

# Your Guide to Care and Coverage

## *Mandated Information for Members*

### **Notice of Privacy Practices**

**Effective May 1, 2007**

This notice of privacy practices describes how HealthPartners, Regions Hospital and our related organizations<sup>1</sup> manage and protect your personal information. **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 is divided into three sections:

- ❑ A summary overview of our privacy practices and your privacy rights;
- ❑ A more detailed description of those practices and rights for our health plan members; and
- ❑ A more detailed description of those practices and rights for our patients.

#### **Section 1 - Summary Notice**

HealthPartners, Regions Hospital and our related organizations are required by law to maintain the privacy of your personal information and abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal information that we maintain. If we materially revise this notice and you are a health plan member, you will receive a revised notice within 60 days of the revision. If you are a patient, a revised notice will be prominently displayed at our care delivery sites and provided to you individually upon request. Our privacy notice is also available at *healthpartners.com*, *healthpartnerscmc.com* and *regionshospital.com*.

We use and disclose your personal information to carry out activities related to your treatment, payment for your treatment and our health care operations, as well as for other purposes permitted or required by law. In general, your personal information is used or disclosed to the extent reasonably necessary to conduct those activities. When the law requires us to get your permission before we release your information to another organization, we do so as described in the more detailed portions of this notice.

You have the right to: access, copy or amend your personal information; request restrictions on the use or disclosure of your information; request that we communicate with you in alternative forms; and receive an accounting of certain disclosures of your personal information. You also have the right to receive a paper copy of this notice, and to file a complaint with us or with the government if you believe that we have violated your privacy rights. These rights, and how you may exercise them, are described in the more detailed portions of this notice.

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<sup>1</sup> The HealthPartners family (“we”) currently includes these affiliate organizations: HealthPartners, Inc.; Group Health Plan, Inc.; Central Minnesota Group Health, Inc. (d/b/a HealthPartners Central Minnesota Clinics); HealthPartners Insurance Company; HealthPartners Services, Inc. (d/b/a RiverWay Clinics); Regions Hospital; Ramsey Integrated Health Services; RHSC, Inc.; HealthPartners Associates, Inc. (d/b/a North Suburban Family Physicians); Integrated Home Care; North St. Paul Transitional Care Center; HealthPartners Administrators, Inc., Westfields Hospital.

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### **Section 2**

*If you are a self-insured member (that is, if your employer is self-insured), then Section 2 does not apply to you. Please check with your employer for more information about your health plan's privacy practices*

#### *Description of Health Plan Privacy Practices*

This portion of our privacy notice describes how we, as a health plan, manage and protect members' and former members' personal information. It also describes how you, as a health plan member, may exercise your rights with regards to your personal information.

#### *What Is "Personal Information?"*

"Personal information" is information about you that relates to your past, present or future physical or mental health, payment for health care services or related health care services. Personal information includes information we receive from you on applications and other forms, including demographic information such as your name, address and phone number, as well as your social security number, age, date of birth, dependents and health history. It also includes information that results from your doing business with us or our affiliates, such as enrollment, claims payment, prior approvals, referrals and coverage determinations.

#### *How Does HealthPartners Protect My Personal Information?*

We protect your personal information in oral, written and electronic form. We permit access to your personal information by our staff and others only to the extent they need that information to administer your health plan, facilitate treatment, make payment or provide other services to you or to comply with legal or accreditation requirements. We maintain physical, electronic and administrative safeguards designed to protect your personal information and prevent unauthorized access.

#### *How Does HealthPartners Use My Personal Information?*

We use your personal information only to the extent reasonably necessary to conduct or support treatment, payment or other health care operations on your behalf, or as otherwise authorized by you or by law. Here are some examples of how HealthPartners *uses* your personal information:

- To support treatment purposes such as care coordination
- To pay claims for health care services provided to you;
- For health care operations such as enrolling you and your dependents in a health plan;
- To support quality improvement initiatives in order to provide safe and equitable care.

