to an extensive approval process. Care Wisconsin will usually request your written authorization before granting access to your individually identifiable protected health information.

11. Serious Threat to Health or Safety. Care Wisconsin may, consistent with applicable law and ethical standards of conduct, disclose your protected health information if Care Wisconsin, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

12. Specified Government Functions. In certain circumstances, federal regulations authorize Care Wisconsin to use or disclose your protected health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates and law enforcement custody.

13. Worker's Compensation. Care Wisconsin may release your protected health information for worker's compensation or similar programs.

C. Unless your refuse or object, Care Wisconsin may also use and disclose your protected health information with persons involved in your care or payment of your care and for fundraising purposes.

1. Persons Involved in Your Care or Payment for Your Care. Care Wisconsin may disclose protected health information about you to family members, friends or someone else whom you identify as involved in your care or payment for your care to coordinate your care and treatment plan. If you are unable to function or if there is an emergency, Care Wisconsin staff will exercise their professional judgment to determine if family or friends should receive information about you. In addition, we may disclose your protected health information to organizations authorized to handle disaster relief efforts so that those who care for you can receive information about your location or health status.

2. Fundraising Activities. Care Wisconsin may use your protected health information to contact you in our efforts to raise money for Care Wisconsin. If you do not wish to be contacted for fundraising efforts, you must notify in writing the Marketing Manager, P.O. Box 14017, Madison, WI 53708-0017.

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Except for the situations listed above, Care Wisconsin must obtain your written authorization for any other release of your protected health information. If you or your representative authorizes Care Wisconsin to use or disclose your protected health information, you may revoke that authorization in writing at any time.

III. YOUR HEALTH INFORMATION RIGHTS

You have several rights regarding your protected health information that Care Wisconsin maintains. If you wish to exercise any of the following rights, please contact Care Wisconsin's Privacy Officer.

- 1. Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your protected health information. You have the right to request a limit on Care Wisconsin's disclosure of your protected health information to someone who is involved in your care or the payment of your care. However, Care Wisconsin is not required to agree to your request.
- 2. Right to Receive Confidential Communications.** You have the right to request that Care Wisconsin communicate with you in a certain way. For example, you may ask that Care Wisconsin only conduct communications pertaining to your protected health information with you privately with no other family members present. Or, if you wish for us to contact you at a specific address or telephone number, or if you wish for appointment reminders not to be left on voice mail, you should make this request known to us. Care Wisconsin will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- 3. Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to inspect and copy your protected health information, including billing records, maintained in a designated record set by Care Wisconsin. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. If you request a copy of your protected health information, Care Wisconsin may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.
- 4. Right to Amend Your Health Information.** You or your representative has the right to request that Care Wisconsin correct your protected health information if you believe it is inaccurate or incomplete. Your request may be denied if your protected health information records were not created by Care Wisconsin, if the information is not part of Care Wisconsin's designated record set, if the protected health information you wish to amend is not part of the protected health information you or your representative are permitted to inspect and copy, or if Care Wisconsin determines the records containing your protected health information are accurate and complete.
- 5. Right to an Accounting of Disclosures.** You or your representative have the right to request an accounting of certain disclosures of your protected health information made by Care Wisconsin for any reason other than those made to you or to persons involved in your care, and for treatment, payment, health care operations, national security, law enforcement/corrections certain health oversight activities, incident to a permitted use or disclosure and in accordance with authorizations. The request should specify the time period for the accounting starting no earlier than April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Care Wisconsin will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- 6. Right to Obtain a Paper Copy of this Notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. You may also obtain a copy of the current version of Care Wisconsin's Notice at its Web site, www.carewisc.org.

7. **Right to Complain.** You or your representative have the right to express complaints to Care Wisconsin and to the Secretary of Health Services if you or your representative believe that your privacy rights have been violated. To file a complaint with either entity, please contact Care Wisconsin's Privacy Officer. Care Wisconsin encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

IV. DUTIES OF CARE WISCONSIN

Care Wisconsin is required by law to maintain the privacy of your protected health information and to provide to you or your representative this Notice of its duties and privacy practices. Care Wisconsin is required to abide by the terms of this Notice as may be amended from time to time. Care Wisconsin reserves the right to change the terms of its Notice if its privacy practices change or as federal or state requirements change and to make the new Notice provisions effective for all protected health information that it maintains. If Care Wisconsin significantly changes its Notice, Care Wisconsin will provide a copy of the revised Notice to you or your representative within sixty (60) days of the change.

V. CONTACT PERSON

Care Wisconsin has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under federal, state and local privacy standards. You may call the Privacy Officer at (608) 245-3073 or send mail to P.O. Box 14017, Madison, WI 53708-0017.

EFFECTIVE DATE

This Notice is effective as of October 16, 2009.