

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information May Be Used And Disclosed, And How You Can Get Access To This Information.

**Please Review This Notice Carefully.
The Privacy of Your Protected Health Information is Important to Us.**

Your Protected Health Information

This **Notice of Privacy Practices** is directed to all our members. It describes how we may collect, use and disclose your protected health information and your rights concerning your protected health information.

Protected health information includes:

- Medical information and
- Individually identifiable information, such as your:
 - ✓ Name
 - ✓ Address
 - ✓ Telephone number
 - ✓ Member identification number

We understand the sensitivity of privacy issues. We recognize that protecting the privacy and security of the protected health information we obtain about you is an important responsibility.

We are required to maintain the privacy of your protected health information and to provide you this notice about our legal duties and privacy practices.

We will follow the privacy practices described in this notice.

***This notice takes effect
April 14, 2004***

- We reserve the right to change our privacy practices and the terms of this notice.
- We will send a new notice to our members prior to making a significant change in our privacy practices.
- These changes apply to all information we have, including protected health information created or received before we change the notice.

WHAT'S INCLUDED IN THIS NOTICE

- **Your Protected Health Information**
- **How Do We Safeguard your Protected Health Information?**
- **Permitted Uses and Disclosures of Protected Health Information**
- **Your Rights concerning Your Protected Health Information**
- **Questions and Answers**

How Do We Safeguard your Protected Health Information?

We are committed to maintaining the security and confidentiality of the information we receive from our employees. We maintain physical, electronic, and procedural safeguards that comply with Federal and State laws to protect information against unauthorized access and use.

Our Director of Business Affairs has the overall responsibility of implementing and enforcing policies and procedures to safeguard your protected health information against inappropriate access, use, and disclosure.

Permitted Uses and Disclosures of Protected Health Information

We use and disclose protected health information in a number of different ways. The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted by law to make without your authorization:

- ❑ **Treatment** – We may disclose your protected health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment.

We may also disclose your protected health information to health care providers in connection with preventive health, early detection and disease and case management programs.

- ❑ **Payment** – We will use and disclose your protected health information to administer your health benefits policy or contract, which may involve the determination of:

- ✓ Eligibility
- ✓ Claims payment
- ✓ Utilization review and management
- ✓ Medical necessity review
- ✓ Coordination of care benefits and other services, and
- ✓ Responding to complaints, appeals and external review requests.

We may also use and disclose protected health information for purposes of obtaining premiums, underwriting, rate-making and determining cost sharing amounts.

- ❑ **Health Care Operations** – We may use and disclose your protected health information to perform our functions as a health plan. This may include:
 - ✓ Health improvement or health care cost reduction through population-based programs
 - ✓ Competence or qualification review of healthcare professionals
 - ✓ Fraud and abuse detection, and compliance programs
 - ✓ Quality assessment and improvement activities
 - ✓ Performance measurement and outcomes assessment, health claims analysis, and health services outreach

- ✓ Case management, disease management, and care coordination services.

We may also disclose your protected health information with affiliates and third party "business associates" that perform payment or health care operations activities for us on your behalf.

In addition, the law permits us to use or disclose your protected health information in the following situations without your authorization:

- ❑ **Required by Law** – We may use or disclose your protected health information to the extent that we are required to do so by State or Federal Law.
- ❑ **Public Health** – We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability.
- ❑ **Abuse or Neglect** – We may make disclosures to government authorities concerning abuse, neglect or domestic violence.
- ❑ **Health Oversight** – We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs, including audits, examinations, investigations, inspections and licensure activity.
- ❑ **Legal Proceedings** – We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative judge and, in certain cases, in response to a subpoena, discovery request or other lawful process.
- ❑ **Law Enforcement** – We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

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Your Rights Concerning Your Protected Health Information

We would like you to know that you have additional rights with respect to your protected health information:

- ❑ **Right To Request Restrictions** – You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or healthcare operations or as described in this notice on pages 2 and 4.

However, the law does not require us to agree to these restrictions. If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed for an emergency.

- ❑ **Confidential Communications** – We will accommodate reasonable requests to communicate with you about your protected health information to an alternative location.

You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence to the alternative location you want.

- ❑ **Access to Protected Health Information** – You have the right to receive a copy of protected health information about you that is contained in a “designated record set”, with some specified exceptions.

A “designated record set” means a group of records that are used by or for us to make decisions about you, including:

- ✓ Enrollment
- ✓ Payment
- ✓ Claims payment, and
- ✓ Case or medical management records.

You must make your request in writing to access copies of your records, and provide us with the specific information we need to fulfill your request.

- ❑ **Amendment of Protected Health Information**

You have the right to ask us to amend any protected health information about you that is contained in a “designated record set”. All requests for amendment must be in writing. We will not amend records in the following situations:

- ✓ We do not have the records you are requesting be amended.
- ✓ We did not create the records that you are requesting be amended.
- ✓ We have determined that the records are accurate and complete.
- ✓ The records have been compiled in anticipation of a civil, criminal or administrative action or proceeding.
- ✓ The records are covered by the Clinical Laboratory Improvement Act.

All denials will be made in writing. You may respond by filing a written statement of disagreement with us, and we would have the right to rebut that statement. We will respond to your request to amend within 30 days of receipt of a request using the appropriate form.

- ❑ **Accounting of Certain Disclosures**

You have the right to have us provide you an accounting of times when we have disclosed your protected health information for any purpose other than the following:

- ✓ Treatment, payment, or health care operations as described in this notice on pages 2 and 4
- ✓ Disclosures that you or your personal representative have authorized; or
- ✓ Certain other disclosures, such as disclosures for national security purposes.

“This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2004.”

All requests for an accounting must be in writing. We will require you to provide us the specific information we need to fulfill your request.

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- ❑ **Coroners and Medical Examiners –** We may disclose your protected health information in certain instances to coroners and Medical Examiners
- ❑ **Research –** We may disclose your protected health information to researchers, provided that certain established measures are taken to protect your privacy.
- ❑ **Threat to Health or Safety –** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others.
- ❑ **Military Activity and National Security –** We may disclose your protected health information to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.
- ❑ **Correctional Institutions –** If you are an inmate in a correctional facility we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or health and safety of you or others.
- ❑ **Workers' Compensation –** We may disclose your protected health information to the extent required by workers' compensation laws.

Any uses and disclosures not described in this notice will require your written authorization. If you give us an authorization, you may cancel it in writing at any time.

Questions & Answers

Q: Will you give my protected health information to my family or others?

A: We may share protected health information about you with a family member or another in two ways:

1. You are present, either in person or on the telephone, and give us permission to talk to the other person, or
2. You sign an authorization form.

Q: Who should I contact to get more information or to get an additional copy of this notice?

A: For additional information, questions about this *Notice of Privacy Practices*, or if you want another copy, please contact Angie Manuel.

Q: What should I do if I believe my privacy rights have been violated?

A: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may either:

1. Call Angie Manuel at 763-972-3365 x 2118.
2. File a written complaint with Angie Manuel in the District Office.
3. Contact the Minnesota Department of Commerce at (651) 296-2488 or (800) 657-3602 to file a complaint.
4. Notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:

Medical Privacy
Complaint Division Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington DC, 20201

We emphasize that we will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.