

Notice of privacy practices

Health information privacy notice

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.

This notice applies to the privacy practices of Wisconsin Physicians Service Insurance Corporation and its subsidiaries, WPS Health Plan Inc. (Arise Health Plan) and The EPIC Life Insurance Company (collectively, "WPS"). It is effective on November 1, 2015 and will remain in effect until we replace it.

Our Rights and Responsibilities

WPS is required by law to maintain the privacy of your Protected Health Information ("PHI"), and to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. WPS is also required to notify you of any breach of your unsecured PHI.

WPS reserves the right to revise this notice at any time and to apply the revised terms to any PHI already in our possession and any PHI we may later receive. We will promptly redistribute this notice whenever material changes are made to its terms. You may request a copy of this notice at any time.

Uses and Disclosures of Protected Health Information

Here are a few examples of how WPS routinely uses and discloses your PHI. Please note that HIPAA permits these types of disclosures without your authorization.

Treatment. We may use your PHI and share it with your health care provider to manage the treatment you receive. Example: Your doctor sends us information about your medical history and diagnosis so we can prior authorize an upcoming surgery.

Payment. We may use and disclose your PHI to pay for your covered benefits. Example: We review your PHI to determine whether claims associated with a recent hospital visit are eligible for payment under your health plan.

Health Care Operations. We may use and disclose your PHI in connection with the administrative, financial, legal, and quality improvement activities that are necessary to run our business and to support the core functions of treatment and payment. Example: We may use your PHI to conduct quality assessment and improvement activities designed to enhance the efficiency, effectiveness, and performance of our services and improve customer satisfaction.

Business Associates. We may disclose your PHI to our business associates to provide necessary services to WPS, if such business associates have agreed in writing to protect the confidentiality of your PHI.

Plan Sponsors. If you are covered under a group health plan, we may disclose your eligibility, enrollment, and disenrollment information to the plan sponsor. We may disclose your PHI to the plan sponsor to permit the plan sponsor to perform certain administrative functions on behalf of the plan, but only if the plan sponsor agrees in writing to use the PHI appropriately and to protect it as required by law.

Persons Involved With Your Care. We may disclose your relevant PHI to family members, close friends, or others that you identify as being involved in decisions about your health care or payment for your health care. Before doing so, we will provide you with an opportunity to object to such uses or disclosures. If you are deceased or otherwise unavailable due to incapacity or an emergency, we will disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest.

Disasters and Medical Emergencies. We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may use or disclose your name, location, and general condition or death to notify or assist in the notification of a person involved in your care.

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Health-Related Benefits and Services. We may use and disclose your PHI to contact you about treatment alternatives, appointment reminders, or other health-related benefits and services that may be of interest to you.

Required Disclosures. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services if necessary for an investigation being conducted by the Secretary; and upon request, to you or to individuals authorized by you, such as your personal representative.

Other Uses or Disclosures Permitted or Required by Law. We may also use or disclose your PHI:

- As required by state or federal law;
- For public health activities including reporting related to disease and vital statistics; abuse, neglect, or domestic violence; FDA oversight, and work-related illnesses or injuries;
- To personal representatives;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- To avert a serious and imminent threat of harm;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To certain specialized government functions such as the military, prisons, etc.; and
- As authorized by state worker's compensation laws.

Written Authorization. Unless you give us your written authorization, we will not use or disclose your PHI for purposes other than those described in this notice. We will not sell your PHI, or use or disclose your PHI for marketing purposes, or use or disclose

your psychotherapy notes except as permitted by law, unless we have received your written authorization. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

State Law. State law may provide additional protection for specific medical conditions or PHI. For example, state law may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the applicable state law.

Your Rights

Inspect and Copy. With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you a reasonable, cost-based fee for staff time to locate and copy your PHI, and postage if you want the copies mailed to you. If we deny your request to access and inspect your information, you may request a review of the denial.

Amendment. You have the right to request that we amend the PHI that we maintain on you. Your request must be in writing and must provide a reason to support the requested amendment. We may deny your request to amend PHI if: (a) we did not create it and the originator remains available; (b) it is accurate and complete; (c) it is not part of the information that we maintain; or (d) it is not part of the information that you would be permitted to inspect and copy. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended.

Confidential Communications. You have the right to request that we contact you in a specific way or send mail to a different address.