#### *When Does HealthPartners Disclose My Personal Information?*

We share your personal information - with our affiliates or with nonaffiliated parties - only to the extent reasonably necessary to conduct treatment, payment or health care operations on your behalf, as required or permitted by law, or as otherwise authorized by you. **We never sell or rent your personal information to anyone.** Following are some examples of when and why HealthPartners *discloses* your personal information:

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### **Sharing with Affiliates**

As your health plan, we may disclose your personal information to our affiliates (also known as related organizations) that help us administer and manage our health plans. When we share your information with our affiliates, it is because we have an arrangement with them to conduct certain treatment, payment or health care operations on our behalf, such as:

- To support treatment purposes
- To handle certain payment activities such as billing and claims payment.

### **Sharing with Nonaffiliated Parties**

As your health plan, we may share your personal information with nonaffiliated (non-related) third parties with whom we contract to administer or provide selected functions on behalf of our health plans. These contracts include assurances that safeguard your personal information. Some of the functions that nonaffiliated third parties perform on our behalf include: care management services and certain payment activities.

Additionally, as a health plan providing fully insured benefits to a group health plan, or helping to administer your benefits, we may, if requested, disclose limited personal information to the sponsor of your group health plan if certain privacy requirements are met.

### **Uses and Disclosures Required or Permitted by Law**

Because health plans are regulated by law and our activities often relate to public health, we may be required or permitted to disclose your personal information without obtaining your authorization. Examples of these kinds of disclosures include:

- When required by law;
- To public health authorities, for purposes such as tracking and controlling certain diseases, injuries and other health conditions;
- To assist in disaster recovery efforts;
- To report victims of abuse, neglect or other crimes;
- To health and health plan oversight agencies, such as the Minnesota Department of Health;
- In response to judicial or administrative bodies under certain circumstances, such as in response to court orders;
- To law enforcement, under certain circumstances, such as in response to search warrants or court orders;
- For research purposes, but only if the research study follows certain procedures to protect your privacy and obtains your consent if required by State law;
- To medical examiners or coroners;
- To military authorities or other governmental agencies' personnel under certain circumstances; to avert serious threat to public safety or to a specific individual; or to protect national security.
- For workers' compensation purposes.

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### **Uses and Disclosures Authorized or Limited by You**

There may be times when we, as your health plan, wish to use or disclose your personal information in a way that is not considered treatment, payment or health care operations or is not required by law. In those situations, we are required to get your specific written authorization to do so. If someone contacts HealthPartners on your behalf, we may need you to sign a release of information before we can provide information. Your verbal authorization will cover conversations related to a specific event or concern. For long-term arrangements, a written document will be required.

### **Uses and Disclosures about Plan Benefits or Services**

We may use or disclose your personal health information to tell you about Plan benefits, treatment alternatives, or health-related products and service; Plan networks; value-added plan-related products and services; appointment reminders; and reminders to obtain certain health services.

### **Uses and Disclosures for Health Research**

The HealthPartners Research Foundation is a nonprofit organization within HealthPartners that conducts research to improve the health of our members, patients and the community. We conduct research in a number of ways and in many circumstances work with various nonaffiliated parties. For more information on the HealthPartners Research Foundation, visit our website at [hprf.org](http://hprf.org).

### **Uses and Disclosures for Market Research**

HealthPartners and its affiliates sometimes conduct market research and surveys to help us design and improve our programs, communications and services to better meet our members' needs. While we never give your personal information to anyone for their own marketing purposes, on occasion we contract with nonaffiliated parties to perform research activities on our behalf.

### *You Have Opt-Out Choices Regarding Information Disclosure*

If you prefer that we not disclose personal information about you, you may opt out of two types of disclosures: market research conducted by nonaffiliated parties and health research conducted by nonaffiliated parties. Even if you don't choose to opt out of these disclosures, we will never sell or rent your personal information to anyone.

### **You may opt out of disclosure of your personal information for:**

- Market research conducted by nonaffiliated parties. This means that we will not give your name or other personal information to nonaffiliated organizations to perform the activities described above on our behalf. By opting out of information disclosure related to market research, your opinions will not have an opportunity to be heard or to influence new developments. You may still be contacted by HealthPartners or an affiliate directly, or you may be contacted by a nonaffiliated party if we are required by law or for accreditation purposes to conduct member satisfaction or quality surveys.

