INTRODUCTION TO THE GHC-SCW NOTICE OF PRIVACY PRACTICES

Each time you visit Group Health Cooperative of South Central Wisconsin (GHC-SCW) for health care, it is documented in your electronic medical record. This record contains identification and financial information as well as symptoms, diagnoses, test results, a description of your physical examination, and a treatment plan. This record is often referred to as your “medical record” or “health information.” GHC-SCW may also store your information on paper. Your health information is used to: (1) plan for your care and treatment; (2) for communication among your health care professionals; (3) as a legal document describing the care you received; (4) as a way for you or your insurance company to verify the services provided; (5) to help GHC-SCW review and improve health care and outcomes; and (6) for other similar activities that allow GHC-SCW to conduct business efficiently and provide you with high quality health care.

GHC-SCW HEALTH CARE PROVIDERS’ DUTY TO PROTECT YOUR HEALTH INFORMATION

Under the Health Insurance Portability and Accountability Act of 1996 (a federal law also known as “HIPAA”), GHC-SCW providers are required to keep your health information confidential, and to provide you with this notice of our legal duties and privacy practices. This notice describes how GHC-SCW providers use and disclose your health information. GHC-SCW providers consist of several different types of health care professionals including physicians, physician assistant’s, nurse practitioners, nurses, lab technicians and other clinical and administrative staff. Your health information may also be provided to health care professionals contracted with GHC-SCW such as UWHC specialists and other health care organizations also involved in your care and treatment. GHC-SCW stores your information primarily in an electronic format that is protected by stringent privacy and security mechanisms. Providers collect, create, maintain, use and disclose your health information. The purpose of this notice is to describe privacy practices in place to protect health information that specifically identifies or could be used to identify you.

GHC-SCW may change the terms of our Notice of Privacy Practices if privacy practices change or as federal or state requirements change. Each notice will have an effective date noted on the first page. Our providers reserve the right to make the amended notice effective for any health information our providers have at the time the change is made, as well as any future information.

You may obtain a current copy of our Notice of Privacy Practices at each clinic and the GHC-SCW Website, www.ghcscw.com. To obtain a paper copy of the notice, you may contact the GHC-SCW Privacy Officer at (608) 662-4899 or Member Services Department at (608) 828-4853 or (800) 605-4327. The notice is also prominently posted near the entrance to each GHC-SCW site.

HOW GHC-SCW PROVIDERS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your health information may be used and disclosed for several reasons to provide you with high quality health care services. Federal and state law do not require GHC-SCW to get your permission to perform many routine functions, especially those necessary to treat you, create and deliver bills for your treatment, and other activities
necessary to ensure proper business operations. For some activities, however, federal and/or state law requires that we obtain your written authorization to disclose health information. GHC-SCW ensures that all disclosures occur in compliance with applicable laws and regulations governing these functions. It is important to note that Wisconsin state law is sometimes more stringent than HIPAA when it relates to certain health information. Wisconsin state law contains some provisions that prevent disclosure of health information for minors, even to the legal parent or guardian. Questions about these situations will be addressed on a case-by-case basis. It is important to know that our methods of handling these matters represent a good-faith effort to protect the privacy rights of all of our patients.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION FOR THE PURPOSE OF PROVIDING MEDICAL CARE AND TREATMENT

GHC-SCW may use or disclose your health information without authorization for the following purposes:

1. **Treatment.** To provide you with medical treatment or services.
2. **Payment Functions.** To determine eligibility for health plan benefits, obtain premiums, facilitate payment and services you receive from other health care providers, determine health plan responsibility for benefits 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 health plan.
3. **Health Care Operations.** For health care operations such as to ensure health benefits and to receive cost-effective, high quality health care. These may include activities that evaluate the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of treatment provided to you when compared to patients in similar situations. Other activities include *underwriting, premium rating, and other health plan rating coverage, quality improvement activities, submitting claims for stop-loss coverage, conducting or arranging for medical review, legal services, audits and business planning.
4. **Appointment Reminders.** We may contact you by phone for the purpose of appointment reminders or changes, notification of events such as flu clinics, announcements and to communicate other information designed to provide you with high quality care and treatment. These contacts may be transmitted in an electronic format or an in-person telephone call. GHC-SCW will leave messages on answering machines, voicemail, or when appropriate, another person who answers your telephone. If you have specific preferences (i.e. leave messages only on my cell phone) or if you would like to opt-out of telephone reminders, please contact the GHC-SCW Member Services Department at (608) 828-4853 or (800) 605-4327.
5. **Required by Law.** When required by state or federal law, with or without your authorization, GHC-SCW must provide it. For example, when a request is mandated by a court in a litigation proceeding.
6. **Public Health.** To public health authorities for purposes related to prevention or controlling of disease, injury or disability. Other examples of public health disclosures include reporting child or elder abuse or neglect, reporting domestic violence, and reporting disease or infection exposure.
7. **Health Oversight Activities.** To health oversight agencies during the course of audits, investigations, inspections, licensure, and other related proceedings.
8. **Judicial and Administrative Proceedings.** In the course of any administrative or judicial proceeding.
9. **Law Enforcement.** To identify a suspect, fugitive, material witness or missing person, for compliance with a court order or subpoena or various other law enforcement activities.
10. **Coroners, Medical Examiners and Funeral Directors.** To identify a deceased person or to determine a cause of death.

