

# STATE OF IOWA HIPAA PRIVACY NOTICE



This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. For purposes of this Notice, “we” and “us” refer to both the State of Iowa and the State’s health insurance provider, Wellmark, Inc. *Please review this Notice carefully.*

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information Wellmark has about you. Ask Wellmark how to do this.
- Wellmark will provide a copy or a summary of your health and claims records, usually within 30 days of your request. Wellmark may charge a reasonable, cost-based fee.

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### Ask us to correct health and claims records

- You can ask Wellmark to correct your health and claims records if you think they are incorrect or incomplete. Ask Wellmark how to do this.
- Wellmark may say “no” to your request, but Wellmark will tell you why in writing within 60 days.

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### Request confidential communications

- You can ask Wellmark to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Wellmark will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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### Ask us to limit what we use or share

- You can ask Wellmark **not** to use or share certain health information for treatment, payment, or our operations.
- Wellmark is not required to agree to your request, and may say “no” if it would affect your care.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times Wellmark has shared your health information for six years prior to the date you ask, who Wellmark shared it with, and why.
- Wellmark will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Wellmark will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Wellmark will make sure the person has this authority and can act for you before Wellmark takes any action.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- Wellmark can use your health information and share it with professionals who are treating you.

***Example:** A doctor sends us information about your diagnosis and treatment plan so Wellmark can arrange additional services.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- Wellmark is **not allowed to use genetic information to decide whether Wellmark will give you coverage and the price of that coverage.** This does not apply to long term care plans.

***Example:** Wellmark uses health information about you to develop better services for you.*

**Pay for your health services**

- Wellmark can use and disclose your health information as we pay for your health services.

***Example:** Wellmark shares information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

- Wellmark may disclose your health information to your health plan sponsor for plan administration.

***Example:** The State of Iowa contracts with Wellmark to provide a health plan, and Wellmark provides the State with certain statistics to explain the premiums we charge.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- Wellmark can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

<b>Do research</b>	<ul style="list-style-type: none"> <li>Wellmark can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>Wellmark will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>Wellmark can share health information about you with organ procurement organizations.</li> <li>Wellmark can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

**Date of Notice:** September 23, 2013

For information on your records and use of your information, contact:		For information about this Notice, contact:	
<b>Wellmark, Inc.</b>		<b>State of Iowa</b>	
Office	Wellmark Privacy Office	Office	DAS-HRE Privacy Officer
Phone	877-610-6395	Phone	515-242-6143
Fax		Fax	515-242-6450
Email	privacyoffice@wellmark.com	Email	Employee.benefits@iowa.gov
Address	Privacy Office, Station 5W590 1331 Grand Avenue Des Moines IA 50309-2901	Address	Hoover State Office Building 1305 E Walnut Des Moines IA 50319