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- Health research conducted by nonaffiliated parties. Opting out in this case means that we will not give your name or other personal information to nonaffiliated organizations for use in conducting health research. You may still be contacted by HealthPartners or an affiliate for research purposes, or by a non-affiliated party if we are so required by law.

### **Opt-out Form**

If you want to opt out of disclosure of information about you or other members covered under your contract, please complete this form. To indicate an opt-out on behalf of other members, please provide the name and member number of each person to whom this request will apply. If necessary, include additional names and member numbers on a separate piece of paper. Send completed form to the address listed below. If you have previously submitted an opt-out request, you do not need to send us another form. Your decision will remain in effect until you notify us in writing that you wish to revoke your opt-out instructions.

I choose to opt out of information sharing with nonaffiliated parties for (check box)

Market Research \_\_\_\_\_ Health Research \_\_\_\_\_

(Please print.)

Name

Member Number

Please give us a telephone number where we can contact you if we have questions about your Opt-out Form or need to confirm any information.

Telephone number

Signature

Date

Mail this form to:

HealthPartners Membership Accounting

P.O. Box 297, Minneapolis, MN 55440-0297

*You only need to return this form if you choose to opt out.*

### **How to Opt Out of Information Disclosure**

Although we strongly believe that using and sharing personal information for the limited purposes of market research or health research leads to better health care and health care coverage for all, we want you to be comfortable with how we share your personal information. Therefore, if you do not want us to share your personal information with nonaffiliated parties to do of market research or health research, you may notify us by completing and sending this form to HealthPartners.

Your opt-out choices will be effective shortly after we receive your opt-out form.

Your opt-out decision will remain in effect until you notify us in writing that you wish to change these instructions.

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### *What Are My Privacy Rights?*

State and federal laws give health plan members several rights that relate to the privacy of their personal information. Each of these rights is described below. If you would like more information on these rights, please call our Members Services Department or review a more detailed explanation at *healthpartners.com*. If you would like more information on how you can assert your rights through the health plan, please contact Member Services at 952-883-5000, toll free at 800-883-2177 or 952-883-5127 (TTY) or by writing to HealthPartners Member Services, P.O. Box 1309, Minneapolis, MN 55440-1309.

- **Right to Review and Copy Your Personal Information**  
Health plans maintain a designated record set of their members' claims and enrollment information and other information that helps us administer your health plan. You have the right to inspect and obtain a copy of your personal information that we maintain in our designated record set.
- **Right to Request an Amendment of Your Personal Information**  
You have the right to request an amendment of your personal information in your designated record set.
- **Right to Request a Restriction of Your Personal Information**  
You have the right to ask us not to use or disclose your personal information for the purposes described in this notice. You may also ask that we not disclose your personal information to family members or friends who may be involved in your care or for notification purposes. We are not required to agree.
- **Right to Request Confidential Communications**  
You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations.
- **Right to Receive an Accounting of Disclosures**  
Subject to certain exceptions, you have the right to receive from us an accounting, or listing, of instances when we released your personal information to nonaffiliated third parties.
- **Right to Obtain a Copy of this Notice**  
You can request an additional copy of this notice by contacting Member Services. This notice is also available on our Web site at *healthpartners.com*.
- **Right to Complain about Our Privacy Practices**  
If you believe we have violated your privacy rights, you may complain to us directly or to the United States Department of Health and Human Services. If you wish to file a complaint with the Department of Health and Human Services, please write to the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave. Suite 240, Chicago, IL 60601. If you wish to file a complaint with us, please contact Member Services.

You may file a complaint with either us or the United States Department of Health and Human Services without fear of reprisal.

*Whom should I call if I have other questions?*

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## *Mandated Information for Members*

We encourage you to contact us if you have any questions about this Notice of Privacy Practices or your privacy rights.

Call Member Services at 952-883-5000, toll free at 800-883-2177 or 952-883-5127 (TTY).

### **Section 3**

#### *Description of Care Delivery Privacy Practices*

A more detailed description of those practices and rights, including examples, for our patients is provided at the hospital and at the clinic sites, or available upon request.