



Notice of Privacy Practices: Health Plans

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to the health plans sponsored by Aurora Health Care, Inc., including the Aurora Health Network and Aurora Dental plans. This notice is not a part of your plan documents. It is provided to you for informational purposes only. Please review it carefully and share it with other family members who are also covered by these health plans. Benefits may be provided through a health insurance issuer or Health Maintenance Organization (HMO). The health insurer or HMO may have its own policies and notice regarding your health information and you should review those notices concerning how your information is handled.

OUR COMMITMENT

Our principal goal is to keep you healthy and to offer services that will meet your needs. In order to perform these services, we collect, create, use, and disclose information about you. We are dedicated to keeping your health information private, in accordance with federal and state law. As required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we provide you with this notice of our legal duties with respect to health information. We are required to follow the terms of this notice or any revision to it that is in effect. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all health information we maintain.

If we change this notice, you can access the revised notice using one of these options:

- From your local Human Resource representative; or
- From the Benefits page of Aurora's Intranet site (<http://ahcweb03.aurora.org/hr/benefits/benefits.htm>).

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. We may do this without your written permission for the following purposes:

Payment. We may use your information to provide payment you receive under the health plan. For example, we may use and disclose your information to obtain our premiums, to pay and manage your claims, coordinate your benefits and review health care services provided to you. We may also use and disclose your information to determine your eligibility or coverage for benefits, to evaluate medical necessity or the appropriateness of care or charges. In addition, we may use and disclose your information as necessary to precertify and preauthorize services to you and to review the services provided to you. We may also use and disclose your information to obtain payment under a contract for reinsurance, including stop-loss and excess of loss insurance. We may further use and disclose your information to adjudicate your claims. Also, we may disclose your information to other health care providers or entities who need your information in order to obtain or provide payment for your treatment.

Health Care Operations. As a health plan, we do not provide direct treatment to patients. Your medical information, however, may be used while performing case management, disease management, and/or utilization review of your care. This coordination of care may

involve the exchange of information with your direct treatment providers. We may also use the information in your medical record to evaluate the quality or cost of the care you receive. For example, we may study how doctors and nurses manage patient treatment after surgery, to learn the best way to help patients recover. We may use your information as we look at the care you were given by doctors, nurses, pharmacists, or other health care professionals. We may disclose your information with another health care professional that you have seen so they may improve their quality or costs.

Information sharing. The health plans may disclose your information with each other in order to coordinate services. However, the health plans will only disclose your information with each other as necessary for treatment, payment or health care operations. We may use your health information to tell you about treatment options or health products and services that may be of interest to you.

Disclosures to the Sponsor of the Health Plans. We may disclose your information to Aurora Health Care, Inc. (AHC). As the sponsor of the health plans, AHC assigns certain members of its workforce to administer the health plans so that the plans can operate and provide you with your benefits. AHC will only use and disclose your information as necessary to administer the health plans. The law only permits the health plans to disclose your information to AHC, in its role as sponsor, if AHC certifies, among other things, that it will only use and disclose your PHI (protected health information) as permitted by the Plans, will restrict access to your PHI to those AHC employees whose job it is to administer the health plans and will not use your information for any employment-related actions or decisions.

OTHER WAYS WE MAY DISCLOSE YOUR HEALTH INFORMATION

We may also disclose information without your signed permission for the following reasons:

Legal Proceedings. We may disclose your health information in the course of certain legal proceedings. For example, we may disclose your information in response to a court order.

Law Enforcement. We may disclose your health information to law enforcement officials for specific purposes. For example, we may disclose your health information when required by law to report certain injuries.

Public health. We may disclose information with authorities to help prevent or control disease, injury, or disability. For example, we may be required to report certain diseases, injuries, birth or death information, and information of concern to the Food and Drug Administration (FDA). We may also report work-related illnesses and injuries to appropriate agencies.

Health care supervision. We may give your information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

Workers' compensation. We may disclose information in order to comply with the laws related to workers' compensation or similar programs. These programs may provide benefits for work-related injuries or illness.

