



**JOINT NOTICE OF PRIVACY PRACTICES
AND NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT**

Effective Date: 9/15/2014

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.

OUR LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU

This Notice describes how we may use and disclose your health information, and provides examples where necessary. It also describes your rights regarding our use and disclosure of your information. We are required by law to make sure that the health information that identifies you is kept private; to give you this Notice of our legal duties and privacy practices with respect to your health information; and to follow the terms of the Notice currently in effect. We reserve the right to change our privacy practices and this Notice at any time.

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

Piedmont WellStar Health Plans (PWHP) and WellStar Health System Affiliated Covered Entities* have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This arrangement enables us to better address your health care needs in the integrated setting found within Piedmont WellStar Health Plans and WellStar Health System.

The organizations participating in this Joint Notice are participating only for the purposes of providing this Joint Notice and sharing health information as permitted by applicable law. Piedmont WellStar Health Plans and WellStar Health System are covered entities and each is individually responsible for its own activities, including compliance with privacy laws.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION:

Treatment: We may use and disclose your health information to aid in providing **treatment to you or to coordinate your health care** and related services. For example, we may disclose your health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. In plans that offer these programs, we may also disclose your health information to health care providers in connection with preventive health, early detection, and disease and case management programs.

Payment: We will use and disclose your health information to obtain **payment for healthcare services and to administer your health benefits policy or contract**, which may involve determining eligibility; claims payment; utilization review and management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. For some plans, we may also use and disclose health information for purposes of obtaining premiums, underwriting, ratemaking, and determining cost sharing amounts.

NOTE: Although **Health Plans may** use and disclose your health information for underwriting purposes, they are prohibited from using or disclosing the genetic protected health information for underwriting purposes.

Health Care Operations: We may use and disclose your health information for **health care operations** as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.

Disclosures to Plan Sponsors: We may use and disclose health information to our plan sponsors if the plan sponsor requests summary health information for the purpose of obtaining premium bids from health plans for providing health insurance coverage or for modifying, amending, or terminating the health plan. We may disclose to our plan sponsors health information on whether an individual is participating in a health plan, or is enrolled in or has dis-enrolled from a health plan offered by WellStar Health System or PWHP.

Reminders and Treatment Alternatives: We may contact you to provide information about appointment reminders, treatment alternatives or other **health-related benefits and services** that may be of interest to you.

Business Associates: We may disclose your health information to our **Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Research: We may use or disclose your health information for **research** related to the evaluation of certain treatments or the prevention of disease or disability. Research projects are reviewed and approved by a Review Board to protect the privacy of your health information.

Disaster Relief/Threats to Health and Safety: We will disclose health information about you **when required by federal, state, or local law**, for example, to authorized federal officials for national security and intelligence activities. We may use and disclose your 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. We may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition.

Organ Procurement: We may disclose your health information to **organizations engaged in the procurement, banking, or transplantation** of organs to facilitate organ or tissue donation and transplant.

Specialized Government Functions: If you are a veteran or a member of the armed forces, we may release health information about you as required by **military command authorities**.

Workers' Compensation: We may disclose necessary health information to the extent authorized by laws relating to **worker's compensation**.

Public Health Activities: We may disclose your health information as required by law, for **public health activities**, which may include preventing or controlling disease, injury, or disability.

Health Oversight Agencies: We may disclose your health information to **health oversight agencies** for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.

Judicial or Administrative Proceedings: We may disclose your health information in response to a **court or administrative order** or in response to a subpoena as required by law.

Law Enforcement Purposes: We may disclose a limited amount of your health information to a law enforcement official for purposes such as reporting a crime or to locate a missing person.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your information to government authorities that are authorized by law to receive such information, including a social service or protective service agency.

Coroners, Medical Examiners, Funeral Directors: We may disclose your health information to **coroners, medical examiners or funeral directors** consistent with applicable law to carry out their duties.

Correctional Institutions: We may disclose your health information to a **correctional institution** having lawful custody of you, as necessary to provide you with health care.

Persons Involved With Your Care: We may disclose your health information to a person involved in your care or who helps pay for your care, with your agreement or do not object to the disclosure when provided with the opportunity. For example, we may disclose information to a family member or friend when you are incapacitated or in an emergency situation. If you are unavailable, or unable to object, we will use our best judgment to decide if the disclosure is in your best interest.

Special Legal Protections for Certain Health Information. We comply with federal and state laws that may require special privacy protections that restrict the disclosure of certain "highly confidential" health information. Examples of highly

confidential information include, but are not limited to: HIV/AIDS, mental health, genetic tests, alcohol and drug abuse. If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

USES AND DISCLOSURES WITH YOUR WRITTEN AUTHORIZATION

Except for uses and disclosures described in this notice, we will use and disclose your health information only with a written authorization from you or your legally authorized representative. For example, we will not use or disclose your health information unless you authorize us in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party;
- Share any of your health information with marketing companies; or
- Sell any of your health information.

You may take back or “revoke” your written authorization at any time, in writing, except if we have already acted based on your prior authorization.

YOUR PRIVACY RIGHTS

You have the right to review and obtain a copy of your medical or billing records as allowed by law. You have the right to obtain a copy of these records in an electronic format if we maintain the information in an electronic format or to direct us to transmit the electronic copy to a designated third party. To obtain a copy of your records in either paper or electronic format, you must make the request in writing. We will respond within 30 days of your request and we may charge you a fee to cover the copying, mailing or other related costs. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed or you may submit a written complaint. If you request a review, another licensed healthcare professional, chosen by WellStar Health System, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

You have the right to request certain restrictions on our uses or disclosures of your medical information for treatment, payment or health care operations except when authorized by you, when required by law, or in an emergency. You may also request a restriction on our disclosure of your medical information to someone who is involved in your care or payment, like a family member or friend. ***We are not legally required to agree to your request.*** All requests for restrictions must be made in writing. We will inform you of our decision.

You have the right to request that an entity covered by HIPAA (such as your health care provider) or its business associate restrict its disclosure of specific information from your health plan for purposes of payment or healthcare operations if you have paid out of pocket and in full for the service or item.

You have the right to request confidential communications at a specific address or phone number.

You have the right to request an amendment to information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. If we deny your request, you may have a statement of your disagreement added to your health information.

You have a right to receive an accounting, as specified by law, of certain circumstances when your information is disclosed without your authorization.

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice on the Piedmont WellStar HealthPlans website at www.pwplans.org, or on navigatingbenefits.wellstar.org or wellstarmybenefits.org.

You have the right to receive notification in the event of a breach of your unsecured protected health information, unless such notification is exempted by law.

You have the right to report a privacy concern. We will investigate all privacy complaints and concerns. We will not penalize or treat you any differently for filing a complaint. You may also file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services.



CONTACT US

We can help you with any questions you may have about the privacy of your health information. We can also address any privacy complaints or concerns you may have about your health information and can help you complete any forms that are needed to exercise your privacy rights. Privacy complaints specific to Piedmont WellStar Health Plans are investigated by the PWHP Chief Privacy Officer.

Piedmont WellStar Health Plans
Chief Privacy Officer
2859 Paces Ferry Rd • Suite 600 • Atlanta, GA 30339
(678) 505-2881

*WellStar Health System Affiliated Covered Entities include the WellStar hospitals, clinics and physicians' offices.