

Medical Associates Clinic Health Plan of Wisconsin Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR FAMILY MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Medical Associates Clinic Health Plan of Wisconsin (Medical Associates Clinic Health Plan) is committed to protecting the privacy and confidentiality of your financial and health information.

What information is included in this notice?

This notice tells you:

- How Medical Associates Clinic Health Plan collects, protects and discloses your financial information.
- How Medical Associates Clinic Health Plan uses and discloses your health information.
- What your rights are with regard to your health information.
- Medical Associates Clinic Health Plan's responsibilities in protecting your health information and ensuring your rights.

How does Medical Associates Clinic Health Plan handle your financial information?

In order to conduct activities related to your health coverage, Medical Associates Clinic Health Plan collects and uses financial information about you. This includes information you provide to us on applications or other forms such as your name, address, age and information about your dependents. We also collect information about your activities with us or others, such as policy coverage, premiums or payment history. We restrict access to this information to our employees who need to know it to provide products or services and to non-affiliated third parties providing services related to the administration of your health coverage or otherwise performing services on our behalf, as permitted by law. We use physical, electronic and procedural safeguards that comply with legal requirements to guard your financial information. We apply the same policies to information about former customers as we do to information about current customers.

How does Medical Associates Clinic Health Plan use and disclose your health care information?

Medical Associates Clinic Health Plan uses your health information for purposes of health care operations and payment.

Health care operations -- Health care operations includes activities such as care coordination, quality assessment and assurance, case management, disease management, customer service, and business planning. For example, if you develop a chronic condition, we may use your health care information to ensure that you are receiving the most efficient treatment and to coordinate the care you receive from different providers. In addition, we may use your information to put together reports required by our customers or state or Federal law. For example, under certain laws, we are required to report on how many appeals or grievances our members have and how they are resolved.

Payment -- We also use your information for payment purposes, such as determining whether a service is covered under your plan or paying your physician for services provided to you. For example, if your physician requests preauthorization for a hospital stay, we may review your health information to determine if the hospital stay will be covered.

To the extent consistent with Wisconsin law, we may also disclose information for certain health care operations or payment functions. For example, certain third parties, known as “business associates,” may perform payment or health care operations functions on our behalf. If we provide them health care information or ask them to gather health care information to perform these functions, we require them to sign a written agreement that limits their uses and disclosure of health care information. Any uses and disclosures made by our business associates will be consistent with this Privacy Notice. We may also disclose information to other third parties for certain payment or health care operations purposes, for example, to coordinate your coverage under Medical Associates Clinic Health Plan with any other coverage you may have.

Other uses and disclosures -- In addition, we may use or disclose your health care information for the following purposes:

- We may disclose your health care information to a health oversight agency for oversight activities authorized by law, including audits; investigations; inspections; licensure and other oversight activities. We may disclose your health care information for public health activities. These activities include prevention and control of disease, activities performed by organ or tissue donation and transplantation services, activities performed by the Food and Drug Administration, medical research, research intended to improve the health care system, and activities necessary to avert a serious threat to the health or safety of a person.
- We may use your health care information to provide you with information about treatment alternatives or other health-related benefits provided by Medical Associates Health Plan, such as a health plan for people eligible for Medicare.
- We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request or other lawful process. We may also use or disclose your health care information when we are required by law to do so.
- We may disclose health care information to a family member, a friend or other persons who are involved in your care or payment for your care, when you are not present or are incapacitated, if, in the exercise of professional judgment, we believe the disclosure is in your best interest. For example, we may disclose information to a family member who is trying to help you understand our payment for a service. However, as noted below, you may request a restriction on disclosures of health information to your family members or other persons identified by you. If you are present, we will give you the opportunity to object before we disclose your health care information to these persons.

In addition, Medical Associates Clinic Health Plan may share limited health information with your employer or other organizations that help pay for your membership in the plan, in order to enroll you, or to permit the plan sponsor to perform plan administrative functions. Plan sponsors that receive this information are required by law to have safeguards in place to protect the information from further disclosure or from inappropriate uses.

Medical Associates Clinic Health Plan will not use or disclose protected health information for any other purposes without your express written authorization. If you provide us with such authorization, you have the right to later take it back by notifying us in writing at MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002.

State law limitations on the disclosure of health care information – In instances in which Wisconsin law is more protective of your privacy rights than Federal law, Medical Associates Health Plan complies with Wisconsin law. For example, Wisconsin law places special limitations on Medical Associates Clinic Health Plan’s use and disclosure of health care information concerning HIV, genetic tests, alcohol and drug abuse and mental health and developmental disabilities. Medical Associates Clinic Health Plan restricts its use and/or

disclosure of information concerning these conditions to those allowed under Wisconsin law and described in this Privacy Notice.

What are your rights concerning your health information?

