



Notice of Privacy Practices

This Privacy Practices Notice describes how health care information about you may be used and disclosed, and how you can get access to this information. Please read the notice carefully.

We are required to protect the privacy of health care information about you, to notify you of our legal duties and privacy practices with respect to your protected health information, and to notify you following a breach of unsecured protected health information. This Privacy Notice tells you about your rights regarding information about you that is kept in health care records. You can look at this anytime to see how your health care records are used by Includa as part of your care, and who gets to see them.

This Privacy Notice includes answers to the following questions:

1. What is health care information?
2. Who can see health care information about you without your written authorization?
3. Who cannot see health care information about you unless you give written authorization?
4. What are your rights regarding health information about you?

Changes to this Privacy Notice.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change this Privacy Notice. We reserve the right to make the changed Privacy Notice apply to the health care records we already have about you in addition to any information we receive in the future. The Member Handbook will contain the most current Privacy Notice available. You will be offered an updated Member Handbook each year. We will also post a copy of the current Privacy Notice on Includa's website. The effective date of the notice can be found at the bottom of the page.

1. What is Health Care Information?

Any information that can identify you and relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for the provision of health care to you, is considered your protected health care information. Includa may have health care information regarding services we provide to you or payment for services provided to you or information about your past, present, or future health condition. We are required by law to protect health care information about you. We are required to follow the policies in the most current Privacy Notice available.

Health care information about you is kept in a health care record. This health care record contains your assessments, your member-centered plan, and other information related to your care. Each time you visit or are visited by your Community Resource Coordinator, Health & Wellness Coordinator, or other professionals on behalf of Includa, a record of the visit is made. This health care record serves as:

- a starting point for planning your care, treatment and any needed follow-up care;
- a means of communication among your care team and the many professionals who contribute to your care;
- a means by which you or a third-party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided; and
- a tool that can be used to evaluate and continually improve the care given and progress made.

Understanding what is in your health care record and how your health care information is used helps you to:

- make sure health care information about you in the record is correct;
- better understand who, what, when, where, and why others may access health care information about you; and
- make better-informed decisions when you authorize health care information about you to be shared with others in situations where your consent is required to share the information.

2. Who Can Access Health Care Information About You Without Your Written Authorization?

Listed below are reasons why we use and may share your health information without your written authorization:

- **For Treatment:** We are permitted to use and share health care information about you with health care individuals involved in your care. We are also permitted to share information about you with your health care providers. *For example, your Health & Wellness Coordinator may call your pharmacist to reorder medications for you. We are permitted to use and share health information about you with providers of service under contract with Includa. For example, a Community Resource Coordinator may need to speak with a transportation provider to arrange transportation for you.*
- **For Payment:** We are permitted to use and share your health care information so that the services you receive through Includa may be billed to, and payment collected from, your insurance company, Medicare, and/or Medical Assistance. *For example, Includa may use health care information about you to pay a provider who has provided long-term care services to you, or Includa, or your care team may work with your Income Maintenance Worker to make sure you maintain financial eligibility for Family Care.*
- **For Health Care Operations:** We can use and share your health care information for our operations. We may use health care records to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may remove all information that identifies you from a set of health care information so that others may use that information to study health care and the health care delivery without learning who the specific people are. *For example, health care information may be*

collected and analyzed to improve the quality of our services.

- **To Business Associates for Treatment, Payment and Quality Assurance:** We may use and share your health care information for our business operations. This using and sharing is necessary to run Includa and to make sure that all members receive quality care. We have written agreements with our business associates for administrative purposes, including payment of claims for your services or management of our member-related software system. *For example, Includa has a contract with WPS to pay claims on our behalf. WPS is considered a business associate to Includa. We have a formal written agreement with WPS to protect your health care information.*

Special Situations

- **Individuals Involved in Your Care or Payment of Your Care:** We may use or disclose health care information to a family member, other relative, a close personal friend, or any other person identified by you when you are present and you, based on your participation, do not object to the sharing of health care information. If you are not present, or you are not able to agree because you are hurt or experiencing an emergency, we may use our professional judgment to determine whether sharing your health care information is in your best interest. We may also share health care information about you in order to notify your family member, other relative, a close, personal friend, or an agency involved in disaster relief efforts of your location, general condition, or death.
- **As Required By Law:** We will share your health care record when required to do so by federal, state, or local law. For example, state law requires us to report abuse and neglect. If we believe you are a victim of abuse or neglect, we may share health care information about you to governmental authorities, including protective services as authorized by law to receive such reports. Another example would be during an officially declared disaster or crisis if it is necessary to help ensure your safety or your community's safety or to prevent disease. However, if you have specific preferences on how we disclose this information under these circumstances, or if you wish to opt out of any disclosure, please let us know and if we agree with the limitations, we will follow your instructions unless there is a specific legal prohibition against it.
- **Health Oversight Activities:** We will share your health care information with a health oversight agency as authorized by the law for audits, investigations, inspections, and licensure. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws. *For example, the State of Wisconsin's Department of Health Services contracts with an agency to provide quality oversight of Includa. The oversight agency may conduct file reviews of records to assure compliance with contract requirements.*
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we will share your health care information in response to a court or administrative order. We may also share your health care information in response to a subpoena or other lawful process. *For example, a subpoena may require disclosure, or a judge may order us to disclose health care information about you.*
- **If You Dis-enroll and go to Another Family Care Agency:** Should you leave Includa and sign up for Family Care through another agency, we may be asked to provide a copy of

your most recent Long Term Care Functional Screen. Once the request has been verified as a legitimate request, Inlusa will release the screen to them without requesting your permission.

