



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 READ IT CAREFULLY.

Protected Health Information (“PHI”) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how we at Welborn Health Plans (“WHP”) may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a health plan we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal and privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under the plan at that time.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent

Federal law allows a health plan to use and disclose PHI for the purpose of treatment, payment and health care operations without your consent or authorization. Examples of the uses and disclosures that we are allowed to make, as a health plan, are listed below.

Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. Although, as a health plan, WHP does not provide treatment, we may provide PHI to health care providers in order to arrange treatment for you.

Payment. Payment refers to the activities of a health plan in collecting premiums and paying claims under the plan for health care services you receive. We use PHI to pay claims and we disclose PHI to companies that pay claims for WHP such as a pharmacy benefits manager or a vision plan manager. Examples of uses and disclosures under this section include the sending of PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with other insurers to determine coordination of benefits; filing and settling subrogation claims; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the plan.

Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate a health plan. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the plan’s performance or the performance of a provider or vendor; the use of PHI to provide case and disease management services; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and obtaining reinsurance; the disclosure of PHI to deal with complaints and grievances about your care; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the plan; the disclosure of PHI to plan consultants who provide legal, actuarial and auditing services to the plan; and use of PHI in general data analysis used in the long term management and planning for WHP.

The above examples are not all inclusive of the situations when, as permitted by Federal and State law, we may use and disclose PHI for treatment, payment, and operations.

Other Uses and Disclosures Allowed Without Your Consent

Federal law also allows a health plan to use and disclose PHI, without your consent or authorization in the following ways:

Health Oversight. We may disclose PHI to a health oversight agency or other regulatory agency for purposes authorized by law such as audits, investigations, and inspections.

Legal Proceedings. We may disclose PHI in the course of any judicial or administrative proceeding in response to (i) an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and (ii) in response to a subpoena, discovery request or other lawful process (excluding mental health records which, in Indiana, can only be released upon a court order) but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military Activity and National Security. We may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities and for Veterans Affairs benefits eligibility. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Workers’ Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illness.

Other Uses and Disclosures Allowed Without Your Consent - Continued

When Required by Law: We may disclose your PHI as otherwise required by law, provided that the disclosure and use complies with and is limited to the relevant requirements of such law.

To the Plan Sponsor: We may disclose your PHI to the Plan Sponsor to conduct plan administration functions only if the Plan Sponsor has adopted certain safeguards to prevent the use of the PHI for employment-related decisions or in connection with any of its other benefit plans.

The examples of permitted disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be disclosed. They are provided to describe in general the types of uses and disclosures that may be made.

All Other Uses and Disclosures Require Your Prior Written Authorization

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

At WHP, we are committed to maintaining the confidentiality of your personal and sensitive information. You and your family trust us to collect and maintain the information necessary to administer your benefit plan in a way that protects your privacy. That is why we have policies and processes in place to protect the security and confidentiality of your personal information.

HOW WE PROTECT CONFIDENTIAL INFORMATION

WHP is required by law to keep our members' personal information confidential. Here are things we do to make sure your personal information is protected:

- Whenever possible, we provide information that doesn't identify any individual. If we do need to share individually identifiable information, we have policies that protect confidentiality.
- We require a written agreement from companies and organizations who receive confidential information from us. They agree that they will use any individually identifiable information only to administer your benefits plan in accordance with applicable laws.
- Sometimes we require a member's written authorization before we disclose confidential information. For example, a request from a research organization or from a member's attorney would require an authorization signed by the member. Requests for confidential information for a minor or for an adult who is unable to exercise rational judgment or give informed consent require an authorization from the member's parent, legal guardian, or health care representative.
- We educate our organization on how to protect the confidentiality and security of your personal information. Our employees may not disclose information to other employees except when it's needed to conduct WHP business.
- Access to our facility is limited to authorized personnel.
- We have policies and procedures for accessing, labeling and storing confidential records.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- You have a right to request restrictions on uses and disclosures of your personal information with respect to treatment, payment and health care operations. WHP will consider your request, but we are not legally required to accept it. You may not limit the uses and disclosures that we are legally required to make.
- You have a right to request in writing that we send information to you at an alternate address if you include a statement in your request that the disclosure of all or part of the information to which the request pertains could endanger you.
- You have the right to inspect and copy your PHI for as long as WHP maintains the PHI. Federal law does prohibit you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed.
- WHP strives to make sure that information is accurate and complete. You have the right to request that your PHI be amended for as long as the plan maintains the PHI. The plan may deny your request for amendment if it determines that the PHI was not created by the plan, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the plan has a right to include a rebuttal to your statement, a copy of which will be provided to you.
- You have a right to obtain an accounting of instances in which we have disclosed your personal information after the official compliance date of April 14, 2003. An accounting will be provided within 60 days of receipt of the request and will not include uses or disclosures that we are allowed to make for treatment, payment or health plan operations.

HOW WE LET MEMBERS KNOW ABOUT OUR PRIVACY PRACTICES

WHP will provide all current subscribers with a copy of this Notice of Privacy Practices. New subscribers will receive this notice with their plan benefit materials. You can also view this notice on our Web site at www.welbornhealthplans.com or you can request a copy from our Compliance Department by calling (812) 426-6600 or (800) 521-0265, and choose option #7. For the hearing impaired, call our TTY number at (812) 426-9286.

COMPLAINTS

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal information, you may file a complaint by calling our Privacy Officer at (812) 426-6600 or (800) 521-0265, and choose option #7. For the hearing impaired, call our TTY number at (812) 426-9286. You may also call WHP for information on how to file a complaint with the Secretary of the Department of Health and Human Services. WHP will take no retaliatory action against you if you file a complaint about our privacy practices.