Death. We may disclose information with coroners, medical examiners (for example, to find out the cause of death) and funeral directors so they can carry out their duties.

Organ, eye, or tissue donation. We may disclose information with people involved in obtaining, storing or transplanting donated organs or tissue.

Serious threats to health or safety. We may disclose information with the proper authorities if we believe in good faith that this will help prevent or lessen a serious threat to your safety, or to the public's health or safety. We do so as required by law and standards of ethical conduct.

Military, national security, law enforcement custody. We may disclose your information with the proper authorities so they may carry out their duties under the law. This applies if you are or were involved with the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.

Family and Friends for Care and Payment. Unless you request otherwise and in emergency situations, we may disclose information to your family members, relatives, close friends, or others who are helping care for you or helping you pay your medical bills.

Disaster Relief Efforts. We may disclose your health information to organizations for the purpose of disaster relief efforts.

We may use or disclose your information only with your written permission, except as described in the previous sections. If you give us your permission, you may withdraw such permission at any time by notifying us in writing, except if we have already taken action based upon your permission.

A NOTE ON OTHER RESTRICTIONS

Please be aware that other federal laws may have more requirements than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws.

YOUR HEALTH INFORMATION RIGHTS

As a member of Aurora Health Care Inc.'s health plans you have the right to:

Read and copy your health information. With a few exceptions, you have the right to read and obtain a copy of your health information. We may charge you a reasonable fee if you want a copy of your health information. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision. To obtain your health information, contact the applicable claims administrator as listed in the Summary Plan Description.

Request to correct your health information. If you believe there is an error in your health information or something has been left out, you may ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not create the information you believe is incorrect, or if we disagree with you and believe your health information is correct, we will deny your request.

To request a correction to your health information, contact the applicable claims administrator as listed in the Summary Plan Description.

Request to restrict certain uses and sharing of your information. You have the right to ask that we restrict how your health information is used or shared. **Under the law, we are not required to agree to your request.** In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. We will inform you when we cannot find a way to carry out your request. You may request a restriction by contacting the applicable claims administrator as listed in the Summary Plan Description.

Receive information at a different place or by different means. You have the right to ask that we send your health information to you in different ways or at different places if you clearly state to us, in writing, that the disclosure could endanger you. For example, you may wish to receive information at work rather than at home. You may request a restriction by contacting the applicable claims administrator as listed in the Summary Plan Description.

Receive a record of how we shared your health information. You have the right to ask us for a list of places or persons with whom your health information was shared during the past six

years. The list will contain the date your health information was disclosed to others, who received the information, a brief description of what was disclosed and why. However, the list will not include disclosures for the following purposes: treatment, payment, health care operations, hospital/nursing home patient directories, family and friends for care and payment, national security or intelligence, and law enforcement/corrections. In addition, the list will not include information that was disclosed to you and to others with your permission, incidental disclosures and disclosures of limited or de-identified health information. We must provide you the list within 60 days of your request, unless you agree to a 30-day extension. You will not be charged for this list, unless you request more than one list per year. The request must be for information shared on or after April 14, 2003. To request this list, contact the applicable claims administrator as listed in the Summary Plan Description.

Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice. This notice is available by contacting the plan administrator listed in the Summary Plan Description or by visiting the Benefits page of Aurora's Intranet site (<http://ahcweb03.aurora.org/hr/benefits/benefits.htm>).

File a complaint. You have the right to file a complaint with us if you believe your privacy rights have been violated. To file a complaint, call the Chief Privacy Officer at (414) 647-6404. You also have the right to complain to the United States Secretary of the Department of Health and Human Services. We will not take any action against you for filing a complaint.

CONTACT FOR INFORMATION, QUESTIONS, CONCERNS

If you have questions or concerns about your privacy rights or information contained in this notice, contact the Chief Privacy Officer at (414) 647-6404.

This notice is effective on and after April 14, 2003, unless and until it is revised by Aurora Health Care, Inc.