

## NOTICE OF PRIVACY PRACTICES

Effective July 1, 2007

**Podemos traducir esto gratuitamente. Llame al número de Servicio de Atención al Cliente que aparece en su tarjeta de identificación (ID card).**

Please read this paper carefully.

**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. THIS NOTICE DOES NOT AFFECT YOUR BENEFITS OR ELIBILITY.**

Your health and financial information is personal and private. The law says that we must protect this information of our current and former members. We get information about you from the Wisconsin Health Policy Authority after you become eligible and enroll in our health plan. We also get medical information from your doctors, clinics, labs and hospitals so we

can approve and pay for your health care. Federal law says that we must give you this notice to help you understand what our legal duties are and how we will protect your verbal, written and electronic health information using these methods:

- Physical (files)
- Technical (passwords)
- Procedural (policies to make sure your records stay safe)

### When is it OK for us to use and share your health information?

We can use and share your information **without** your OK in some cases. Here are some examples:

#### For Your Medical Treatment

- To help doctors, hospitals and others get you the care you need

#### For Payment

- To share information with the doctors, clinics, and others who bill us for your care
- When we agree to pay for medical care or services before you get them

#### For Health Care Operations

- To help with audits, fraud and abuse programs, planning and day-to-day work
- To review our programs and try to make them better

#### For Public Health Reasons

- To help public health officials stop the spread of disease or prevent an injury

#### To Others Acting for You

- If you tell us it is OK, we can share your health information with your family or a person chosen by you who helps with, or pays for, your health care.



- If you cannot speak for yourself and it is best for you, we can share your medical information with someone who helps with, or pays for, your health care.

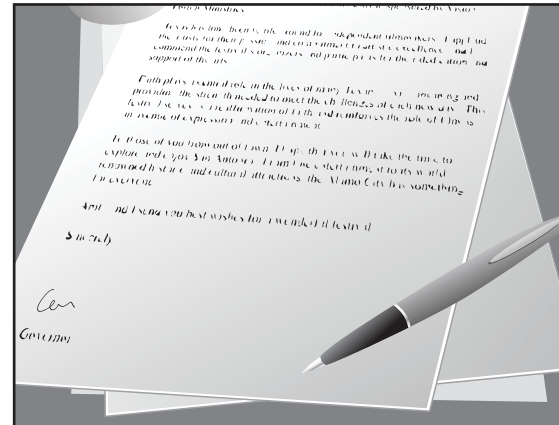
## Other Uses Allowed or Required by Law

- To help the police and other people who enforce the law
- To obey laws about reporting abuse and neglect
- To help the court when asked to do so
- To respond to legal documents
- To give information to health oversight agencies for actions such as audits or exams
- To help coroners, medical examiners or funeral directors find out your name and cause of death
- To help when you have asked to give your body parts to science
- To use for research
- To prevent or lessen a serious threat to health and safety
- To help government officials for special government functions
- To give information to workers' compensation for a work-related illness or injury

We will get an OK from you in writing before we use or share your health information for reasons not listed in this notice. You may tell us in writing that you want to take back your OK to share information. We can't take back what we used or shared when we had your OK, but we will stop using or sharing your information in the future.

## What are your rights?

- You can ask to look at your health information and get a copy of it. Keep in mind that we do not have a complete medical record about you. **If you want a copy of your complete medical record, you should ask your doctor or health clinic.**
- If you think that something is missing from, or wrong in, your health record that we have, you can ask us to make changes.
- You can ask us not to share your information in some instances. However, we do not have to agree to your request.
- You can ask us to mail health information to an address that is different from your usual address or to send the information to you in another way. We can do this for you if sending to your usual address may put you in danger.
- You can ask us to give you a list of the times (after April 14, 2003) that we have shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment, health care operations or certain other purposes.
- You can ask for a paper copy of this notice at any time, even if you asked for a notice by e-mail.



## What are our responsibilities?

- By law, we must keep your health information private except as listed in this notice.
- We must give you this notice that explains our legal duties about privacy.
- We must follow what we have told you in this notice.
- We must agree, when you make reasonable requests and you are in danger, to send your health information to a different address or to send it in a way other than regular mail.
- We must tell you if we cannot agree when you ask us to limit how your information is shared.
- If state laws are more strict than the rules in this notice, we will follow those laws.

## What if you have a complaint?

If you think that we have not kept our promise to protect your health information, you may complain to us or to the Department of Health and Human Services. Nothing bad will happen to you if you complain.

## Contact Information

If you have questions, complaints about our privacy rules, or want to apply your rights, please call us at **1-888-279-1227**. If you have hearing or speech loss, you may call the TTY line at **1-800-947-3529**.

We are here to help. If you still feel that we have not protected your privacy, you also may file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services.

We reserve the right to change this notice and the way we protect your health information. If that happens, we will tell you about the changes in a newsletter. We also will post them on our website at **[www.CommunityConnectHealthPlan.com](http://www.CommunityConnectHealthPlan.com)**.

As we told you in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.



## Your Personal Information

We may collect, use and share nonpublic personal information (PI) as described in this notice. Your PI tells us who you are and is often gathered in an insurance matter.

We may use your PI to make judgments about your:

- Health
- Habits
- Hobbies

- We may collect PI about you from other persons or groups such as:
  - Doctors
  - Hospitals
  - Other carriers
- We may share PI with persons or groups outside of our company without your OK in some cases.
- We will contact you if we take part in an action that would require us to give you a chance to opt out.
- We will tell you how you can let us know that you do not want us to use or share your PI for a given action.
- You have the right to access and correct your PI.
- We take safety measures to protect the PI we have about you.

You can ask for a state notice that is more detailed. Please call our Customer Service number printed on your CommunityConnect HealthPlan ID card.