

HIPAA 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.

We are required by federal law to protect the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices. This Privacy Notice tells you about your rights about information about you that is kept in health care records. You can look at this copy anytime to see what use is made of your health care records and who gets to see them. WCA Group Health Trust contracts with local health care providers and vendors to provide health care services to our members. This Notice about the privacy of health information about you applies to WCA Group Health Trust and the health care providers and vendors with whom we contract.

This Privacy Notice includes answers to the following questions:

1. What is health care information?
2. When can WCA Group Health Trust use and disclose your health care information without your written authorization?
3. What uses and disclosures can only be made with your written authorization?
4. What are your rights regarding health information about you?

Changes to This Notice.

We reserve the right to change this notice. We reserve the right to make the changed notice apply towards the health care records we already have about you in addition to any information we receive in the future. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under the plan at that time. We will also post a copy of the current notice on WCA Group Health Trust's website. The effective date of the notice can be found on the last page of this Notice. We are required to follow the policies in the most current Notice available.

1. What is Health Care Information?

Any information that can identify you and that relates to health care services provided to you is considered "health care information." WCA Group Health Trust may have health care information regarding services we provide to you or payment for services provided to you. Health care information may also include information about your past, present or future health condition. We are required by law to protect health information about you.

2. When Can WCA Group Health Trust Use and Disclose Your Health Care Information Without Your Written Authorization?

A. Listed below are instances when we may use or disclose your health information without your written authorization:

- **For Treatment.** Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. As a group health plan we do not provide treatment. Your treatment information may be shared between your health care providers.
For example, your physician or nurse may call your pharmacist to reorder medications for you.

We are permitted to use and share health information about you with providers of service under contract with WCA Group Health Trust.

For example, a care manager may need to speak with a transportation provider to arrange transportation for you.

- **For Payment.** We are permitted to use and share your health care information for collecting premiums and paying claims under the plan for health care services you receive through WCA Group Health.
For example, WCA Group Health Trust may use health care information about you to pay a provider who has provided health care services to you.
- **For Health Care Operations.** We can use and share your health care information for our operations. We may share your health care information as necessary to carry out administrative functions of the plan such as evaluating renewal quotes for reinsurance of the plan, funding check registers, reviewing claim

appeals, approving subrogation settlements and evaluating the performance of the plan. *For example, health care information may be collected and analyzed to improve the quality of our services.*

Please note that if we use or disclose your health information for underwriting purposes, we are prohibited from using or disclosing your health information that is genetic information for such purposes.

- **To Business Associates for Treatment, Payment and Quality Assurance.** We may use and share your health care information for our business operations. This using and sharing are necessary to run WCA Group Health Trust and to make sure that all of our members receive quality care. We also may remove all information that identifies you from a set of health care information so that others may use that information to study health care and the health care delivery without learning who the specific patients are. *For example, WCA Group Health Trust may contract with a vendor to pay claims on our behalf. The vendor is considered a business associate to WCA Group Health Trust. We are required by law to have a formal written agreement with the vendor to protect your health information.*

B. Special Situations

- **Individuals Involved in Your Care or Payment of Your Care.** We may disclose health information to a family member, other relative, a close personal friend, or any other person identified by you when you are present and we, based on your participation, do not object to the sharing of health information. If you are not present, or you are not able to agree because you are hurt or experiencing an emergency, we may use our professional judgment to determine whether share health information about you is in your best interest. We may also share health information about you in order to notify your family member, other relative, or a close personal friend of your location, general condition, or death.
- **As Required By Law.** We will share your health care record when required to do so by federal, state, or local law. For example, we may be required by the U.S. Secretary of Health and Human Services to share health care information as part of an investigation to determine compliance with HIPAA Privacy Rules.
- **Public Health Activities.** We may use or disclose your health care information to a public health authority authorized by law to receive health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; and to report 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 your health information to an appropriate government authority if we believe you have 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 will share your health care information to a health oversight agency as authorized by the law for 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. For example, we may share your health information with the Department of Labor or the Internal Revenue Service to respond to inquiries or investigations of the plan or requests to audit the plan.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we will share your health care information in response to a court or administrative order. We may also share your health information in response to a subpoena or other lawful process. For example, a subpoena may require disclosure, or a judge may order us to disclose health information about you.
- **Law Enforcement.** We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5)

about criminal conduct on our premises; and (6) in an emergency 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 health 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 health information to funeral directors as necessary for their duties.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military.
- **National Security and Intelligence Activities.** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the correctional institution.

