



Effective February 17, 2010

## NOTICE OF PRIVACY PRACTICES

**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.**

### WHO WILL FOLLOW THIS NOTICE

This notice describes the medical information practices of the **health care component of the Wisconsin Bankers Association Insurance Trust Fund** ("Trust") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its regulations, the Health Information Technology for Economic and Clinical Health Act ("HITECH") and the practices of any third party that assists in the administration of the health care component of the Trust. The Trust is a "hybrid entity" for purposes of these privacy rules. The statements and obligations in the notice apply only to the "health care component" of the Trust which consists only of the medical, dental, or vision benefits. Your employer-provided group plan participates in the Trust.

### 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. In the process of administering the health care component of the Trust, we may receive, maintain, and create records regarding your health care claims and/or services. To the extent required by law, this notice applies to all of the medical information (including claim information) which is covered by law, which we maintain under the health care component of the Trust. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

We are required by law to:

- Make sure that certain medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to such 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. We may take action through business associates or other entities to the extent allowed by the privacy rules. For each category of uses or disclosures we will explain what we mean and present some examples. To minimize confusion, not every use or disclosure in a category will be listed.

**For Treatment (as described in applicable regulations).** We may use or disclose medical information about you to facilitate medical treatment or services by providers. For example, we might disclose information about your enrollment status to a pharmacist who calls to verify coverage under a plan covered by the health care component of the Trust.

**For Payment (as described in applicable regulations).** We may use and disclose medical information about you to determine eligibility for benefits, to assist in obtaining payment for the treatment and services you receive from health care providers, to determine benefit responsibility under a plan covered under the health care component of the Trust, or to coordinate coverage. For example, we may share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with verification of eligibility or 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 other operations of the health care component of the Trust. These uses and disclosures are necessary to run the health care component of the Trust. For example, we may use medical information in connection with: customer service, underwriting, premium rating, and other activities relating to coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities of the health care component of the Trust.

**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.

#### **Minimum Necessary Standard.**

When using or disclosing PHI or when requesting PHI from another covered entity, when required by law, we will make reasonable efforts not to use, disclose or request more than a Limited Data Set, or if necessary, the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations when required by law.

However, the minimum necessary standard will not apply in the following situations:

1. disclosures to or requests by a health care provider for treatment;
2. uses or disclosures made to the individual;
3. disclosures made to the Secretary of the U.S. Department of Health and Human Services;
4. uses or disclosures that are required by law; and
5. uses or disclosures that are required for compliance with legal regulations.

#### **De-Identified Information**

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

#### **Summary Health Information**

We may disclose "summary health information" for obtaining insurance premium bids or modifying, amending or terminating the health care component of the Trust. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

### **SPECIAL SITUATIONS**

**Disclosure to Group Health Plan/Sponsor.** Information may be disclosed to a group health plan maintained by the plan sponsor participating in the health care component of the Trust as allowed by law with respect to that plan. Information may be disclosed to the plan sponsor to the extent allowed by law. Your protected health information cannot be used for employment purposes without your specific consent.

**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 disease, injury, births, and deaths;
- To conduct public health surveillance, investigations, and interventions;
- 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; and
- 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.

**Victims of Abuse, Neglect, or Domestic Violence.** We may disclose medical information 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 also may disclose medical information about you in response to a subpoena, discovery request, or other 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 premises of the health care component of the Trust; 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 also may release medical information to funeral directors as necessary to carry out their duties.

**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.

**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, and only to the extent authorized or permitted by law.

**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 also may release medical information about foreign military personnel to the appropriate foreign military authority.

**National Security, Intelligence Activities, and Protective Services.** We may release medical information about you to authorized Federal officials for intelligence, counter-intelligence, certain protective services for the President and certain other persons, and other national security activities authorized 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, security, and good order of the correctional institution.

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

**Compliance and Enforcement.** We are required to disclose your medical information to the Secretary of the U.S. Department of Health and Human Services in connection with investigations of HIPAA compliance.

**More Restrictive State Laws.** In all of the above cases, if state law is more restrictive or limiting with respect to the medical information that may be released about you, the more restrictive state law may control the release of any information to the extent not preempted by Federal law.

**Breach Notification Requirements.** If there is a breach of your unsecured protected health information as defined under HITECH, you will be provided with a notification of the breach in accordance with HITECH.

## **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 benefits. If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Official. 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 very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Official.

**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 health care component of the Trust.

To request an amendment, your request must be made in writing and submitted to the Privacy Official. 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 health care component of the Trust;
- Was not created by the health care component of the Trust, 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.

If we deny your request, you have the right to file a statement of disagreement with us and any further disclosures of the disputed information will include your statement.

**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, pursuant to an authorization, or for certain other activities. However, as authorized by law, such an accounting will not include disclosures of PHI made: (1) to carry out treatment, payment or health care operations (including to business associates pursuant to a business associate agreement or as allowed by HIPAA privacy regulations) except as provided below; (2) to individuals about their own PHI; (3) pursuant to your authorization; and (4) where otherwise permissible under law and our privacy practices. We need not account for certain incidental disclosures.

You may also request and receive an accounting of disclosures made for payment, treatment or health care operations during the prior three years for disclosures made as of January 1, 2014 for electronic health records acquired before January 1, 2009 or January 1, 2011 for electronic health records acquired on or after January 1, 2009.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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 treatment, 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, and it is our policy not to agree to such restrictions except as required by law. We must comply with your request to restrict a disclosure of your confidential information for payment or for health care operations purposes if you paid for those services in full, out-of-pocket.

To request restrictions, you must make your request in writing to the Privacy Official. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Alternative 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 alternative communications, you must make your request in writing to the Privacy Official. We will accommodate requests only if you clearly provide information that the disclosure of all or part of that information could endanger you. 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 a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, submit your request in writing to the Privacy Official.

#### **OTHER USES OF MEDICAL INFORMATION WITH YOUR PERMISSION**

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. This may include written permission given on your behalf by a personal representative designated by you to receive medical information or a personal representative designated by law,

the parent or legal guardian of a child, or the surviving family members or representative of the estate of a deceased individual to the extent provided by regulations. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

### **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 distribute a revised notice as required by law. The notice will contain on the first page, in the top left-hand corner, the effective date. If we make any material changes to the notice, we will provide individuals with a revised notice by mail within 60 days of the effective date of the material change to the extent required by law.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Trust or with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with the Trust, contact the HIPAA Contact Official, 608-441-1200. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

**Contact Information.** If you have any questions or would like further information about matters covered by this notice, please contact the HIPAA Contact Official (the Insurance Support Representative, Wisconsin Bankers Association Employee Benefits Corporation) at (608) 441-1200.

You can call or send correspondence directed to the attention of the Privacy Official or HIPAA Contact Official.

Attn: Privacy Official (or) Attn: HIPAA Contact Official  
Wisconsin Bankers Association Insurance Trust Fund  
4721 South Biltmore Lane  
Madison, WI 53718  
Telephone: (608) 441-1200

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