

HEALTH TRADITION HEALTH PLAN 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.

This notice takes effect on July 1, 2013.

Health Tradition Health Plan takes your privacy very seriously. We take steps to protect the medical information we use and disclose about you (“your information”). We do not use or disclose your information except when necessary to provide your insurance coverage and only as the law permits. We are required by law to:

- Maintain the privacy of your information;
- Inform you of our privacy practices, our legal duties, and your rights concerning your information; and
- Notify you if your information is compromised by a use or disclosure that violates the law.
- Abide by the terms of this notice for as long as it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time. Any new terms of our notice will be effective for all of your information, including information that we create or receive before we make any change. Before we make any material change in our privacy practices, we will change this notice and post the new notice on our web site. We will provide a copy of the new notice (or information about the changes and how to obtain the new notice) in our next annual mailing to members who we cover at that time.

You have the right to receive a paper copy of this notice at any time. For a paper copy of this notice or for more information about our privacy practices, please contact us using the information listed at the end of this notice.

HOW HEALTH TRADITION MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your information for the following general purposes. We do not list every possible use or disclosure of your information. But, any time we use or disclose your information, it will be for one of the following general purposes.

TREATMENT

We may use your information or disclose it (to a physician or other health care provider) to provide treatment to you. For example, we may disclose information about your prescription medications to your doctor so that s/he can better understand how to provide you medical care.

PAYMENT

We may use or disclose your information to conduct payment activities related to paying for your health care or collecting premiums. For example, we may use your information or disclose it to pay claims to a health care provider who has treated you. We may send a bill for premiums due to you (or your employer). We also may disclose medical information to a health care provider (or other entity subject to the federal Privacy Rules) for its payment activities.

HEALTH CARE OPERATIONS

We may use and disclose your information to carry out activities necessary for conducting the business of health insurance. For example, we may use or disclose medical information for purposes of underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes. We also may use or disclose medical information for medical review, legal services, and fraud and abuse detection programs. In some cases, we may disclose medical information to another entity that is subject to the federal Privacy Rules so it may conduct these types of activities for itself. We only do this when we are allowed to do so by law.

TO YOU, YOUR FAMILY, AND FRIENDS

We may use and disclose your information to communicate with you for customer service or to provide you with information you request. We may disclose your information to a family member or friend you bring with you (or have on the phone) to discuss insurance-related activities, unless you tell us not to. If you are not present, or you are incapacitated, we may disclose your information to a family member or friend based on our professional judgment of whether the disclosure is in your best interests.

EMPLOYERS (OR OTHER PLAN SPONSOR)

(This section applies only to members of a group health plan).

We may share information with the sponsor of your group plan (usually, your employer) about whether you are enrolled in the plan. We may also share “summary health information” with the sponsor. Summary health information has most identifying information (such as your name, your age and address except for zip code) removed, and it summarizes the amount, type, and history of claims paid under the group health plan. If the sponsor of your group health plan takes appropriate steps to comply with the federal

Privacy Rules, we may also disclose your information for the sponsor's administration of the group health plan.

MENTAL HEALTH RECORDS

For many of the purposes described in this notice, Wisconsin law allows us to disclose information taken from your mental health treatment records only with your written permission.

HIV TEST RESULTS

We may disclose HIV test results only as permitted by Wisconsin law. You may contact us at the number listed below to learn of the persons or circumstances under which the law allows us to disclose HIV test results.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

We may also use or disclose medical information:

- When required by law.
- For law enforcement purposes.
- To report or prevent abuse, neglect or domestic violence.
- For public health activities, such as disease control, public health investigations, and disaster relief efforts.
- To prevent a serious threat to an individual or a community's health and safety.
- When necessary for judicial or administrative (*i.e.*, court) proceedings.
- For health oversight activities led by governmental agencies as authorized by law.
- As necessary for a coroner, medical examiner, law enforcement official, or funeral director to carry out their legal duties with respect to a deceased individual or to cadaveric organ, eye or tissue donation and transplant organizations.
- For research purposes (as long as applicable research privacy standards are met).
- For compliance with workers' compensation requirements, as authorized by applicable law.
- For various government functions, such as disclosures to the Armed Forces for active personnel, to Intelligence Agencies for national security, and the Department of State for foreign services reasons (*e.g.*, security clearance).

