

Notice of Privacy Practices for HealthPartners Health Plans

This notice describes how we manage, use and protect your personal information.

This notice applies to the organizations and providers listed at the end of this notice.

Effective September 16, 2013

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.

Section 1 – Summary Notice

Your privacy is important to you, and it is to us, too. So, we have created policies to protect and make you aware of how we may use your personal information.

We are also required by law to maintain the privacy of your personal information, to give you this notice and to abide by its terms. We reserve the right to change the terms of this notice and to make the changes effective for all the information we maintain. If we make any significant changes to this notice, the new notice will be available to you at ***healthpartners.com***. For health plan members, the new notice or information about any significant changes will be provided to you directly by mail.

We use and disclose your personal information to help with your treatment, payment for your treatment and our health care operations, and in other ways permitted or required by law. When the law requires us to get your permission before we disclose your information to another organization or person, or before we use it, we will do so as described below.

You also have specific rights related to your privacy. Those rights, and how you may exercise them, are described below.

Section 2 – Description of Our 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.

If you are a self-insured member (that is, if you are a member of a self-insured plan offered through your employer), most of the information about your health plan's privacy practices will come to you through your employer. (Please check with your employer for that information.) As a self-insured member, not all of this Notice will apply to you. But, if your self-insured plan is administered by HealthPartners Administrators, Inc., certain parts of Section 2 of this Notice apply to how your plan is administered by HealthPartners – in particular, the sections **What is Personal Information?, How Do We Protect Your Personal Information, Sharing with Affiliates, Sharing with Nonaffiliated Parties, Market Research, You have Opt-Out Choices Regarding Information Disclosure, and How to Opt Out of Information Disclosure.**

What is “Personal Information”?

“Personal information” is information that identifies you as a current or former member, and that relates to your past, present or future physical or mental health or condition, health care services and payment for those services. Personal information includes health information (such as diagnosis and treatment plans) as well as demographic information (such as your name, address, phone number, patient ID, payment information, social security or other identification number and date of birth). It includes information that comes from you or results from you doing business with us, our affiliates or others, such as enrollment, claims payment, prior approvals, referrals and coverage determinations.

How Do We Protect Your Personal Information?

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, and benefits 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 We Use and Disclose Your Personal Information

We use and disclose your personal information only as needed to conduct or support treatment, payment or related health care operations, or as otherwise authorized by you or by law.

Treatment

We will use and disclose your personal information for treatment purposes. For example: to coordinate your care and aid in treatment decisions; and provide

you with preventative health, early detection, and disease and care management programs.

Payment

We will use and disclose your personal information for payment purposes. For example, for payment of claims for health care services provided to you; for utilization management; and for eligibility or coverage determinations.

Health care operations

We will use and disclose your personal information to manage and improve our health care services and operations. Examples include: for Quality oversight and improvement activities; for fraud/abuse prevention and compliance programs; and for health improvement and health care affordability programs.

Sharing with Affiliates

As your health plan, we may share your personal information with our affiliates (also known as related organizations) that help us administer and manage our health plans.

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 plan. 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. We may also share your personal information with other third parties, including regulatory authorities, government agencies or law enforcement, as permitted or required by law.

Business associates

Sometimes we provide services with the help of people who are not our employees and companies that are not our affiliates. We call these people or companies our “business associates.” They may include, for example, quality reviewers, billing services, equipment technologists or technology vendors. We may give our business associates limited access to your personal information if they need that information to do work on our behalf. Under the law, business associates are required to safeguard your information the same way we are required to.

Uses and Disclosures about Plan Benefits or Services

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

When We Use or Disclose Your Personal Information with Your Permission

In specific situations, we are required to get your written consent in order to share your personal information with nonaffiliated people or organizations for treatment, payment or health care operations. In those instances, we will ask you to give us this consent in writing.

There may also be times when we would like to use or disclose your personal information in a way that is *not* considered treatment, payment or health care operations, and that use or disclosure would not otherwise be required or permitted by law. In those situations, we are required to ask for your written authorization. If you refuse, you may do so without fear of reprisal. If you give your authorization but change you mind later, you may revoke it in writing at any time, except to the extent we have already relied upon it.

