

## **ProHealth Care Health, Dental and Vision Plan Notice of Privacy Practices**

Your Information. Your Rights. Our Responsibilities.

**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.**

The ProHealth Care Health, Dental and Vision Plan (the “Plan”) is required by law to maintain the privacy of protected health information (“PHI”) maintained by the Plan. The Plan must provide participants with notice of its legal duties and privacy practices with respect to PHI under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), as amended and the privacy and security standards issued thereunder (together, the “Privacy Rule”), and any other more stringent state laws.

This Notice of Privacy Practices (“Notice”) describes the Plan’s privacy practices regarding PHI. Your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive. This Notice applies only to the health care components of the Plan only to the extent that such health care components are subject to the Privacy Rule, and does not apply to other benefits plans sponsored by ProHealth Care, such as long-term disability or life insurance.

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **How the ProHealth Care Health, Dental and Vision Plan May Use or Disclose Your Health Information**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. You have the right to:

### Inspect and get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. To inspect and receive an electronic or paper copy of such information, you must contact:

Medical Plan	Dental Plan	Vision Plan
Aetna PO Box 981106 El Paso, TX 79998-1106	Delta Dental of Wisconsin PO Box 828 Stevens Point, WI 54481-0828	VSP PO Box 99705 Sacramento, CA 95899-7105

### Request to correct your health or claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To ask for an amendment, you must make your request including a reason for your request in writing to the ProHealth Care Human Resources Department, at 725 American Ave., POB Suite 305, Waukesha, WI 53188.
- We may deny your request if we did not create the information you want changed, the information is already accurate and complete or for certain other reasons. If we deny your request, we will provide you with a written explanation and information on how you can appeal the denial.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will attempt to meet a reasonable request for confidential communications, but retain the right to deny such request unless you tell us you would be in danger if we did not. All requests for confidential communications must be in writing to the ProHealth Care Human Resources Department at 725 American Ave., POB Suite 305, Waukesha, WI 53188.

## **Request restrictions on certain uses and disclosures**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. All requests must be in writing to the ProHealth Care Human Resources Department at 725 American Ave., POB Suite 305, Waukesha, WI 53188.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

## **Request to get a list of those with whom we’ve shared information**

- You can ask for a list (accounting of disclosures) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Obtain a copy of this privacy notice**

You may ask us to give you a paper or electronic copy of this Notice at any time. To obtain a paper copy of this Notice, send your written request to the ProHealth Care Human Resources Department at 725 American Ave., POB Suite 305, Waukesha, WI 53188. You may also obtain a copy of this Notice from the Human Resources Collaborate site or Employee Self-Service (ESS).

## **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the ProHealth Care Privacy Officer at 262-696-5811 or leave a message on the ProHealth Care Compliance Hotline at 262-928-2415.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us.

In these cases, you may request that we:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: The plan provides the plan sponsor with certain statistics to determine plan premiums.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Communicate with you**

We may use and disclose your health information to communicate with you. We may contact you at the phone numbers and addresses you give us. For example, we may contact you concerning insurance, billing, payment and other benefit services. We may leave messages at your home or voicemail. We may send you text and email messages at numbers and addresses you give us.

## **Organized Health Care Arrangement**

We participate in one or more organized health care arrangements (OHCA). An OHCA is an organized system of health care in which more than one covered entity participates in the joint arrangement. The purpose of the participation includes conducting quality assessment and improvement activities and utilization review, and performing other clinically integrated network activities. One OHCA in which we participate is known as About Health. Your health information may be shared with other About Health and other OHCA participants for these purposes.

## **Note on Other Restrictions**

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law in some circumstances to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

- This Notice of Privacy Practices is effective September 21, 2023. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.
- Please contact the ProHealth Care Privacy Officer at 262-696-5811 or via email at [Cheryl.braunreiter@phci.org](mailto:Cheryl.braunreiter@phci.org) if you have any questions about this Notice or if you want more information about the Privacy Practices of the ProHealth Care Health, Dental and Vision Plan.
- The Language Assistance Services discussed on the Available Language Assistance Services communication are available immediately and during open enrollment.

## Communicating with Patients with Limited English Proficiency

### Available Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-262-928-4465 (VRS: 1-866-327-8877).

ATENCIÓN: Si habla español, tenemos a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-262-928-4465 (VRS: 1-866-327-8877).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-262-928-4465 (VRS: 1-866-327-8877).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-262-928-4465 (VRS: 1-866-327-8877)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-262-928-4465 (VRS: 1-866-327-8877).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-262-928-4465 (VRS: 866-327-8877-1)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-262-928-4465 (VRS: 1-866-327-8877).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-262-928-4465 (VRS: 1-866-327-8877)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-262-928-4465 (VRS: 1-866-327-8877).

ann du schwetzscht, kansch du mitaus Koschteebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-262-928-4465 (VRS: 1-866-327-8877).

ໄປຊຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-262-928-4465 (VRS: 1-866-327-8877).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-262-928-4465 (VRS: 1-866-327-8877).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-262-928-4465 (VRS: 1-866-327-8877).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-262-928-4465 (VRS: 1-866-327-8877) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-262-928-4465 (VRS: 1-866-327-8877).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-262-928-4465 (VRS: 1-866-327-8877).