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NOTICE of PRIVACY PRACTICES

HIPAA—Health Insurance Portability and Accountability Act: Privacy Notice Notice of Privacy Practices for Minnesota WellCare LLC.

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.

Personally identifiable information about your health, your health care, and your payment for health care is called Protected Health Information. **We must safeguard your Protected Health Information** and give you this Notice about our privacy practices that explains how, when and why we may use or disclose your Protected Health Information. Except in the situations set out in the Notice, we must use or disclose only the minimum necessary Protected Health Information to carry out the use or disclosure. We must follow the practices described in this Notice, but we can change our privacy practices and the terms of this Notice at any time. If we revise the Notice, you may read the new version of the Notice of Privacy Practices on our website at www.minnesotawellcare. You may also request a copy in clinic during operating hours.

Section I: How we may use and disclose your Protected Health Information

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the categories of our uses and disclosures and give you some examples of each category.

Uses and Disclosures of Your Protected Health Information that Require Your Prior Consent. We may use and disclose your Protected Health Information with your consent for the following reasons:

- 1) **For treatment purposes.** We may disclose your PHI to physicians, pharmacies, medical students, and other health care personnel who provide you with health care services or are involved in your care. We will obtain consent from you prior to disclosing your PHI to another member of your treatment team, such as primary care provider or therapist.
- 2) **To obtain payment for treatment.** We may use and disclose your health information in order to collect payment for the care you receive with us. For instance, we may release information to your insurance company. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- 3) **For health care operations.** We may use or disclose your health information in order to perform business functions like audits, employee evaluations and improving the services we provide (including accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us). We may disclose your information to students training with us. We may use your information to contact you to remind you of your appointment or to call you by name in the waiting room when your provider is ready to see you.

Use and Disclosures of your Protected Health Information Not Requiring Your Consent. We may use and disclose your Protected Health Information without your consent for the following reasons:

- 1) **Coordination and continuity of care.** As allowed by law, unless you specifically object, we may use your PHI in treatment to assure service coordination and continuity of care both within the organization and between Minnesota WellCare LLC and other professionals or organizations involved in your overall healthcare.
- 2) **When required by law.** We may be required to disclose your PHI to law enforcement officers, courts or government agencies. For example, we may have to report abuse, neglect or certain physical injuries.

- 3) **For public health activities.** We may be required to report your health information to government agencies to prevent or control disease or injury.
- 4) **For health oversight activities.** We may be required to disclose your health information to government agencies so that they can monitor our licensed providers.
- 5) **In order to avoid a serious threat to health or safety.** We may disclose health information to law enforcement officers or other persons who might prevent or lessen that threat.
- 6) **For emergency situations.**
- 7) **For specific government functions.** In certain situations, we may disclose health information of military officers and veterans, to correctional facilities, to government benefit programs, and for national security reasons.
- 8) **Capital Raising Purposes.** We may use certain information such as demographic information, dates of services, department of service, treating providers, and outcomes for capital raising purposes.

Additional Uses of PHI.

In addition, unless you specifically object, we may contact you from time to time by email, text, regular mail or by telephone to confirm appointments, provide information about related services, inquire about your satisfaction with services, or inform you about the status of your account.

For Service paid out-of-pocket and in full.

You have the right to request that services you have paid for out-of-pocket and in full are not disclosed to your health plan, except where we are required by law to make a disclosure.

All Other Uses and Disclosures Require your Prior Written Authorization.

In any other situation not described in Section I above, we will ask you for written authorization before using or disclosing any of your PHI. If you chose to sign an authorization to disclosure your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

Section II: Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your PHI:

- 1) **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclosure your PHI. We will consider your request but are not legally required to accept it. If we accept, your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the use and disclosures that we are legally required or allowed to make.
- 2) **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address or by alternate means (for example, email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.
- 3) **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to view and/or obtain copies of your PHI that we have, but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.
- 4) **The Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 30 days of receiving your request. We may deny your request in writing if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a

written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the changes to your PHI, tell you that we have completed it, and tell others that need to know about the changes to your PHI.

Section III: How to Complain if you Believe your Privacy Rights have been Violated

If you think that we may have violated your privacy rights, or you disagree with a decisions we made about access to your PHI, you may file a complaint with the person listed in Section IV below. You also may send a written complaint to the Secretary of the U.S. Department of Health and Human Services by writing to 200 Independence Avenue SW, Washington, D.C. 20201 or by calling 1-877-696-6775. We will take no action against you if you make a complaint.

Section IV: Who to Contact to Complain about our Privacy Practices

If you have any questions about this Notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Minnesota WellCare at 952-248-2720.

DSD 4/23/2022

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