Special Uses and Disclosures

We want to make you aware of some other specific ways we may use and disclose your personal information. In each of these situations, you may ask us to not use or disclose your personal information.

Family and Friends Involved in Your Care

Unless you object, we may disclose your personal information to your family members, to personal friends, or to any other person identified by you, if the information is directly relevant to that person's involvement with your care or payment related to your care. If you do not want us to disclose your personal information in these situations, you must let us know. We also may disclose your personal information if you are incapacitated, or in an emergency, if we feel it is in your best interest. We may also use or disclose your personal information to notify, identify or locate a member of your family or other person responsible for your care, including disclosures to disaster-relief organizations for notification purposes. In some cases, we may require the person to show proper ID, and we may also require a signed authorization from you.

Health Research

Sometimes we do health research in conjunction with the HealthPartners Institute for Education and Research, the Park Nicollet Institute or nonaffiliated research

organizations. In order for your personal information to be used or disclosed for research purposes, we must generally get your permission. Only in certain circumstances, specified in law, may we use or disclose your personal information for research without your authorization.

Market Research

We 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 market research 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 certain types of disclosures, described below.

- Market research conducted by nonaffiliated parties. If you opt out, we will not give your name or other personal information to nonaffiliated organizations to perform market research activities on our behalf. However, you may still be contacted by us 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.
- 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.

How to Opt Out of Information Disclosure

Although we strongly believe that sharing personal information for the limited purposes of market research and 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 for purposes of market research or health research, please complete and send us your opt-out form. The form can be found at healthpartners.com or by calling Member Services at 952-883-5000, toll-free at 800-883-2177, or 952-883-5127 (TTY). Your opt-out choices will be effective shortly after we receive your opt-out form. Your opt-out decisions will

remain in effect until you notify us in writing that you wish to change these instructions.

Fundraising Activities

We may contact you to raise money to support our mission. We may share limited information about you with foundations that are affiliated with us in order to contact you about fundraising activities. If our foundations contact you about a donation, you will be given the chance to tell us not to contact you about future fundraising, and we will abide by your decision.

Additional Limits on How We May Use or Disclose Your Personal Information

Sale of Your Personal Information

We will not sell or rent your personal information without your written authorization.

Marketing

We will not use or disclose your personal information for marketing purposes without your authorization, except in the limited situations permitted by law, such as letting you know about products and services that we offer.

Underwriting. We are prohibited by law from using or disclosing personal information that is genetic information for health plan underwriting purposes.

Plan Sponsor. 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 for health plan administration purposes, if certain privacy requirements are met.

Disclosures Permitted Without Your Permission

In the following situations we may be required or permitted to use or disclose your personal information without your permission, consistent with applicable law.

- when required by law
- for public health activities, such as tracking and controlling health care costs, certain diseases, injuries and other health conditions
- to report concerns of certain types of abuse, neglect or domestic violence
- to a health oversight agency for health oversight activities, such as audits, investigations, inspections and licensure activities

- for legal proceedings, in response to a valid court order or administrative order or other lawful process
- to law enforcement in certain circumstances, such as in response to a court or administrative order, warrant, or similar process; and, as permitted by law, to identify or locate a suspect, witness or missing person, to identify a victim of crime, or to report a crime.
- to a coroner, medical examiner or funeral director as permitted or required by law, such as to identify a deceased person, determine the cause of death or to carry out their necessary duties
- to organ donation organizations to assist with organ or tissue donation and transplantation
- to prevent a serious and imminent threat to the health or safety of a person or the public, or to help law enforcement identify or apprehend a person who has escaped lawful custody or who is involved with a violent crime that may have seriously harmed someone
- for certain specialized government functions, such as military, national security or lawful intelligence activities, or disclosures to a correctional institution if you are an inmate
- as required for workers' compensation or similar programs

Your Privacy Rights

State and federal laws give you several rights that relate to the privacy of your personal information. Each of these rights is described below. If you want to exercise these rights, you must let us know in writing. For more information on these rights, see the Contact Information section below.

