

# YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

## Notice of Privacy Practices for HealthPartners UnityPoint health plans

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.

**Effective October 16, 2016**

### SUMMARY

We want you to feel supported and informed in your coverage. This includes explaining how we use and manage your information, and your rights and choices related to that information.

Privacy is a complicated subject. We know it can be confusing, especially as different state and federal laws come into play. We honor the trust you place in us by choosing us for your coverage. We hope this summary of your rights and choices, and our responsibilities for how we use and share your information, helps you understand how we follow the law and honor your trust.

### YOUR INFORMATION

In this notice, when we use “your information” we’re referring to information that identifies you, as a current or former health plan member, and relates to your health or condition, your health care services, payment, or coverage for those services. It includes claims and coverage information, and health information, like diagnosis and services you received. It includes demographic information like your name, address, phone 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, prior approvals, referrals, coverage determinations, claims and payment information

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 to find 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 UnityPoint Health, certain parts of this notice apply to how your plan is administered by HealthPartners UnityPoint Health – in particular, the information about:

- “Your information”
- How we safeguard your information (under “Our Responsibilities”)
- Market research (under “Your Choices”)
- “To administer your plan” (under “How do we typically use and share your information?”)

### YOUR RIGHTS AS A HEALTH PLAN MEMBER

**When it comes to your information and privacy, you have important rights under state and federal law.** This section explains those rights. Ask us about them and we’ll explain the process, including if you need to put your request in writing.

**You have the right to:**

#### Get an electronic or paper copy of your information

- You can ask to see or get an electronic or paper copy of your information.
- We’ll provide a copy or a summary of your information as quickly as possible.
- If there are records that we can’t share or if we limit access, we’ll help you understand why.

### Ask us to correct your information

- You can ask us to correct your information if you tell us why you think it's incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing as quickly as possible. In that case, you can ask us to keep a copy of your disagreement (a written statement you provide to us) with your records.

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

- You can ask us not to use or share your information. We'll always consider your request, but we may say no if it would affect our ability to provide care or service to you, or if we are unable to make the change in our systems.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We'll do our best to meet your needs. We must agree to your request, if you tell us you would be in danger if we do not.

### Get a list of who has received your information

- You can ask for a list (an "accounting") of the times we've shared your information with outside organizations or individuals, who we shared it with, and why.
- We'll include all the times we've shared your information, except for when it was about your treatment, payment for your treatment or health care operations, and certain other times when we've released your information (such as if you asked us to share it and releases we've already told you about).

### Get a copy of this notice

- You can ask for a paper copy of this notice at any time. We'll provide it right away.
- This notice is also available on [healthpartnersunitypointhealth.com](http://healthpartnersunitypointhealth.com).

### File a complaint if you feel your privacy rights have been violated

- You can complain directly to us if you feel we've violated your privacy rights by contacting us using the information on the last page of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Find contact information at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We won't act against you for making a complaint.

## YOUR CHOICES

**In some situations, you have additional choices about how we use and share your information.** If you have a preference in the situations described below, let us know. Tell us what you want us to do, and we'll follow your instructions while following the law.

#### You can tell us *not* to:

- Share your information with your family, close friends, or others involved in your care or payment for your care.
- Share your information with others for health research. 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; we can still use your information for our own research as long as we follow the law. If you want to opt out, you can fill out the form on [healthpartnersunitypointhealth.com/optout](http://healthpartnersunitypointhealth.com/optout), or call Member Services toll-free at **888-360-0544**, or TTY at **800-443-0156**.
- Share your information with market researchers that we contract with but are not affiliated with us. If you want to opt out, you can fill out the form on [healthpartnersunitypointhealth.com/optout](http://healthpartnersunitypointhealth.com/optout), or call Member Services toll-free at **888-360-0544**, or TTY at **800-443-0156**. You could still be contacted directly by HealthPartners UnityPoint Health or its affiliates for market research; or by others, if we are required by law or for accreditation purposes to conduct member satisfaction or quality surveys.

#### We must get your written permission *before* we:

- Use or share your information to market another organization's products or services.
- Use or share your information to market our own products or services, if another organization is paying us to do it or if the products or services are not health-related.
- Sell or rent your information to another organization.

## OUR RESPONSIBILITIES

- We protect your information because your privacy is important to us, and because it's the law.
- We must follow the responsibilities and privacy practices described in this notice.
- We must make this notice available to you when you become a member and must post it online at [healthpartnersunitypointhealth.com](https://healthpartnersunitypointhealth.com).
- We can change this notice, and the changes will apply to all information we have about you. If we make significant changes, we'll post the new notice online and mail information to you.
- We'll let you know quickly if a breach (unauthorized use or sharing) occurs that may have put the privacy of your information at risk.
- We won't use or share your information except as covered in this notice, unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- When the law requires us to get your permission in writing before we use or share your information, we'll do so.
- We will not use your genetic information to decide whether we will give you coverage and the price of that coverage.
- We safeguard your information. We allow access to your information by our staff and others, but only to the extent they need that information to administer your health plan and benefits, comply with legal or accreditation requirements, or as otherwise allowed by law. We maintain physical, electronic and administrative safeguards designed to protect your information and prevent unauthorized access.

