

## NOTICE OF PRIVACY PRACTICES

### PIERCE COUNTY--CMS Health Plans

**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.**

In this notice, "we" refers to CMS ("Plan"). "You" or "yours" refers to individual participants of the Plan. If you have any questions about this notice, please contact the HIPAA Privacy Official, whose contact information is listed below:

HIPAA Privacy Official

**Insurance Coordinator**

715-273-3531 EXT6430  
PO Box 119  
Ellsworth, WI 54011

**Who Will Follow This Notice**

This notice describes the medical information practices of the Plan and that of any third party that assists us in the administration of Plan claims.

Your physician, dentist or other medical provider may have different policies or notices regarding the use and disclosure of medical information created or received in their offices. Please contact your health care providers for information regarding their privacy practices.

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

**How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we use and disclose medical information, as permitted by federal and state law. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use

and disclose information will fall within one of the categories or is required or authorized under federal, state or local law.

**For Treatment (as described in applicable regulations).** We may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your treatment. For example, we might disclose information about your prior prescriptions to a pharmacist to determine whether a new prescription conflicts with prior prescriptions.

**For Payment (as described in applicable regulations).** We may use and disclose medical information about you to determine your benefits under the Plan, to facilitate payment for the treatment and services you receive from providers, to determine coverage, or to coordinate coverage. For example, we may tell your provider about your medical history to determine whether a treatment is experimental, medically necessary or whether the Plan will cover the treatment. We may also share medical information about you with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations (as described in applicable regulations).** We may use and disclose medical information about you for Plan health care operations. These uses and disclosures are necessary to provide quality care to all subscribers and covered beneficiaries and to administer and maintain the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, internal grievance resolution, and other activities relating to Plan coverage; conducting or arranging for medical or dental care review, legal services, audit services, and fraud and abuse detection programs; creating de-identified health information; business planning and development such as cost management; and business management and general administrative activities.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

### Special Situations

**Disclosure to Health Plan Sponsor.** Medical information may be disclosed to Pierce County, CMS personnel solely for purposes of administering benefits under the Plan. Pierce County, CMS may not use or disclose medical information about you for employment-related actions unless you authorize it to do so.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized or required by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the HIPAA Privacy Official at Pierce County, Insurance Coordinator PO Box 119, Ellsworth, WI 54011 715-273-3531. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the HIPAA Privacy Official at Pierce County, Insurance Coordinator, PO Box 119, Ellsworth, WI 54011 715-273-3531. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy, or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations. An accounting would not include those disclosures that are: made to you; incident to otherwise permitted uses or disclosures; pursuant to an authorization; for national security or intelligence purposes; for the facility's directory; made to persons involved in your care or for notification purposes; part of a limited data set; or are made prior to the April 14, 2004.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Official at Pierce County, Insurance Coordinator PO Box 119, Ellsworth, WI 54011 715-273-3531. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to the HIPAA Privacy Official at Pierce County, Insurance Coordinator PO Box 119, Ellsworth, WI 54011 715-273-3531. In your request, you must tell us (1) what

information you wish to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the HIPAA Privacy Official at Pierce County, Insurance Coordinator, PO Box 119, Ellsworth, WI 54011 715-273-3531. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice upon request. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please contact the HIPAA Privacy Official at Pierce County, Insurance Coordinator, PO Box 119, Ellsworth, WI 54011 715-273-3531.

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Pierce County or with the Secretary of the Department of Health and Human Services. To file a complaint with Pierce County, contact the HIPAA Privacy Official in writing at Pierce County Administration Office, PO Box 119, Ellsworth, WI 54011 715-273-3531. All complaints must be submitted in writing.

You will not be penalized or retaliated against for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission or as permitted by law. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time except to the extent the Plan has taken action in reliance on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Be advised that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of claims paid on your behalf.