



of South Central Wisconsin

NOTICE OF PRIVACY PRACTICES

Effective Date: August 2024

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

▪ **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.

▪ **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.

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.

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.