



of South Central Wisconsin

NOTICE OF PRIVACY PRACTICES

Effective Date: February 2026

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
www.ghcscw.com

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.

When it comes to your health information, you have certain rights. 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. This section explains your rights and some of our responsibilities to help you.

YOUR RIGHTS:

- **Right to Access, Inspect and Copy your Medical Record:** Get a copy of your medical, billing and insurance records. We will provide a copy or a summary of your health information, usually within 30 days of your request.
- **Right to Amend Health Information:** Ask us to correct your medical, billing and insurance records if you think there is a mistake. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Right to Request Confidential Communication:** Request a preferred method of contact. We will say “yes” to all reasonable requests.
- **Right to Receive a Paper Copy of the Notice of Privacy Practices:** Get a copy of this privacy notice.
- **Right to 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 the person has this authority and can act for you before we take any action.

- **Right to Request Restrictions on Use and Disclosure of Your Health Information:** You can ask us not to use or share certain health information for treatment, payment or our operations.

- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- **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 Receive Notice if Your Health Information has been Breached:** We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- **Right to File a Complaint:** File a complaint if you feel your privacy rights have been violated.

- 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@lighthouseservices.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 (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. 20201

- No retaliatory action will be taken or will be allowed against anyone who reports a potential issue in good faith.

YOUR CHOICES:

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

USES AND DISCLOSURES:

Treatment: We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury may ask another doctor about your overall health.

Payment: We can use your health information for payment purposes.

Example: We share information about you to your health insurance plan so it will pay for your services.

Operations (Run Our Organization): We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Administer Your Plan (Health Plan Members Only): We may disclose your health information to your health plan sponsor for plan administration.

Example: As a health plan, GHC-SCW maintains contracts to provide your employer with certain statistics to explain the premiums we charge.

HOW ELSE CAN WE USE AND SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For more information, visit <https://www.hhs.gov/hipaa/index.html>

▪ **Public Health and Safety Issues**

We can share health information about you for certain situations such as to:

- Prevent disease
- Report adverse reactions to medications
- Help with product recalls
- Report suspected abuse, neglect or domestic violence
- Prevent or reduce a serious threat to anyone's health and safety
- For substance use disorder records, your health information will be deidentified

- **Do Research:** We can use or share your health information for health research.

- **Comply with the Law:** We may disclose your health information to a health oversight agency for activities authorized by law. For example, to the Department of Health and Human Services or to comply with state and federal laws require to ensure compliance with federal privacy law.

- **Organ and Tissue Donation Requests:** We may share health information with organ procurement organizations as necessary to facilitate donation and transplantation.

- **Work with a Medical Examiner or Funeral Director:** We can share health information with a coroner, medical examiner or funeral director when an individual dies.

▪ **Address Workers' Compensation, Law Enforcement and Other Government Requests:**

- We may use your health information as authorized by law for workers' compensation benefits for work-related injury or illness.
- For law enforcement purposes or with a law enforcement official. We must comply with federal and state laws in making disclosures for law enforcement purposes.
- With health oversight agencies for activities authorized by law. For example, this may include audits, investigations, inspections and licensures.
- For national security and intelligence activities such as military and presidential protection services.

- **Respond to Lawsuits and Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena. We may restrict access to health information about you as required by Wisconsin laws if those state laws are more protective of your health information than federal guidelines.

▪ **Use of Substance Use Disorder**

(SUD) Records in Criminal, Civil or

Administrative Context: We will not disclose your substance use disorder (SUD) records or the content of those records in any civil, criminal, administrative or legislative proceedings against you unless you have given your specific written consent, or we have a court order and there has been notice and an opportunity for you and us to be heard as required by law. Any court order must be accompanied by a subpoena or other similar legal mandate before SUD records may be used or disclosed.

- **Marketing Purposes:** 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)**

- 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;
- If your 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.

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.

Other state and federal laws If Wisconsin or federal laws are more protective of your health information than federal regulations, we will comply with the more protective requirements if applicable. For example, certain sensitive types of records have heightened protections under state and federal laws such as mental health records, substance use disorder records, and HIV test results. In addition, GHC-SCW facilities and/or departments that operate substance use disorder treatment programs follow the confidentiality protections of 42 C.F.R. Part 2. Those programs follow the privacy practices described in Appendix A of this Notice.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice and give you a copy of it.
- We will obtain written authorization for any additional uses and disclosures of your health information. You may revoke your authorization at any time.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Contact Information:

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Acknowledgement of Notice of Privacy Practices

The HIPAA Privacy Rule requires that GHC-SCW make a good faith effort to obtain written acknowledgement of receipt of this Notice of Privacy Practices to those who receive care and treatment at GHC-SCW.