- **You have the right to request restrictions on Medical Associates Clinic Health Plan’s use or disclosure of your health information for purposes of health care operations or payment or disclosures to friends and family involved in your care.** In most cases, Medical Associates Clinic Health Plan is not legally obligated to agree to your requested restrictions. There are instances in which Medical Associates Health Plans may use and disclose your health information for purposes necessary to administer your coverage or benefits or as required by law. You may request additional restrictions on Medical Associates Clinic Health Plan’s uses or disclosures of your health information for payment, treatment or health care operation.

The Privacy Regulation allows you to restrict disclosures to your family members, other relatives, or close personal friends or other persons identified by you, of health information directly relevant to such person’s involvement with your care or payment related to your care. To request a restriction on the use or disclosure of your information, send a written request to MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002. Your request should tell us what information you wish to restrict, whether you wish to restrict use and/or disclosure of that information, and to whom you want the restriction to apply.

- **You have the right to request “confidential communications” that Medical Associates Clinic Health Plan communicates with you about health information in a specific manner or location.** Medical Associates Clinic Health Plan must accommodate your reasonable request if you clearly state that the disclosure of all or part of that information could endanger you. We have the discretion to accept or reject other requests. To change the way we communicate with you, please send a written request to MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002. Your request should tell us how you want us to contact you and/or where you want us to contact you. You should also tell us whether disclosure of all or part of the information to which the request pertains could endanger you.
- **You have the right to inspect and copy certain health information about you.** You have the right to review and get a copy of your health information in a specific set of records, known as “designated record sets.” Such record sets include your enrollment records, case management records and claims payment records. Note that Medical Associates Clinic Health Plan does not maintain your complete medical record. To review or get a copy of that record, you should contact your doctor. If you would like to inspect and copy health information maintained by Medical Associates Clinic Health Plan, please send a written request to MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002. We will answer your request in 30 days. If we need extra time, we will let you know. There are certain, limited reasons that Medical Associates Clinic Health Plan can deny your request for specific information. If we deny your request, we will let you know why and tell you how you can appeal our decision. We reserve the right to impose a reasonable cost based fee for copying or summarizing your health information.
- **You have the right to request that your health information in a record maintained by Medical Associates Clinic Health Plan be changed if it is not correct.** In order to ask for a change, you must call MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002 to request a form and submit the form as instructed. We will respond to your request for a change within 30 business days of receiving it. There are certain reasons, specified by law, that Medical Associates Clinic Health Plan can deny your request for a change. If we deny your request, we will tell you why and provide you with information concerning your rights.

- **You have the right to request an accounting of certain disclosures of your health information.** You have a right to request and receive an accounting of certain disclosures of your medical information. To ask for an accounting of disclosures, please send a written request to MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002. Tell us the time period that you want to know about.
- **You have the right to be notified of a breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information that poses a significant risk of harm to you. Notice of any such breach will be made in accordance with federal requirements.
- **If you have received this notice electronically, you have the right to request a paper copy of this notice.** To receive a paper copy, just call MAHP Privacy Officer at (563) 556-8070 or (800) 747-8900.

What are Medical Associates Clinic Health Plan’s responsibilities concerning health information?

Medical Associates Clinic Health Plan is required by state and/or Federal law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. We are required by law to abide by the terms of our Notice of Privacy Practices. However, we reserve the right to change the terms of this Notice and to apply the new notice provisions to all health information that we keep. If we make a material change to the terms of this Notice, the revised Notice will be mailed to you.

What should you do if you believe your rights have been violated?

If you believe your rights concerning your health information have been violated, you may file a complaint with Medical Associates Clinic Health Plan or with the U.S. Department of Health and Human Services. To send a complaint to the U.S. Department of Health and Human Services, write to:

Region V, Office for Civil Rights
 U.S. Department of Health and Human Services
 233 N. Michigan Ave., Suite 240
 Chicago, IL 60601
 Voice Phone: (312) 886-2359
 FAX: (312) 886-1807
 TDD: (312) 353-5693

To file a complaint with Medical Associates Clinic Health Plan, write to

MAHP Privacy Officer
 P.O. Box 5002
 Dubuque, IA 52004-5002

Please provide as many details as possible so we can fully investigate your complaint.

You will not lose your Medical Associates Clinic Health Plan membership or benefits if you file a complaint, nor will Medical Associates Clinic Health Plan take any other action against you.

Who can you contact with questions about this notice or Medical Associates Clinic Health Plan’s privacy practices?

If you have questions about this notice or the way Medical Associates Clinic Health Plan handles your health information, you may call or write to MAHP Privacy Officer, P.O. Box 5002, Dubuque, IA 52004-5002 at (563) 556-8070 or (800) 747-8900.

Effective date of this Notice of Privacy Practices: April 16, 2010