

NOTICE OF PRIVACY PRACTICES



**Group Health Cooperative of South Central Wisconsin (GHC-SCW)
Provider and Health Plan**

Privacy Officer
1265 John Q. Hammons Drive, Madison, WI 53717
(800) 605-4327 or (608) 662-4899

ghcsw.com

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BETTER TOGETHERSM

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
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 **Group Health
Cooperative**

of South Central Wisconsin

ghcsw.com

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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. Group Health Cooperative of South Central Wisconsin (GHC-SCW) understands that medical and insurance information about you is personal, and that protecting this information is important. In order to provide you with quality care, customer service, and to comply with certain legal requirements, we create records pertaining to your health, enrollment, and claims. This notice tells you the ways in which we use and disclose your Protected Health Information (PHI) and our obligations to keep your information private. This notice also describes your privacy rights.

Who will follow this notice:

This notice applies to GHC-SCW employees and other persons or organizations under our direct control, including services or activities performed through contracts with outside persons or organizations, such as auditing, actuarial services, business associates, contractors, students, employees, temporary staff, and interns. It may be necessary for GHC-SCW to provide your health information to these outside persons or organizations. In such cases, GHC-SCW requires these persons or organizations to appropriately safeguard the privacy of your health information.

What is protected health information (“PHI”):

Protected Health Information is information which:

- Identifies you (or can reasonably be used to identify you); and
- Relates to your physical or mental health or condition, the provision of healthcare to you, or the payment for that care.

PHI includes information about your diagnosis, medications, insurance status and policy number, medical claims history, and your address, email address, and phone number. PHI includes all oral, written, and electronic information across the organization.

How does GHC-SCW obtain my protected health information:

Upon enrollment, you provide us with demographic, employment and insurance information which is used to create your electronic health record. If you have received care and services before becoming a GHC-SCW member, we may engage in routine activities that result in our being given PHI from sources other than you. For example, health care providers, such as physicians or hospitals, may provide us with PHI you received prior to coming to GHC-SCW which may be important to ensuring high quality continuing care. As you begin to receive care and services, information is added to your GHC-SCW electronic health record. This includes, but is not limited to, provider’s visit notes, lab tests, appointment information, and billing, referrals and insurance claims.

 **Your Information. Your Rights. Our Responsibilities.**

Your Rights:

- ▶ **Right to Access, Inspect, and Copy PHI:** Get a copy of your medical, billing, and insurance records.
- ▶ **Right to Amend PHI:** Ask us to correct your medical, billing, and insurance records if you think there is a mistake.
- ▶ **Right to Request Confidential Communication:** Request a preferred method of contact.
- ▶ **Right to Receive a Paper Copy of the Notice of Privacy Practices:** Get a copy of this privacy notice.
- ▶ **Right to Request Restrictions on Use and Disclosure of PHI:** Ask us to limit the information we share.
- ▶ **Right to Receive an Accounting of Disclosures:** Get a list of certain health information shared for reasons other than treatment, billing, or health care operations with other persons or organizations.
- ▶ **Right to File a Complaint:** File a complaint if you feel your privacy rights have been violated.
- ▶ **Right to Receive Notice If Your PHI Has Been Breached**

See [What are my health information rights](#) on page 3 to learn about these rights and how to exercise them.

GHC-SCW’s Uses and Disclosures:

- ▶ **Treatment**
- ▶ **Payment**
- ▶ **Health care Operations**

The law also allows GHC-SCW to use and share health information without your permission for other limited reasons, including:

- **Public Health Activities, Including Health and Safety**
- **Some Research Activities**
- **Health Oversight Activities**
- **Organ and Tissue Donation Requests**
- **Legal Proceedings, Law Enforcement, and Specialized Government Functions**
- **Deceased Individuals**
- **Workers’ Compensation Requests**
- **Incidental Uses and Disclosures**
- **Marketing**

See [How may GHC-SCW use and disclose my protected health information](#) on page 4 for more information about uses and disclosures.

