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## Notice of Privacy Practices

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.

This Notice is effective June 16, 2022.

### WHO WE ARE

This Notice describes the privacy practices of Security Health Plan of Wisconsin, Inc. (“we”, “our” or “us”). Security Health Plan of Wisconsin, Inc., Marshfield Clinic Health System, Inc., Marshfield Clinic, Inc., MCHS Hospitals, Inc., Family Health Center of Marshfield, Inc., Lakeview Medical Center, Inc., of Rice Lake, Memorial Hospital, Inc., of Neillsville, Wisconsin, Beaver Dam Community Hospitals, Inc., and Dickinson County Healthcare System are legally separate entities. Together, these legally separate entities have formed an Organized Health Care Arrangement, or “OHCA,” which allows them to manage care in an efficient and patient-friendly manner. We provide health benefits to you under the terms of a health insurance policy or under other health benefit programs such as BadgerCare Plus/Medicaid or a Medicare Advantage plan. Federal law requires us to provide this Notice to you.

Security Administrative Services, LLC is a wholly-owned subsidiary of Security Health Plan and is hereby included in this Notice of Privacy Practices.

### OUR PRIVACY OBLIGATIONS

Your privacy is important to us and we take very seriously the confidentiality of medical records and other personal information. Security Health Plan employees protect access to personal health information in any form (oral, written and electronic) and maintain the confidentiality of such information. In addition, we are required by federal and state law to protect the privacy of health information and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose your health information, we are required to follow the practices described in this Notice (or other notice in effect at the time of the use or disclosure).

We must follow either federal or state law, whichever is more protective of your privacy rights or provides you with greater rights of access to or amendment of your health information. For example, if federal law allows certain disclosures of your health information without your written authorization but state law requires your written authorization, we must follow state law.

We may change the privacy practices described in this Notice at any time. Changes would apply to all health information we maintain at the time of the change. If we make a material change to this Notice, we will send the new Notice to you (or information about the material change and how to obtain the revised Notice) in our next annual mailing if you are then covered by us. In addition, we will post any new notice on our website at [www.securityhealth.org/privacy](http://www.securityhealth.org/privacy). You also may obtain any new notice by contacting us as described at the end of this Notice.

## HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

In certain situations described in the section below entitled Limits on Our Use or Disclosure of Your Information, we must obtain your written authorization to use and/or disclose your health information. However we do not need such authorization to use and disclose your health information for the following purposes:

**Payment.** We may use and disclose your health information to obtain payment of premiums for your coverage and to determine and fulfill our responsibility to provide your health plan benefits – for example, to make coverage determinations such as whether a service is experimental, to administer claims, and to coordinate benefits with other coverage you may have. We may also disclose your health information to another health plan or a health care provider for its payment activities – for example, for the other health plan to determine your eligibility.

**Treatment.** We may disclose your health information to your health care provider for the provider's treatment of you. Treatment is the provision, coordination, or management of your health care and related services – for example, evaluating treatment options.

**Health Care Operations.** We may use and disclose your health information for our health care operations – for example, to provide customer service, to conduct quality assessment and improvement activities, or credentialing activities. We also may disclose your health information to another health plan or a health care provider that has or had a relationship with you so that it can conduct certain health care operations activities – for example, for the other health plan to perform case management. We may use your health information to train our staff and students.

**Plan Sponsors.** We may disclose to group health plan sponsors certain health information to the extent reasonably necessary for specific plan administration purposes.

**Marketing Communications.** We may use and disclose your health information for marketing purposes only with your authorization, except that no authorization is required to provide you with marketing materials in a face-to-face encounter or to provide a promotional gift of nominal value.

**Sale of Health Information.** We may sell your health information only with your authorization.

**Health-Related Benefits.** We may contact you to give you information about certain health-related benefits and services that may be of interest to you and that are included within your plan benefits. We may also contact you to recommend alternative treatments, health care providers, or care settings.

**Public Health Activities.** If required or allowed by law, we may disclose your health information to public health authorities to: (1) prevent or control disease, injury, or disability; (2) report child abuse or neglect; (3) report abuse of elderly individuals or adults at risk; (4) report to the U.S. Food and Drug Administration problems with products and reactions to medications; and (5) report disease or infection exposure.

**Health Oversight Activities.** We may disclose your health information to an insurance regulatory authority and other government agencies legally responsible for oversight of the health care system or ensuring compliance with the rules of government benefit programs. This disclosure may include health information related to beneficiary eligibility or other regulatory programs, such as civil right laws.