YOUR AUTHORIZATION

Except as described in this notice, we may not use or disclose your information without your written permission. You may give us written permission to use your information or to disclose it to anyone for any purpose. If you give us written permission, you may revoke it at any time by notifying us in writing. Your revocation will not affect any use or disclosure we make while the permission was in effect. To revoke your permission, contact our Privacy Officer at the address listed below.

We need your written permission to use or disclose psychotherapy notes, except in limited circumstances such as when we must disclose the information by law. We also must get

your written permission to sell your information to a third party or, in most circumstances, to use or disclose your information to send you communications about products and services. We do not need your written permission, however, to send you information about health related products or services, as long as they are related to your coverage or are offered by us.

YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION

RIGHT TO ACCESS

You have the right to look at or get a copy of the information we use to make decisions about you. If you would like a copy, we may provide a paper copy or you may request a copy in a different format. We may not be required to comply with your request for a different format, however.

You must submit a request to look at or copy your information in writing to the Privacy Officer at address listed below. You may also ask the Privacy Officer for a form requesting this access. If you request a copy, we may charge a fee to cover expenses related to your request. If you prefer, we will prepare a summary or an explanation of your information for a fee. Contact us using the information listed at the end of the notice for more information.

RIGHT TO REQUEST AMENDMENT

You have the right to request that we amend information we use to make decisions about you, including mental health treatment records. You must submit a request to amend your information in writing to our Privacy Officer at address listed below. You should explain why you believe your information needs to be amended. You may also ask the Privacy Officer for a form requesting that we amend your information.

RIGHT TO DISCLOSURE ACCOUNTING

You have the right to get a list of people (or entities) to whom we disclosed your information over the past six years. This list will not include disclosures we made for treatment or payment activities, for health care operations, or certain other purposes. You also have the right to request a list of all written disclosures of your mental health treatment records.

You must submit a request for these lists in writing to our Privacy Officer at the address listed below. Your request should state how far back you would like the list to go (no longer than six years) and indicate whether you would like the list to be on paper or in electronic form. The first list we provide in a 12-month period is free, but we may charge a fee for additional requests. You may also ask the Privacy Officer for a form to request a list of disclosures.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request that we limit how we use or disclose your information. We are not required to agree to your request, but if we do, we will abide by our agreement (except in an emergency). You must make any request for restriction in writing to our Privacy Officer at the address listed below. Our agreement to your request must be in writing and signed by a person authorized to make the agreement on our behalf. We will not be bound unless our agreement is in writing. You may also ask the Privacy Officer for a form requesting we limit uses and disclosures of your information.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to request that we communicate with you using other means (such as e-mail) or another location (such as your work address). We will agree to your request if you clearly state in writing that communicating with you without using the other means or location could endanger you. Your request must also be reasonable, specify the other means or location, and permit us to collect premiums and pay claims. You must submit a request for confidential communications in writing to the Privacy Officer at the address listed below. You may also ask the Privacy Officer for a form requesting confidential communications.

Please note that an explanation of benefits issued to the subscriber concerning other health care services may have information about family deductibles or other out-of-pocket costs. This information may be enough to reveal that you obtained health care services for which we paid, even though we communicate with you about your health care services using the other means or location that you request.

COMPLAINTS

If you believe that we may have violated your privacy rights, you may file a complaint with us using the contact information listed at the end of this notice. We will not retaliate against you for filing a complaint about our privacy practices. You may also file a complaint with the Secretary of the Department of Health and Human Services. You may contact our Privacy Officer at the address listed below for the Secretary's address.

FOR MORE INFORMATION ABOUT ANY OF HEALTH TRADITION'S PRIVACY PRACTICES, TO EXERCISE YOUR PRIVACY RIGHTS, OR TO FILE A COMPLAINT, CONTACT OUR PRIVACY OFFICER AT:

Privacy Officer
Health Tradition Health Plan
PO Box 188
La Crosse, WI 54602-0188
608-781-9692 or toll-free 1-888-459-3020