What are my health information rights:

When it comes to your health information, you have certain rights:

Right to Access, Inspect, and Copy PHI	<ul style="list-style-type: none">You may see or obtain much of the health information we maintain about you, with some exceptions. We will provide the information to you in the format you request, assuming it is readily producible. We may charge a cost-based fee for providing copies. If you direct us to transmit your health information to another person, we will do so with your signed, written direction. If you are a health plan member, you may ask to see or obtain a copy of your health and claims records and other information we have about you.
Right to Amend PHI	<ul style="list-style-type: none">You may request that we amend health information in your records that you believe is incorrect or incomplete. We may require you to provide a reason to support your request.If you are a health plan member, you may request that we amend your health and claims records if you believe they are incorrect or incomplete.GHC-SCW may deny your request, but we will provide you with a written explanation of the reasons.
Right to Request Confidential Communications	<ul style="list-style-type: none">You have the right to ask GHC-SCW to contact you in a specific way (for example, home or office phone) or send your mail to a different address. We are required to honor your request for confidential communications if you tell us it would put you in danger if we do not comply.
Right to Receive Notice of Privacy Practices	<ul style="list-style-type: none">You may request a paper copy of this notice at any time, even if you have previously agreed to receive the notice electronically. At your request, GHC-SCW will promptly provide you with a copy.GHC-SCW may provide electronic copies of the notice to you by MyChart, email, or another electronic manner.This notice is also posted in GHC-SCW clinics and available on our website at ghcscw.com.
Right to Request Restrictions on Use and Disclosure of PHI	<ul style="list-style-type: none">You may request GHC-SCW not to use or share your PHI for treatment, payment, or health care operations.GHC-SCW is not required to agree with your request for restrictions, and we may deny your request if it would impede your care.If we do agree with your request for restrictions, then we must comply with the agreed restrictions, except for purposes of treating you in a medical emergency.If you are a health plan member, you have the right to demand that GHC-SCW does not disclose your PHI for payment or health care operations if (1) you make a Request to Restriction Disclosure, (2) the disclosure is not required by law, and (3) the PHI pertains solely to health care for which you, or someone on your behalf, has paid for in full, out of pocket.
Right to Receive an Accounting of Disclosures of PHI	<ul style="list-style-type: none">You may ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you previously asked us to make). We'll provide one accounting per year for free, but we will charge a reasonable cost-based fee if you ask for another accounting within 12 months.
Right to Receive Notice If Your PHI Has Been Breached	<ul style="list-style-type: none">You have the right to receive notice if your health information has been used in a way that is not permitted by HIPAA (i.e. a "breach"). GHC-SCW will provide such notice to you within 60 days after we discover the breach, in accordance with the Breach Notification Rule.
Right to File a Complaint If You Feel Your Privacy Rights Have Been Violated	<ul style="list-style-type: none">If you have concerns about any of our privacy practices or if you believe your privacy rights have been violated, you may file a complaint with the GHC-SCW Privacy Officer or by contacting the GHC-SCW Compliance Hotline at (844) 480-0055, reports@lighthouse-services.com, or online at lighthouse-services.com/ghcscw.You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting hhs.gov/hipaa/filing-a-complaint/index.html, calling 1-877-696-6775, emailing OCRComplaint@hhs.gov, or sending a letter to: U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201No retaliatory action will be taken or will be allowed against anyone who reports a potential issue in good faith.
How to Exercise These Rights	<ul style="list-style-type: none">All requests to exercise these rights must be in writing. We will consider all reasonable requests. We will respond to your requests in accordance with our policies and as required by law. We will notify you of your rights and our decision or actions in response to your request.

How may GHC-SCW use and disclose my protected health information:

We are committed to ensuring that your health information is used responsibly by our organization. We collect health information about you and store it in electronic files. We may use and disclose health care information for the following purposes:

Treatment	We will use and disclose your health information with other professionals involved in your health care. We will also disclose your health information to other practitioners for their use in treating you in the future. For example, we will share your diagnostic and treatment plan to arrange additional services for you.
Payment	We will use and disclose your health information for payment purposes. For example, we will use your health information to prepare your bill and work with your health insurance plan for service payment. We will also disclose personal and financial information to financial institutions which perform services for us, such as electronic funds transfer for payment of premiums.
Health Care Operations	We may use and disclose your information for our health care operations. For example, members of our workforce may review your health information to manage your treatment and services provided and the performance of our staff in caring for you.
Administer Your Plan (for health plan members only)	We may disclose your health information to your health plan sponsor for plan administration. As a health plan, GHC-SCW maintains contracts to provide your company with certain statistics to explain the premiums we charge.
How else may we use or share your PHI? We are allowed or required to share your health information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet conditions in the law before we can share your information. For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html .	
Public Health Activities, Including Health and Safety	We can share health information about you for certain situations such as: <ul style="list-style-type: none">• To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;• To FDA-regulated entities for the purpose of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products;• Reporting to appropriate authorities authorized to receive reports of suspected child or dependent adult abuse, neglect, or domestic violence. We may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence.
Research	Under certain circumstances, we may use or disclose your health information for research, subject to certain safeguards. For example, we may disclose information to researchers when established privacy protocols have been confirmed.
Health Oversight Activities	We may disclose your health information to a health oversight agency for activities authorized by law. For example, this may include audits, investigations, inspections, and licensure.
Organ and Tissue Donation Requests	We may release health information to organ procurement organizations as necessary to facilitate donation and transplantation.
Legal Proceedings, Law Enforcement, and Specialized Government Functions	We may disclose certain health information to law enforcement authorities or in response to a lawful process, such as: <ul style="list-style-type: none">• As required by law, including certain wounds and physical injuries.• In response to a court order, subpoena, warrant, summons, or similar process.• To identify or locate a suspect, fugitive, material witness, or missing person.• To alert authorities of a death we believe may be the result of a criminal conduct.• To alert authorities of information we believe is evident of criminal conduct occurring on our premises.• In emergency circumstances to report a crime.• For national security and intelligence activities such as military and presidential protection services. We must comply with federal and state laws in making disclosures for law enforcement purposes.
Deceased Individuals	Following your death, we may disclose health information to a coroner or medical examiner as necessary for them to carry out their duties as authorized by law. We may use or disclose your information without your authorization 50 years after the date of your death.
Workers' Compensation	We may release health information as authorized by law for workers' compensation benefits for work-related injury or illness.