3. What Uses and Disclosures Can Only Be Made With Your Written Authorization?

The following uses and disclosures of your health care information will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of health information for marketing purposes;
- Disclosures that constitute a sale of your protected health information;

Other uses and disclosures of your health care information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose health information under the authorization. However, any use or disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

4. What Are Your Rights Regarding Health Information About You?

You have the following rights regarding the health care information we maintain about you:

- **The Right to Ask for Restrictions.** You have the right to ask for restrictions on the health care information we use or share about you for treatment, payment, or health care operations. You also have the right to ask for restrictions on the health information we share about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

In your request, you must tell us:

- what information you want to limit;

- whether you want to limit WCA Group Health Trust’s use and/or disclosure of the information;
- to whom you want the limits to apply (for example, sharing information with your spouse); and
- your contact address and daytime phone number.

We are not required to agree with your request unless the disclosure is: (1) for the purposes of carrying out payment or health care operations and is not otherwise required by law and (2) the health information pertains solely to a health care item for which you, or another person on your behalf has paid the health plan in full. If we do agree, we will honor your request unless the information is needed to provide you with emergency treatment.

- **The Right to Request Confidential Communications.** You have the right to request that we speak with you about your health care information in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. Any such request must be made in writing to the Privacy Contact listed on this Notice. *For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home.*
- **The Right to Inspect and Receive a Copy.** You have the right to inspect and receive a copy of your health care information that may be used to make decisions about your care. Usually, this includes case notes and billing records. Psychotherapy notes and information compiled in anticipation of a civil, criminal or administrative proceeding may not be accessed or copied. If your health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If the health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor, supplies and postage associated with transmitting the copy of your health information.

We may deny your request to see or receive a copy in certain very limited circumstances. If you are denied access to your health care information, we will notify you in writing. You may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will follow through with the outcome of the review.

- **The Right to Amend.** If you think there is something wrong or missing in your health care information, you may ask that it be changed. You have the right to request a change, for as long as the information is kept by or for WCA Group Health Trust. You must include a reason that supports your request.

We may deny your request for a change 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 change information that:

- was not created by us;
- the person or entity that created the information is no longer available to make the amendment;
- is not part of the health care record kept by or for WCA Group Health Trust; or
- is accurate and complete.

WCA Group Health Trust will notify you in writing whether we agree or do not agree with your amendment request. Additionally, if we grant the request, we will make the correction and distribute it to all necessary recipients as well as those you ask to receive the corrected information. If your request for amendment is declined, you have the right to have a statement of disagreement included with the health care information and the plan has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your health care information should be directed to the Privacy Contact listed in this Notice.

- **The Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” that have been made by WCA Group Health Trust in the past six (6) years. The list will include:
 - the date the information was shared;
 - the name of the business or person who received the health care record and, if known, the address;
 - a brief description of the health care record shared; and
 - a brief statement of the reason for sharing the information.

Requests for an accounting of disclosures of your health care information should be directed to the Privacy Contact listed in this Notice. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will also notify you of the cost involved before any costs are incurred.

- **The Right to be Notified of Breach.** You have the right to be notified upon a breach of any of your unsecured protected health information.
- **The Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer listed in this Notice.
- **The Right to Electronic Copy of This Notice.** You may obtain an electronic copy of this notice on our website: <http://www.wcaght.org>.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the plan or the U.S. Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Contact listed in this Notice. The plan will not retaliate against you for filing a complaint.

PRIVACY CONTACT

You may contact the Privacy Officer for the plan through your employer's Human Resources Department.

EFFECTIVE DATE OF NOTICE

This notice becomes effective on September 23, 2013.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

Special enrollment allows individuals who previously declined health coverage to enroll for coverage. Special enrollment rights arise regardless of a plan's open enrollment period.

There are two types of special enrollment – upon loss of eligibility for other coverage and upon certain life events. Under the first, employees and dependents who decline coverage due to other health coverage and then lose eligibility or lose employer contributions have special enrollment rights. For instance, an employee turns down health benefits for herself and her family because the family already has coverage through her spouse's plan. Coverage under the spouse's plan ceases. That employee then can request enrollment in her own company's plan for herself and her dependents.

Under the second, employees, spouses, and new dependents are permitted to special enroll because of marriage, birth, adoption, or placement for adoption.

For both types, **the employee must request enrollment within 30 days of the loss of coverage or life event triggering the special enrollment.**

A special enrollment right also arises for employees and their dependents who lose coverage under a State Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. **The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.**

To request special enrollment or to obtain more information about special enrollment provisions in WCA Group Health Trust's health insurance plans, contact your Benefits Administrator through your employer's Human Resources Department.