

Health Tradition Health Plan

Notice of Privacy Practices

March 2003

Dear Health Tradition Health Plan Member:

Health Tradition Health Plan has always been a leader in protecting members' health plan information. Maintaining member privacy is part of our mission. Controlled use of health plan information by staff at Health Tradition Health Plan is essential to providing optimum service.

The United States government created new rules for the use and protection of medical and health plan information by hospitals, clinics and others, such as health plans. The rules are a result of the 1996 Health Insurance Portability and Accountability Act (HIPAA). They are meant to provide all health plan members in the United States with standard privacy protections. One new rule requires health plans to provide all members with a Notice of Privacy Practices to explain how member health plan information is used.

We are happy to provide you with this copy of Health Tradition Health Plan's Notice of Privacy Practices. We hope it will answer any questions you may have about how member health plan information is used here.

If you have questions about anything contained in this notice, please feel free to contact our privacy officer at (608) 781-9692 or 1-888-459-3020.

Thank you for placing your care, and your trust, in Health Tradition Health Plan.

Sincerely,

Steven M. Kunes
Executive Director

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

We are Health Tradition Health Plan (the “Health Plan” or “we”). Under the law we are a separate legal entity distinct from your employer that sponsors your health benefit. By law, Health Tradition must maintain the confidentiality of medical information. Health Tradition takes precautions both in the use and disclosure of information to minimize the risk of inappropriate use or disclosure. Federal law requires this Notice outline the practices of Health Tradition Health Plan in handling medical information. The same law requires that Wisconsin law be referenced when it would further restrict the use or disclosure of information. This Notice reflects the greater privacy protections and rights afforded by the Wisconsin patient confidentiality, mental health, and HIV testing statutes. When state and federal privacy laws differ, and Wisconsin law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by Health Tradition and relates to a member’s health care or payment for the provision of health care. This includes medical information used to make a decision about your health care coverage, as well as your name, address and telephone number.

Health Tradition’s Legal Duties:

- By law, Health Tradition must keep protected health information private;
- Health Tradition will follow the rules of its Privacy Notice currently in effect;
- We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information; and
- 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, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice available to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Information About This Notice

- The effective date of this Notice is April 14, 2003;
- A paper copy of this Notice will be provided upon request;
- Health Tradition reserves the right to change the terms of this Notice and make the new Notice provisions effective for all Protected Health Information maintained; and
- When the Notice is revised, it will be available upon request either at Health Tradition facilities or by mail and will be posted in a clear and prominent location at each physical service delivery sites.

How Health Tradition May Use or Disclose Your Protected Health Information

The following categories describe the ways that Health Tradition 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.

Treatment

We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

Payment

Health Tradition may use or disclose health information to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services received from health care providers, determine plan responsibility for benefits, to issue explanation of benefits to the person who subscribes to the Plan and to coordinate benefits. 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 plan. We may disclose your medical information to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities. We may need your written permission to disclose information taken from your mental health treatment records or HIV test results for payment purposes.

Health Care Operations

Health Tradition may use and disclose protected health information to carry out necessary insurance-related activities. For example, such activities may include:

- underwriting, premium rating and other activities relating to plan coverage;
- reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- conducting quality assessment and improvement activities; submitting claims for stop-loss coverage;
- conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs;
- business planning and development;
- business management and general administration, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity, which has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

We may need your written permission to disclose medical information or information taken from your mental health treatment records or HIV test results for health care operations.

On Your Authorization

You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

Health-Related Benefits and Services

Health Tradition may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest. With your written permission, we may disclose your medical information to a business associate to assist us in these activities. We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Individuals Involved in Care and Notification

With your written permission, Health Tradition may disclose Protected Health Information to a family member or legal representative to the extent necessary to help with the care of or payment for a Health Tradition member.

If a member is accompanied by family or friends while insurance related activities are provided, permission to disclose Protected Health Information will be presumed by the health plan unless the member states otherwise. Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures.

If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

Wisconsin law requires a written authorization to release health information in most situations to family members or friends except in the case of an emergency. We may not disclose confidential medical information or any information taken from mental health treatment records or HIV test results in these circumstances without your written permission.

Required By Law

Health Tradition will use or disclose Protected Health Information when required by federal, state or local law. You may be able to opt out of use or disclosure of your medical information for (a) research purposes or (b) pursuant to a written request from a government agency, unless law requires the disclosure.

We may not disclose HIV test results and certain confidential medical information or mental health treatment records for certain of these purposes without your written permission, unless required by law.

Disaster Relief

Health Tradition 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. We may not disclose confidential medical information (except in response to a written request from a government agency) or any information taken from mental health treatment records or HIV test results in these circumstances without your written permission.

To Avert a Serious Threat of Harm

Health Tradition may use and disclose Protected Health Information to warn of a serious threat to the health or safety of a member or the health or safety of the public or another person.

Organ and Tissue Donation

Health Tradition may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary.

Military and Veterans

If a member is a member of the Armed Forces, Health Tradition may release Protected Health Information as required by military command authorities. Health Tradition may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation

Health Tradition may disclose Protected Health Information regarding work-related illness or injury, including to employers, when a member is pursuing a workers' compensation claim, as authorized by state worker's compensation laws.

Public Health Purposes

Health Tradition may disclose Protected Health Information for public health purposes. Release may occur for the following reasons:

- To prevent or control disease or injury;
- To report births and deaths;
- To report maltreatment of a child or vulnerable adult, or domestic violence;
- To report to the federal government adverse reactions to medication or safety problems with FDA-regulated products; or
- To notify people of product recalls.