Incidental Uses and Disclosures	There are certain incidental uses or disclosures of health information that may occur during daily operations. For example, a provider may need to use your first name to identify you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit incidental uses and disclosures.
Marketing	<ul style="list-style-type: none"> • We may use your health information to give you information about treatments or other health-related benefits and services we provide and that may be of interest to you (i.e. wellness reminders). If you wish to opt-out, contact GHC-SCW Member Services at (608) 828-4853. • GHC-SCW will never market or sell your health information.
Plan Sponsor (health plan only)	<ul style="list-style-type: none"> • We may disclose your information to a Plan Sponsor to permit the performance of plan functions on behalf of GHC-SCW; • We may disclose “Summary Health Information” to the Plan Sponsor for obtaining bids or the purpose of amending or terminating the Plan; • “Summary Health Information” includes claims history, claims expenses, and types of claims by individuals without including any personally identifying information; • We may disclose to the Plan Sponsor any information whether you are a participant; and • Consideration of disclosure of any other information without authorization is screened to prevent the Plan Sponsor from making employment decisions about you or otherwise revealing information which they have no authority to receive.
Genetic Information	GHC-SCW will not use or disclose your genetic information in any way that would make it vulnerable to discrimination related to health coverage and employment.
Business Associates	Some of our treatment, payment, or health care operations are performed through contracts (business associate agreements) with outside vendors known as business associates. We will disclose your health information to our business associates and allow them to use or disclose your health information to perform their services for us. We require business associates to appropriately safeguard the privacy of your information.
Family, Friends, or Others	We may disclose your general condition to a family member, your personal representative, or another person identified by you. We will only release information if you agree, are given the opportunity to object, or if in our professional judgment it would be in your best interest to allow the person to receive information or act on your behalf. For example, we may allow a family member to pick up your prescriptions. If you are unavailable, incapacitated, or in an emergency we may disclose information if we believe it is in your best interest. We may also disclose health information for disaster relief efforts.
HEALTH INFORMATION EXCHANGE (HIE) GHC-SCW participates in health information exchanges (HIEs), which allow providers to coordinate care and provide faster access to health information for treatment, payment, and health care operations. HIEs assist providers and public health officials in making more informed decisions, avoiding duplicate care (such as tests), and reducing the likelihood of medical errors. By participating in an HIE, GHC-SCW may share your health information with other providers and participants as permitted by law. If you do not want your health information shared in the HIE, you can make this request in writing by completing the Request for Record Restriction Form, available on our website at ghcscw.com or by contacting the Privacy Officer at (608) 662-4899. Such a request may be denied if it would impede your care.	

What are GHC-SCW's responsibilities regarding my information:

Follow the Law	We are required by law to maintain the privacy and security of your protected health information.
Report Breaches	We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
Follow This Notice	We will follow the duties and privacy practices described in this notice and give you a copy of it.
Not Share Information Not Included In This Notice	We will obtain your written authorization for any additional uses and disclosures of your health information. You may revoke your authorization at any time.

How does GHC-SCW protect my protected health information:

GHC-SCW employs stringent privacy and security measures to protect your information in all aspects of our business practices. GHC-SCW has a robust security infrastructure in accordance with applicable laws and regulations. Role-based access provides users with access to the minimum necessary information they need to conduct their daily work and nothing more. Access is audited regularly. Employees and other users receive ongoing compliance training.