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We will accommodate your request if (a) it is reasonable; (b) it specifies the alternative address or method of contact you would like us to use; (c) it clearly states that disclosure of the PHI to which your request pertains could endanger you; and (d) it continues to permit us to collect premiums and pay claims under your health plan. Please note that unless you requested confidential communications, an explanation of benefits (EOB) will be issued to the policyholder for all health care services you receive. EOBs typically identify the person who received care, the health care provider, and the type of care obtained. EOBs also include information about the amount charged and the amount covered by your health plan.

Request Restrictions. You have the right to request restrictions on how we use or disclose PHI about you for treatment, payment or health care operations. You also have the right to request restrictions on how we disclose PHI to someone who may be involved in your care or payment for your care, like a family member or friend. Except in the case of a disclosure to a health care provider when you have already paid for your care, we are not required to agree to these restrictions. If we do, we will abide by our agreement (except in an emergency). Your restriction request must be made to us in writing. A person authorized to make such an agreement on our behalf must sign any agreement to restrictions. We will not agree to restrictions on uses or disclosures that are legally required, or which are necessary for us to administer our business.

Disclosure Accounting. You have the right to receive an accounting of the disclosures we have made of your PHI. This accounting will not include disclosures made for treatment, payment, health care operations, to law enforcement or corrections personnel, pursuant to your authorization, directly to you, or for certain other activities. Your request for an accounting must be made in writing to us and must state a time period of six years or less for which you would like to receive the accounting. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Breach Notification. You have the right to be notified by us if there is a breach of your unsecured PHI.

Copy of Notice. You have the right to receive a paper copy of this notice upon request, even if you have received it electronically. Please contact us using the information listed at the end of this notice to submit your request.

Protection of PHI. WPS is committed to ensuring that your PHI is protected from unauthorized use or disclosure. We have implemented strong security measures and processes to keep oral, written and electronic PHI secure across our organization. For example, any employee or contractor who accesses your PHI must comply with all of our information security requirements including, but not limited to signing confidentiality agreements, completing annual information security training and using encryption when transmitting data to any external party.

Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take action.

Questions and Complaints

If you believe that WPS may have violated your privacy rights, or if you disagree with a decision we made regarding one of the individual rights provided to you under this notice, you may submit a complaint to us using the contact information provided at the end of this notice. You also may submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201

We will not retaliate against you in any way if you choose to file a complaint regarding our privacy practices.

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Nonpublic Personal Information Privacy Practices

Wisconsin Physicians Service Insurance Corporation and its subsidiaries, WPS Health Plan Inc. (Arise Health Plan) and The EPIC Life Insurance Company (collectively, "WPS"), are committed to protecting the confidential information of our customers. We at WPS value our relationship with you and take the protection of your personal information very seriously. This notice explains the types of information we collect, how we collect it, to whom we may disclose it, and how we keep it confidential and secure.

Information We May Collect. WPS may collect and use nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms that are provided to us, such as your name, address, social security number, date of birth, marital status, dependent information, employment information, and medical history;
- Information about your transactions with us, our affiliates and others, such as health care claims, medical history, eligibility information, payment information, and service request, appeal and grievance information;
- Information we receive from consumer reporting agencies, employers and insurance companies, such as credit history, creditworthiness, and information verifying employment history or insurance coverage.

Information We May Disclose. WPS does not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We share nonpublic personal information only to the extent necessary for us to take care of our customers' claims and other transactions involving our products and services.

When necessary, we share a customer's nonpublic personal information with our affiliates and disclose it to health care providers, other insurers, third party administrators, payors, vendors, consultants, government authorities, and their respective agents. These parties are required to keep nonpublic personal information confidential as required by law.

WPS does not share nonpublic personal information with other companies for those companies' marketing purposes. WPS may disclose nonpublic personal information to companies that perform marketing services on behalf of WPS or to companies with which we have joint marketing agreements. These companies are required by law to keep your nonpublic personal information confidential.

Confidentiality and Security. At WPS, we restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to protect nonpublic personal information against unauthorized access and use. These safeguards comply with federal regulations on the protection of nonpublic personal information.

WPS will amend this notice as necessary and appropriate to protect nonpublic personal information about our customers.

Contact Information. For additional information regarding this notice or our privacy practices in general, please contact us in one of the following ways:

- Call the toll-free Customer Service number on your WPS ID card.
- Call 1-608-221-4711, Monday through Friday 8:00 a.m. – 4:30 p.m. (CT).
- Write to us at: WPS Privacy Officer, WPS Health Solutions, Privacy Office, 1717 W. Broadway, P.O. Box 8190, Madison, WI 53708- 8190

You can also find detailed guidance about your health information privacy rights online at www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.