- **Other:** 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. We will make sure the person has this authority and can act for you before we take any action. Another exception includes organ transplants; we can also share health information about you with organ procurement organizations.

In addition, under some circumstances, we may share your health care information permitted or as required by law:

- to report and/or investigate a death (including sharing information with the coroner, medical examiners, or funeral directors)
- Worker's Compensation claims;
- for judicial and administrative proceedings;
- with protection agencies, advocacy agencies, and ombudsmen programs;
- to a facility to which you may be involuntarily committed;
- to avert a serious threat to health or safety; and
- to a law enforcement or correction agency.

Uses or disclosures of your health care information for other purposes or activities not listed above will be made only with your written permission. If you give us permission to use or share your health care information, you may cancel your permission in writing at any time. If you cancel your permission, we will no longer use or share your health care information for the reasons covered by your written permission. However, we are unable to take back anything we had given already with your permission.

3. Who Cannot See Health Care Information About You Unless You Give Written Authorization?

Other than the uses and disclosures described generally above, we will not use or disclose health care information about you without authorization, or signed permission, from you or your legal decision maker. We would get authorization or signed permission from you, or your legal decision maker, by having you sign a *Release of Information for Use and Disclosure of Confidential Information Form*.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information, require your written authorization.

Inlusa does not conduct any fundraising, marketing, or medical research. We do not sell any of your information. We do ask members to respond to a survey, provided annually, on their satisfaction with care provided by Inlusa. Participation in the survey is always voluntary and you always have the option to say no.

Inclusa is prohibited from the use or disclosure of protected health information for underwriting purposes, including your genetic information. This is required by the Genetic Information Nondiscrimination Act (GINA) of 2008.

4. What Are Your Rights Regarding Health Care Information about You?

You have the following rights regarding the health care information we maintain about you:

- **The Right to Ask for Limitations:** You have the right to ask for a limitation on the health care information we use or share about you for treatment, payment, or health care operations. You also have the right to ask for a limit on the health care information we share about you to someone who is involved in your care, or the payment for your care, such as a family member or friend. Inclusa must comply with your request to restrict disclosure of your health information to a health plan if:
 - (A) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and
 - (B) The protected health information pertains solely to a health care item or service for which you or a person on your behalf has paid Inclusa in full.

In your request, you must tell us:

- what information you want to limit;
- whether you want to limit Inclusa's use and/or disclosure of the information;
- to whom you want the limits to apply (*for example, sharing information with your spouse*); and
- your contact address and daytime phone number.

We are not required to agree with your request, especially in those situations where your consent is not required before disclosing the information as described above. If we do agree, we will honor your request unless the information is needed to provide you with emergency treatment. Inclusa will notify you in writing with our decision.

- **The Right to Request Confidential Communications:** You have the right to request that we speak with you about your services in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. *For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home.*
- **The Right to Inspect and Receive a Copy:** You have the right to inspect and receive a copy of your health care information that may be used to make decisions about your care. Usually, this includes case notes and billing records. Psychotherapy notes may not be seen by others or copied. We will provide you a copy or summary of your health information, usually within thirty (30) days; however, under unique circumstances we do have an option of taking a thirty (30) day extension. If there is a delay, we must notify you in writing why we need the extra time and when we think we will be able to fulfill your request. **All requests for information must be in writing. Your care team can provide you with a request form and help you fill out the request.**

If you request a copy of your health care information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to see or receive a copy in certain very limited circumstances. If you are denied access to your health care information, we will notify you in writing. You may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will follow through with the outcome of the review.

- **The Right to Amend:** If you think there is something wrong or missing in your health care information, you may ask that it be changed. You have the right to request a change to your Inlusa, Inc. member file. You must include a reason that supports your request. We may say no to your request, but we will tell you why in writing within sixty (60) days.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to change information that:

- was not created by Inlusa;
- the person or entity that created the information is no longer available to make the amendment;
- is not part of the health care information kept by or for Inlusa; or
- is accurate and complete.

Inlusa will notify you in writing whether we agree or do not agree with your amendment request.

Additionally, if we grant the request, we will make the correction and distribute it to all necessary recipients as well as those you ask to receive the corrected information. If we deny your request for a change to your health care information, we will notify you how you may file a complaint with Inlusa.

- **The Right to be Notified of a Breach of your Personal Health Information:** With the exceptions outlined under HIPAA Regulations, you have a right to be notified if your information is ever mishandled and a breach (loss) of your personal health information has occurred or has likely occurred.
- **The Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures that has been made by Inlusa in the past six (6) years. We 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.

Your request must state a time period not longer than six (6) years and may not include dates before July 1, 2008. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will also notify you of the cost involved before any costs are incurred.

- **The Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Privacy Notice. To obtain a paper copy of this Privacy Notice, contact the Inlusa

Privacy Officer at (715) 204-1734.

- **The Right to Electronic Copy of This Notice:** You may obtain an electronic copy of this Privacy Notice on our website.
- **The Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Inclusa's Privacy Officer by calling (715) 204-1734 or mailing the complaint to: Inclusa, Inc., Attn: Privacy Officer, 3349 Church Street, Stevens Point, WI 54481 or you may file a complaint with the Secretary of Health and Human Services at The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, or call DHHS at 1-877-696-6775. Inclusa assures that there will be no retaliation for filing a complaint.

For more information visit: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. You may also contact the Inclusa Privacy Officer at (715) 204-1734 or call Toll Free at 1-877-622-6700 and leave a message for the Privacy Officer.