Right to Review and Get a Copy your Personal Information. We keep a designated record set of members' information that helps us administer your health plan, including enrollment, claims and case management records and other records used to make decisions about members. With some limited exceptions, you have the right to review and get a copy of your personal information that we keep in this designated record set. You may also ask to get a copy of this information in electronic format.

Right to Request an Amendment of Your Personal Information. You have the right to ask for an amendment of (change to) your personal information in our designated record set if you object to or disagree with information in there. You must

give us the reason for your request. We may deny your request if, among other reasons, the information was not created by us or if we believe it is otherwise accurate and complete. However, if we deny your requested change, you have the right to ask us to keep a copy of your objection or disagreement with your records.

Right to Request Restrictions of Your Personal Information. You have the right to ask us not to use or disclose your personal information for any of the purposes described in this notice. We will consider your request, but 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. We will accommodate reasonable requests, but may require certain additional information from you.

Right to Receive an Accounting of Disclosures. Subject to certain exceptions, you have the right to receive from us, upon your request, an accounting, or listing, of instances when we disclosed your personal information as described in the “Disclosures Permitted without your Authorization” section of this notice and of any unauthorized disclosures.

Additional Privacy Rights

You also have additional rights that do not require contacting us in writing.

Right to Obtain a Copy of this Notice. You can request an additional copy of this notice using the Contact Information below. This notice is also available at ***healthpartners.com***.

Right to be Notified of a Breach. You have the right to receive notification of a breach of your unsecured personal information.

Right to Complain about Our Privacy Practices. If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information below) or to the Office for Civil Rights of the United States Department of Health and Human Services. You may file a complaint without fear of reprisal.

Contact Information

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

Call Member Services at 952-883-5000, toll free at 800-883-2177 or 952-883-5127 (TTY) or by writing to HealthPartners Member Services, PO Box 1309, Minneapolis, MN 55440-1309.

You are also welcome to report a privacy concern to the HealthPartners Integrity and Compliance Hotline at 1-866-444-3493.

Section 3 – Care Delivery Privacy Practices for Clinics, Hospitals and Other Care Providers Affiliated with the HealthPartners and Park Nicollet Family of Care

A description of our privacy practices in our care delivery settings and the privacy rights of our patients can be obtained at our hospitals and at clinic sites, or available upon request. You can also find a copy of our care delivery notice at **healthpartners.com** or **parknicollet.com**.

Who must follow this notice?

In this notice, the words “we” and “us” mean any or all of the following, which are all part of the HealthPartners and Park Nicollet Family of Care*:

- Capitol View Transitional Care Center
- Group Health Plan
- HealthPartners
- HealthPartners Central Minnesota Clinics
- HealthPartners Dental Group and Clinics (including WOW Orthodontics and River Valley Dental Clinic)
- HealthPartners Hospice and Palliative Care
- HealthPartners Insurance Company
- HealthPartners Medical Group and Clinics
- Hudson Hospital & Clinics
- Integrated Home Care
- Lakeview Hospital
- North Suburban Family Physicians
- Park Nicollet Clinic
- Park Nicollet Health Care Products
- Park Nicollet Institute (including International Diabetes Center)
- Park Nicollet Melrose Institute

- Park Nicollet Methodist Hospital
- Physicians Neck & Back Clinics
- Regions Hospital
- RHSC
- RiverWay Clinics
- Stillwater Medical Group and Clinics
- TRIA Orthopaedic Center
- virtuwell®
- Western Wisconsin Emergency Medical Services/Unity Ambulance
- Westfields Hospital
- Medical Staff who provide services at any of the organizations on this list
- Specialty programs and services provided by any of the organizations on this list
- Independent providers or contractors who participate in our organized health care arrangements.

* Our affiliates may change from time to time, as the HealthPartners and Park Nicollet family of care changes and grows. We will update the list in the Notice of Privacy Practices that is posted on healthpartners.com and parknicollet.com.