11. **Organ and Tissue Donation.** To organizations involved in procuring, banking or transplanting organs and tissues.

12. **Public Safety.** To prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

13. **National Security.** For military, national security, prisoner and government benefit purposes.

14. **Worker's Compensation.** To comply with Worker’s Compensation or similar laws.

15. **Plan Sponsor Disclosures.** Information about your enrollment or disenrollment to the sponsor of your group health plan for the purpose of administering benefits.

16. **Research.** To conduct research. Such use or disclosure occurs only under certain circumstances and with specific approval.

17. **To Those Involved With Your Care or Payment.** To a family member, relative or other person specifically identified by you in advance of such a disclosure. GHC-SCW requires most adult patients to complete and submit an Authorization to Disclose Protected Health Information Form in advance specifically providing your written permission for GHC-SCW to interact with this other individual (i.e. if you want GHC-SCW to communicate freely with your spouse about any aspect of your health care and treatment). If you are given an opportunity to object to this disclosure and you do express this objection, or if circumstances reasonably infer, GHC-SCW providers will use professional judgment to determine how an interaction should be handled. If you are not present or the opportunity to agree or object cannot practicably be provided due to incapacity or emergency circumstances, GHC-SCW will determine whether the disclosure of relevant information is in your best interest. We may disclose information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

*The Genetic Information Nondiscrimination Act of 2008 (GINA), prohibits discrimination based on a person’s genetic information related to health coverage and employment. Section 105 contains a provision entitled “Privacy and Confidentiality” that the Department of Human Services (DHS) is using to propose modifications that would: clearly state that “genetic information is health information;” prohibit the use or disclosure of PHI that is genetic information by health plans for underwriting purposes; amend the Notice of Privacy Practices for health plans performing underwriting; make modifications to definitions and update the definition of “health plan.” For more information, go to [http://edocket.access.gpo.gov/2009/E9-22492.htm](http://edocket.access.gpo.gov/2009/E9-22492.htm).*

**HOW GHC-SCW MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, GHC-SCW will not use or disclose your protected health information without your written authorization. It is also your right to revoke a previously-submitted authorization. This revocation must be submitted in writing and GHC-SCW will not apply to information already disclosed.

**STATEMENT OF YOUR HEALTH INFORMATION RIGHTS**

You Have the Right To:

1. **Request Restrictions.** To request restrictions on certain uses and disclosures of your protected health information. Upon receipt of your written request, GHC-SCW will review and approve or deny the request for restriction.

2. **Request Confidential Communications.** To ask that we communicate your protected health information to you in different ways or places. For example, you may wish to receive information about your health status at work, rather than home.
3. **Request Record Amendment.** If you believe that your protected health information is incorrect or incomplete, you must submit a written request to have it amended. Upon receipt of the request, GHC-SCW may approve or deny your request. You will be informed of our decision and given the right to appeal this decision.

4. **Accounting of Disclosures.** To ask for a list of the disclosures of your protected health information, GHC-SCW has made during the previous six years, not to include dates prior to 4/14/03. We will comply with your request within 30 days unless you agree to a 30-day extension. We will not include in the list any disclosures made to you or for the purpose of treatment, payment or health care operations, limited data sets, national security, law enforcement or corrections and certain health oversight activities.

5. **Receive a Copy of the Notice of Privacy Practices.** To obtain a copy of this Notice at any time. This document is available in the following ways:
   a. Contact the Member Services Department at (608) 828-4853 or (800) 605-4327.
   b. Contact the Privacy Officer at (608) 662-4899.
   c. Go to our Web site at [www.ghcscw.com](http://www.ghcscw.com).

**CHANGES TO THE NOTICE OF PRIVACY PRACTICES**

GHC-SCW may change this Notice of Privacy Practices and notify you if we make any material changes. Until such time, GHC-SCW is required by law to comply with the current version of this Notice.

**COMPLAINTS ABOUT GHC-SCW PRIVACY PRACTICES**

Complaints about this Notice or about how we use or disclose your protected health information should be directed to the Privacy Officer at (608) 662-4899. It is your right to file a complaint with GHC-SCW and doing so will not affect your care and treatment, nor will we retaliate against any person for filing a complaint. You also have the right to file a complaint with the Office of Civil Rights at [http://www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).