**Judicial and Administrative Proceedings.** We may disclose your health information in a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Officials.** We may disclose your health information to the police or other law enforcement officials as required or allowed by law, to comply with an appropriate administrative or court order, or to protect us against fraud or other illegal activity.

**To Avert a Serious Threat to Health or Safety.** We may disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of an individual or the general public.

**Specialized Government Functions.** We may disclose your health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

**Workers' Compensation.** We may disclose your health information as necessary to comply with Workers' Compensation or similar laws.

**Coroners, Medical Examiners, and Funeral Directors.** We may release health information to a coroner, medical examiner, or funeral director as permitted by law to carry out their duties.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement, we may disclose information for certain purposes. For example, we may disclose information necessary to provide you with health care.

**Research.** There are situations when researchers and research staff may use or disclose your health information for research purposes without your authorization. Researchers may conduct research that simply involves reviewing your health information and that of others with similar conditions or diseases. In such situations, researchers will not contact you for your authorization, but must obtain permission from the Institutional Review Board that is set up to protect the welfare and privacy of research participants as required by law.

Researchers may also review your health information to see if there are enough persons with a specific disease or condition to conduct a study or to see if you would be a good candidate for a study.

**Business Associates.** We may disclose your health information to persons or organizations that perform a service for us or on our behalf that requires the use or disclosure of health information. Such persons or organizations are our business associates. For example, we may disclose your health information to the pharmacy benefits management company that processes our prescription drug claims.

**To Comply With the Law.** We may disclose your health information when required by any other law not already referred to in this Notice.

**Individuals Involved in Your Care or Payment for Your Care.** In certain limited situations, we may disclose health information to people such as your family members, relatives, or close friends that you identify as being involved in your care or payment for your care. The information disclosed would be limited to information we believe is directly relevant to their involvement and only to the extent we determine it would be in your best interest. In most circumstances, you must be given a chance to object to such a disclosure. We may disclose applicable health information to family members and others who were involved in a decedent's care or payment for care prior to the member's death, unless doing so is contrary to the decedent's prior expressed preference made known to us. Limited health information may also be disclosed to organizations involved in disaster relief efforts.

## LIMITS ON OUR USE OR DISCLOSURE OF YOUR INFORMATION

**Disclosures with an Authorization.** We may use or disclose your health information for purposes other than those described above only when you give us your permission on the Security Health Plan authorization form. This means we may not be able to share certain information with your spouse, parent, or child without an authorization signed by you. To give us permission to disclose your health information to a family member, agent or other person, contact Security Health Plan Customer Service to request a HIPAA Authorization to Use and Disclose Protected Health Information form. You may revoke an authorization unless we have relied on it or the state law gives us the right to contest a claim or the policy itself and the authorization was obtained as a condition of obtaining insurance coverage. The revocation must be in writing and sent to us.

**Uses and Disclosures of Your Highly Confidential Information.** State laws require special privacy protections for certain highly confidential information about you. This highly confidential information may include a subset of your health information (1) maintained in psychotherapy notes, (2) about mental illness or developmental disabilities, (3) about alcohol and drug abuse prevention, treatment and referral, (4) about HIV/AIDS testing, (5) about reproductive health, or (6) about child abuse and neglect. These laws may restrict our uses and disclosures beyond the general limitations described in this Notice. Except for certain purposes described in this Notice, we will generally obtain your written authorization for uses or disclosures of highly confidential information. The only exception to this is if we are allowed by law to disclose your highly confidential information for

certain purposes without your written authorization. In addition, we may not use genetic information for underwriting purposes.

Federal laws have restrictive requirements for health information regarding treatment of substance use disorders. In order for us to disclose your substance use disorder health information for a purpose other than those permitted by law, we must have your authorization. The only exception to disclosure of such information, without your authorization, is in limited circumstances as regulated by federal law. For instance, in the case of your medical emergency, we may disclose your member identifying information without your prior consent.

## YOUR INDIVIDUAL RIGHTS

**Right to Request Additional Restrictions.** You may ask for restrictions on uses and disclosures of your health information: (1) for treatment, payment and health care operations; (2) to family or friends involved in your care or payment for care; or (3) for disaster relief efforts. While we will consider all requests for additional restrictions, we are not required to agree to your request. To ask for a restriction, you must obtain a HIPAA Authorization to Use and Disclose Protected Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. We will send you a written response.

