

HIPAA notice of privacy practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown in the footer of this notice

Please read this notice carefully. This tells you:

- Who can see your protected health information (PHI).
- When we have to ask for your OK before we share your PHI.
- When we can share your PHI without your OK.
- What rights you have to see and change your PHI.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you are a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that is told to us, in writing, or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- ☐ On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others cannot get it.
- ☐ Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

When it is OK for us to use and share your PHI

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it is OK. Sometimes, we can use and share it **without** your OK:

☐ For your medical care

- To help doctors, hospitals, and others get you the care you need

☐ For payment, healthcare operations, and treatment

- To share information with the doctors, clinics, and others who bill us for your care
- When we say we will pay for healthcare or services before you get them (called prior authorization or preapproval)
- To find ways to make our programs better, as well as support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for

wellpoint.com/tn/medicaid

payment, healthcare operations, and treatment. If you do not want this, please visit **wellpoint.com/privacy** for more information.

☐ For healthcare business reasons

- To help with audits, fraud, and abuse prevention programs, planning, and evervdav work
- To find ways to make our programs better

☐ For public health reasons

- To help public health officials keep people from getting sick or hurt

☐ With others who help with or pay for your care

- With your family or a person you choose who helps with or pays for your healthcare, if you tell us it is OK
- With someone who helps with or pays for your healthcare, if you cannot speak for yourself and it is best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We cannot take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

U	ther ways we can — or the law says we have to — use your PHI:
	To help the police and other people who make sure others follow laws
	To report abuse and neglect

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To give information to	health oversion	ght agencies	for things such	as audits or e	exams

To help coroners, medical examiners, or funeral directors find out your name
and cause of death

To help	when you	ı asked to	give your	body	parts to	science

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Yo	ur rights
	You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We do not have your whole medical record, though. If you want a copy of your whole medical record, ask your doctor or health clinic.

You can ask us to change the medical record we have for you if you think
something is wrong or missing. We will have 60 days to send it to you. If we
need more time, we have to let you know.

Sometimes, you can ask us not to share your PHI. But we do not have to agree to
your request.

You can ask us to send PHI to a different address than the one we have for you
or in some other way. We can do this if sending it to the address we have for you
may put you in danger.

- ☐ You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This will not list the times we shared it because of healthcare, payment, everyday healthcare business, or some other reasons we did not list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- ☐ If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What we have to do

- ☐ The law says we must keep your PHI private except as we said in this notice.
- ☐ We must tell you what the law says we have to do about privacy.
- ☐ We must do what we say we will do in this notice.
- Use must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, such as if you are in danger.
- ☐ We must tell you if we have to share your PHI after you asked us not to.
- ☐ If state laws say we have to do more than what we said here, we will follow those laws.
- ☐ We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and vendors, may call or text you using an automatic telephone dialing system and an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we will not contact you in this way anymore. Or you may call 844-203-3796 to add your phone number to our Do Not Call list.

What to do if you have questions

If you have questions about our privacy rules or want to use your rights, please call Member Services at **833-731-2153 (TRS 711)**.

What to do if you have a complaint

We are here to help. If you feel your PHI has not been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

You may write to or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Ste. 16T70
61 Forsyth St. SW
Atlanta, GA 30303-8909
Phone: 800-368-1019

TDD: 800-537-7697 Fax: 404-562-7881 We have the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we will tell you about the changes in a letter. We also will post them on the web at **wellpoint.com/privacy**.

Race, ethnicity, and language

We use this information to:

We receive race, ethnicity, and language information about you from the state Medicaid agency. We protect this information as described in this notice.

	Make sure you get the care you need. Create programs to improve health outcomes. Develop and send health education information. Let doctors know about your language needs. Provide translator services.
W	e do not use this information to:
	Issue health insurance. Decide how much to charge for services. Determine benefits. Disclose to unapproved users.
W no	eur personal information e may ask for, use, and share personal information (PI) as we talked about in this otice. Your PI is not public and tells us who you are. It is often taken for insurance asons.
	We may use your PI to make decisions about your:
	Health.Habits.Hobbies.
	We may get PI about you from other people or groups such as:
	Doctors.Hospitals.Other insurance companies.
	We may share PI with people or groups outside of our company without your OK in
	some cases. We will let you know before we do anything where we have to give you a chance to say no.
	We will tell you how to let us know if you do not want us to use or share your PI.
	You have the right to see and change your PI. We make sure your PI is kept safe.

This information is available for free in other languages. Please contact Member Services at 833-731-2153 (TRS 711) Monday through Friday from 7 a.m. to 5:30 p.m.

Revised March 2021.

Central time.