Health Plan 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 acknowledgement is not required at GHC-SCW.

APPENDIX A

In addition to the privacy protections afforded to all medical records under HIPAA, the confidentiality of substance use disorder records are protected by another federal law referred to as Part 2. Certain GHC-SCW departments operate Part 2 covered programs, and this Appendix is intended to provide patients of those programs with a summary of the laws and regulations governing substance use disorder treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 ("Part 2").

DISCLOSURES OF INFORMATION SUBJECT TO FEDERAL SUBSTANCE USE DISORDER RULES WITHOUT WRITTEN CONSENT

The following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside GHC-SCW without your permission.

Medical Emergencies. We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration ("FDA") who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Research. Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.

Audit and Evaluations. We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to GHC-SCW or those who conduct audits and evaluations necessary under federally funded health care programs and federal agencies with oversight of those programs.

Reporting Certain Criminal Conduct. The following information is not protected by Part 2:

- Information related to your commission of a crime on the premises of a GHC-SCW facility;
- Information related to your commission of a crime against GHC-SCW; and
- Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.

Duty to Warn. If GHC-SCW learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under the statute and/or common law, GHC-SCW will consider appropriate actions that would permit disclosure.

Individuals Involved in Your Care. Depending on your age and mental capacity and the location of your services, we may be permitted to make certain disclosures of your information to your guardian, for payment purposes, and your guardian may be permitted to consent to disclosures of your information.

Deceased Patients. We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death. For other disclosures where authorization is required, we may disclose your information if authorization was given by an executor, administrator, or other personal representative appointed under applicable state law. If there is no such appointed representative, the authorization may be given by the patient's spouse or, if none, by any responsible member of the patient's family.

Judicial and Administrative Proceedings. We may disclose your protected health information in response to a court order that meets federal regulations, specifically 42 CFR Part 2, which protects the confidentiality of substance use disorder patient records.

- **Use in Legal Proceedings:** Your records or testimony about protected health information cannot be used in any civil, administrative, criminal, or legislative proceedings against you unless you give specific written consent or there is a court order.
- **Court Order Requirements:** Your medical records can only be disclosed with a court order after you or the record holder have been given notice and an opportunity to be heard.
- **Subpoena Requirement:** A court order must be accompanied by a subpoena or similar legal mandate before your medical records can be disclosed.

Qualified Service Organizations. We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to GHC-SCW.

DISCLOSURES OF INFORMATION SUBJECT TO FEDERAL SUBSTANCE USE DISORDER RULES WITH WRITTEN CONSENT

A single consent may be used for future treatment, payment, and health care operations uses and disclosures, as permitted by law. These records cannot be used or disclosed in legal actions against you without your written permission or a special court order.

With single consent, here are some examples of how we may use and share substance use disorder information:

For Treatment:

- To coordinate your care with other health care providers involved in your treatment. For example, your SUD provider may share information about current medications so your PCP can avoid drug interactions.
- To help you coordinate care after discharge from residential treatment and may use Part 2 information to help schedule follow-up appointments and connect you to outpatient services.

For Payment:

- To bill your health plan, receive payment for services or answer questions from your health plan about coverage.
- To check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate.

For Operations:

- To improve the quality of care, review and improve our services or train staff.
- To meet legal and accreditation requirements.

This information is shared **only as allowed by federal law and only the minimum necessary**. We do **not** use this information for decisions that could harm you, such as employment or legal action.

Revocation of Consent: You may revoke your written consent at any time, except to the extent that we have already acted upon the consent. If you are currently receiving care and wish to revoke your authorization, contact your provider.

VIOLATIONS OF LAWS AND REGULATIONS. A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the district in which the violation occurred. Western District of Wisconsin 222 West Washington Ave, Suite 700 Madison, WI 53703 (608) 264-5158

ACKNOWLEDGEMENT 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 acknowledgement of receipt of the Notice of Privacy Practices and, if not obtained, document our good faith effort to obtain such acknowledgement and the reason why the acknowledgement 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 Acknowledgement of Receipt of Notice of Privacy Practices

Patient's Last Name Patient's First Name GHC # Date of Birth

Signature of Patient or Legal Guardian Date Relationship to Patient

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

- Return it to the GHC-SCW 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;
- PDF as e-mail 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.