Questions:

If you have questions or concerns about this Notice of Privacy Practices, including instructions about how to obtain forms or additional information referenced throughout the document, please contact:

GHC-SCW Privacy Officer
1265 John Q. Hammons Drive
Madison, WI 53717
(608) 662-4899 or (800) 605-4327
privacy@ghcsw.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.

Acknowledgment of Notice of Privacy Practices:

The HIPAA Privacy Rule requires that GHC-SCW make a good faith effort to obtain written acknowledgment of receipt of this Notice of Privacy Practices to those who receive care and treatment at GHC-SCW. Additional information about this requirement is noted below:

- **Health Plan Only Members:** For individuals who are members of the health plan only (i.e. insured members who do not receive care and treatment at a GHC-SCW location):
 - Written acknowledgment is not required at GHC-SCW.
 - GHC-SCW satisfies the provisions of the HIPAA Privacy Rule for distribution of the Notice of Privacy Practices if it is provided to the named insured of a policy under which coverage is provided to the named insured and one or more dependents.
 - No less frequently than once every three years, GHC-SCW must notify then covered individuals of the availability of the Notice of Privacy Practices and how to obtain a copy.
- **Patients Receiving Care at GHC-SCW:** For individuals who receive care and treatment at a GHC-SCW location (i.e. patients), our good faith effort to obtain your written Acknowledgment of Receipt of Notice of Privacy Practices is met in one or more of the following ways:
 - If you choose not to sign and return the Acknowledgment of Receipt of Notice of Privacy Practices, our confirmation of receipt or refusal is met by the fact that you have received this document.
 - If you choose to return the Acknowledgment of Receipt of Notice of Privacy Practices prior to coming in for care and treatment, you may select one of the following options:
 1. Mail to GHC-SCW, Health Information Department, 1265 John Q Hammons Dr. Madison WI 53717;
 2. Fax to (608) 441-3499;
 3. Scan as a PDF and email the attachment to GHCROI@ghcsw.com;
 4. Bring to your next clinic visit;
 5. Drop off at the GHC-SCW location of your choice at any time.
 - If we have not received written acknowledgment before your first visit to GHC-SCW, then you will be provided with the Notice of Privacy Practices and the Acknowledgment of Receipt of Notice of Privacy Practices at the time of service. You will be asked to sign and return the Acknowledgment of Receipt of Notice of Privacy Practices.
 - In the event that your first health care visit with GHC-SCW occurs in an emergency situation, you may not be asked to sign the Acknowledgment until the emergency situation has been resolved.

The Notice of Privacy Practices is available to you in the following ways:

- Upon request at the clinic at the time of your visit;
- Posted in a clear, prominent location in your clinic where it is reasonable for you to expect to read it;
- Upon request to the GHC-SCW Member Service Department at (608) 828-4853 or (800) 605-4327;
- Prominently posted on the GHC-SCW website, ghcsw.com and made available electronically upon request.

GHC-SCW reserves the right to distribute the Notice and obtain its Acknowledgment of Receipt of Notice of Privacy Practices using electronic or alternate formats as they become available in accordance with applicable laws and regulations governing this process. If you prefer to receive this notice via email, please contact the Health Information Department at (608) 441-3500.

Acknowledgment of Receipt of Notice of Privacy Practices:

In accordance with the HIPAA Privacy Rule, GHC-SCW is required to make a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices and, if not obtained, document our good faith effort to obtain such acknowledgment and the reason why the acknowledgment was not obtained.

You may refuse to sign this form and doing so will have no impact on the quality of care, treatment, or services you receive at GHC-SCW.

I have received a copy of the GHC-SCW Acknowledgment of Receipt of Notice of Privacy Practices.

Patient's Last Name

Patient's First Name

GHC-SCW Member #

Date of Birth

Signature of Patient or Legal Guardian

Date

Relationship to Patient (if applicable)

Return this form to GHC-SCW in one of the following ways:

- Return it to the GHC-SCW staff member who provided it to you (i.e. receptionist);
- Mail to GHC-SCW, Health Information Department, 1265 John Q Hammons Dr. Madison WI 53717;
- Fax to (608) 441-3499;
- Scan as a PDF and email the attachment to GHCROI@ghcscw.com;
- Bring to your next clinic visit;
- Drop off at the GHC-SCW location of your choice at any time.

If you have questions or concerns regarding the Notice of Privacy Practices, please contact the Privacy Officer at (608) 662-4899.

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Office Use Only:

- Patient or personal representative refused to sign
- An emergency prevented ability to obtain signature
- Attempt(s) to deliver were unsuccessful
- Other: _____

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