**Right to Request Confidential Communications.** We will accommodate a reasonable request to receive communications of your health information from us by alternative means of communication or at alternative locations if the request clearly states that disclosure of that information could endanger you. For example, you may request that we send materials to a P.O. Box instead of a street address. To make a request, you must obtain a Request for Confidential Communications form from Security Health Plan Customer Service and submit the completed form to us.

**Right to Inspect and Copy Your Health Information.** You may have access to our records that contain your health information and are used to make decisions about your benefits. Under limited circumstances, we may deny you access to a portion of your records, such as mental health records or information gathered for a judicial proceeding. To request access, you must obtain an Access Request for Protected Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. There may be charges, such as copying and mailing costs, and costs of preparing an explanation or summary, if applicable. You should note that, if you are a parent or legal guardian of a minor (child under age 18), certain portions of the minor's health information may not be accessible to you (for example, records related to substance abuse treatment, HIV test results, or if the minor is emancipated).

**Right to Request Amendment of Your Records.** You have the right to request that we amend your health information maintained in our records. To request amendment, you must obtain a Request for Amendment of Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. All requests for amendment must be in writing. We may deny your request if certain circumstances

apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

**Right to Accounting of Disclosures.** You may ask for a list of certain disclosures of your health information made by us, if any. This list will not include disclosures made to you, for treatment, payment, and health care operations, or for certain other purposes. To request such a list, you must obtain an Accounting Request for Disclosures of Individually Identifiable Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. Your request must state a time period that may not be longer than the six years preceding your request. If you request a list more than once during any 12 month period, we will charge you a reasonable fee for the additional requests.

**Right to Notification of a Breach.** We will notify you if there is a breach of your health information. We will notify you within 60 days of our discovery of the incident if we breach your unsecured protected health information.

**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.

**Right to a Paper Copy of This Notice.** You may ask for a paper copy of this Notice, even if you previously agreed to receive it electronically. You may also access this Notice on our website at [www.securityhealth.org](http://www.securityhealth.org).

## COMPLAINTS

If you are concerned that we have violated your privacy rights, you may contact our Privacy Hotline by calling our toll-free number shown below. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

## QUESTIONS

If you have any questions or would like additional information about your rights or the information in this Notice, you may contact Customer Service as shown below.

### Security Health Plan

1515 North Saint Joseph Avenue

P.O. Box 8000

Marshfield, WI 54449-8000

1-866-339-0289 (TTY 711) - Privacy Hotline

1-800-472-2363 (TTY 711) - Customer Service Center

Fax 715-221-9500



# Notice of Nondiscrimination

## Discrimination is against the law

Security Health Plan of Wisconsin, Inc., complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, disability, age, sex, gender identity, sexual orientation, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Security Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-800-472-2363 (TTY: 711). If you believe that Security Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, religion, disability, age, sex, gender identity, sexual orientation, health status, marital status, arrest or conviction record or military participation, you can file a grievance with:

## Security Health Plan

Attn: Grievances

1515 North Saint Joseph Avenue  
Marshfield, WI 54449-8000

Phone: 715-221-9596 (TTY: 711) Fax: 715-221-9424 Email: [shp.appeals.grievance@securityhealth.org](mailto:shp.appeals.grievance@securityhealth.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Security Health Plan can help you. 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

200 Independence Avenue SW.  
Room 509F, HHH Building  
Washington, DC 20201

Phone: 1-800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Language Assistance Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY: 711).

## Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (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 1-800-472-2363 (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 1-800-472-2363 (TTY: 711)。

## Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-472-2363 (TTY: 711).

### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-274-008-1 (رقم هاتف الصم والبكم: 117).

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-472-2363 (телетайп: 711).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-472-2363 (TTY: 711) 번으로 전화해 주십시오.

### 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 1-800-472-2363 (TTY: 711).

### Deutsch (Pennsylvania Dutch)

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: 1-800-472-2363 (TTY: 711).

### ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-472-2363 (TTY: 711).

### Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-472-2363 (ATS : 711).

### Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-472-2363 (TTY: 711).

### हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-472-2363 (TTY: 711) पर कॉल करें।

### Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-472-2363 (TTY: 711).

### Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-472-2363 (TTY: 711).

### Oroomiffa (Oromo/Somalia)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-472-2363 (TTY: 711).

**Large print – If you require materials in large print, please call 1-800-472-2363 (TTY: 711).**