### How do we typically use and share your information?

We typically use and share your information in the following ways:

#### To treat you (treatment)

We use and share your information for your treatment, and to create a safe and more coordinated care experience for you.

*Example: Your doctor sends us information about your diagnosis and treatment plan so we can help arrange for additional services.*

Please note that we don't need your permission to share your information in a medical emergency if you can't give us permission due to your condition.

#### To pay for your services (payment)

We can use and share your information pay providers and others for care that you receive.

*Example: We may contact your providers to coordinate your benefits and to confirm eligibility and coverage.*

#### To run our organization (health care operations)

We use and share your information to improve the quality of your care and experience, and to manage our operations.

*Example: We use and disclose your information to tell you about plan benefits, treatment alternatives or health-related products and services.*

#### To administer your plan

As a health plan providing fully-insured benefits to a group health plan, or helping administer the benefits of a self-insured group health plan, we may, if requested, share limited information with the sponsor of your group health plan, for plan administration purposes, if certain privacy requirements are met.

*Example: For a fully-insured plan, we may share certain statistics with your employer to explain the premiums we charge.*

We may share your information with our affiliates (also known as related organizations) that help us administer and manage our health plan. We may also share your information with nonaffiliated (non-related) third parties with whom we contract to provide certain products or services on our behalf. We usually call them "business associates." Business associates are required by law to safeguard your information the same way we do. Some of the functions that business associates perform on our behalf include case 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 allowed or required by law.

### **How else do we use or share your information?**

We're allowed or required to share your information in other ways that relate to public health and legal activities. We have to meet many conditions in the law before we can share your information for these purposes.

#### **Follow the law**

- We use or share your information if state or federal law requires it.

#### **Help with public health and safety issues**

We share your information with public health authorities or other authorized agencies in certain situations such as to:

- Prevent disease
- Help with product recalls
- Report adverse reactions to medications
- Report suspected abuse, neglect, domestic violence or crimes in our care locations
- Prevent or reduce a serious threat to anyone's health or safety
- Help with health system oversight, such as audits or investigations
- Comply with special government functions such as military, national security, presidential protective services and disclosures to correctional facilities

#### **Respond to organ and tissue donation requests**

- We use and share your information to help with organ or tissue donation.

#### **Work with a medical examiner or funeral director**

- We share your information with a coroner, medical examiner, or funeral director.

#### **Handle workers' compensation**

- We use and share your information for your workers' compensation claims.

#### **Respond to lawsuits and legal actions**

- We can use and share your information for legal actions, or in response to a court or administrative order, or other lawful process.
- We can share your information with authorized law enforcement officials.

#### **With your written permission**

- If we want to use or share your information in a way not covered in this notice, we're required to get your written permission first.

### **FOR INFORMATION, QUESTIONS OR COMPLAINTS**

You may get more information about our health plan privacy practices and your privacy rights by calling HealthPartners UnityPoint Health Member Services toll-free at **888-360-0544**, or TTY at **800-443-0156**. You can also find that information online at **healthpartnersunitypointthealth.com**. You can also contact the Integrity and Compliance Hotline at **1-866-444-3493**.

# Statement of Nondiscrimination for health plan members

## OUR RESPONSIBILITIES

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

### We help people with disabilities to communicate with us. This help is free. It includes:

- Qualified sign language interpreters
- Written information in other formats, such as large print, audio and accessible electronic formats

### We provide services for people who do not speak English or who are not comfortable speaking English. These services are free.

#### They include:

- Qualified interpreters
- Information written in other languages

### For language or communication help:

Call **1-800-883-2177** if you need language or other communication help. (TTY: 711)

### If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at **1-844-363-8732** or [integrityandcompliance@healthpartners.com](mailto:integrityandcompliance@healthpartners.com).

### To file a grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at **1-844-363-8732**, [integrityandcompliance@healthpartners.com](mailto:integrityandcompliance@healthpartners.com) or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
Room 509F, HHH Building  
200 Independence Avenue SW  
Washington, DC 20201  
**1-800-368-1019, 800-537-7697** (TDD)

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)
Af Soomaali (Somali)	OGAYSIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)

ພາສາລາວ (Laotian)	ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)
Tagalog (Tagalog)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)
Oroomiffa (Cushite [Oromo])	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)
አማርኛ (Amharic)	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው: 711)
unD (Karen)	ဟ်သုဂ်ဟ်သး- နမ့ကတိကညိ ကျိအသိ, နမန့ ကျိအတိမၤစၢလၢ တလၢကတိကတိစၢ နိတမံၤဘၣ်သ့န့ၣ်လိၤ. နိ: 1-800-883-2177. (TTY: 711)
ខ្មែរ (Mon-Khmer, Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)
Deutsch (Pennsylvanian Dutch)	Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)
وُڊرَا (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711)
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)
ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)
Diné Bizaad (Navajo)	Díí baa akó nínízin: Díí saad bee yáníłti'go <b>Diné Bizaad</b> , saad bee áká'ánída'áwo'déé', t'áá jiił'eh, éí ná hóló, kojí' hódííłnih 1-800-883-2177. (TTY: 711)