HIV Test Results

Your HIV test results, if any, may be disclosed as set forth in Wisconsin Statutes § 252.15(5)(a). A listing of the persons or circumstances set forth in that statute is available on request.

Health Oversight Activities

Health Tradition may disclose Protected Health Information to health oversight agencies where authorized by law. Oversight activities might include, for example, licensure, accreditation, audits and investigations.

Lawsuits and Other Judicial Proceedings

Health Tradition may disclose Protected Health Information in response to a Court or Administrative Order. Health Tradition may also disclose Protected Health Information in response to certain types of subpoenas, discovery requests or other lawful process.

Law Enforcement Activities

Health Tradition may disclose Protected Health Information to law enforcement officials:

- In response to a Court Order, subpoena, warrant or other type of process;

- To identify a suspect, fugitive or missing person;
- About the victim of a crime under certain limited circumstances;
- About a death believed to be a result of criminal conduct;
- About a crime committed on Health Tradition premises;
- In emergency circumstances when necessary to maintain safety and security of Health Tradition personnel and members; or
- To correctional institutions regarding inmates.

Coroners, Medical Examiners and Funeral Directors

Health Tradition may release Protected Health Information to a coroner or medical examiner when necessary to identify the deceased or determine the cause of death. Release of information to funeral directors may occur when necessary to carry out the function of the funeral director.

National Security Activities

Health Tradition may release Protected Health Information to the military and authorized federal officials for lawful intelligence, counterintelligence, or other national security activities authorized by law.

Members' Rights with Respect to Protected Health Information

Right to Access

A member has the right to look at or get copies of health information in Health Tradition's designated record set about that member. You may request that we provide copies in a format other than photocopies, although we may not be able to accommodate those requests. This includes membership, medical and claims records used to make decisions about your plan benefits.

A request to look at and copy must be submitted in writing to Privacy Officer, Health Tradition Health Plan, PO Box 188, La Crosse, WI 54602-0188. You may obtain a form to request access from the Privacy Officer also. If a copy is requested, a fee may be charged to cover expenses associated with your request. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of the notice for information on our fee structure.

Health Tradition may deny a request to inspect and copy a designated record set under certain limited circumstances. If a member is denied access to the information, the member may request a review of the denial. Another licensed health care professional within Health Tradition will review the request and denial. Health Tradition will comply with the outcome of the review.

Right to Request Amendment

A member has the right to request Protected Health Information, including mental health treatment records, or information in Health Tradition's designated record set be amended. A request to amend must be submitted in writing to Privacy Officer, Health Tradition Health Plan, PO Box 188, La Crosse, WI 54602-0188. The request must include a reason to support the amendment. Health Tradition may deny a request for amendment based upon any of the following circumstances:

- The request is not in writing or does not include a supporting reason;
- The information you want to change was not created by Health Tradition, and the person or entity that created the information remains available to amend the information;
- The information would not be available for inspection;
- The information is not part of designated record set; or
- The information in the designated record set is accurate and complete.

If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. 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.

Right to Accounting of Disclosure

A member has a right to the accounting of disclosures made by Health Tradition or our Business Associates of Protected Health Information about that member. This accounting does not include disclosures to carry out payment and health care operations; disclosures authorized by you; and for certain other activities; or that occurred prior to April 14, 2003.

We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information.

You also have the right to request a disclosure accounting of all written disclosures of your mental health treatment records.

A request for an accounting must be submitted in writing to Privacy Officer, Health Tradition Health Plan, PO Box 188, La Crosse, WI 54602-0188. The request must state a time period (no longer than six years) and indicate in what form the list should be provided. The first list within a 12-month period is free. For additional lists, Health Tradition may charge for the costs of providing the accounting. Contact us using the information listed at the end of the notice for information on our fee structure.

Right to Request Restrictions

A member has a right to request a restriction or limits on the use or disclosure of Protected Health Information. Such requests for restriction must be in writing. Health Tradition is not required to agree to this request, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Right to Request Confidential Communication

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 Privacy Officer, Health Tradition Health Plan, PO Box 188, La Crosse, WI 54602-0188. We are not required to agree to your request.

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 plan, including issuance of explanations of benefits to the subscriber of the plan. An explanation of benefits issued to the subscriber for health care that you received for which you did not request confidential communications or about the subscriber or others covered by the plan may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence.

Consent/Authorization

Except as described above or specifically required or permitted by law, Health Tradition will not use or disclose your protected information without a specific authorization from you or an appropriate legal representative. An authorization is your signed, written permission to release protected health information. You may be asked to sign the same authorization form periodically as required by state or federal law.

If authorization is provided, it may be revoked in writing at any time. Written revocation of authorization must be submitted to Privacy Officer, Health Tradition Health Plan, PO Box 188, La Crosse, WI 54602-0188. Once authorization is revoked, Health Tradition will no longer use or disclose Protected Health Information, except to the extent Health Tradition has already taken action in reasonable reliance on it.

Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice.

Complaints or concerns about Health Tradition's use or disclosure of Protected Health Information may be forwarded to Health Tradition. Submit complaints or concerns to Health Tradition in writing to:

Privacy Officer
Health Tradition Health Plan
PO Box 188
La Crosse, WI 54602-0188
608-781-9692 or toll-free 1-888-459-3020

A member will not be retaliated against specifically for filing a complaint about Health Tradition's privacy practices. Health Tradition reserves the right, however, to take necessary and appropriate action to maintain an environment that serves the best interests of its members and staff. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. We will provide you with the address to file your complaint with DHHS.

For more information about any of Health Tradition's Privacy Practices, call (608) 781-9692 or 1-888-459-3020.

Health Tradition Health Plan

1808 East Main Street | Onalaska, WI 54650
P.O. Box 188 | La Crosse, WI 54602