



Health Insurance Risk-Sharing Plan

1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961
(800) 828-4777 or (608) 221-4551

Health Insurance Risk-Sharing Plan 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 DOES NOT AFFECT YOUR BENEFITS OR ELIGIBILITY

Effective Date: April 14, 2003

PRIVACY RESPONSIBILITY

Health Insurance Risk-Sharing Plan (HIRSP) is committed to protecting the privacy of your medical information. Your privacy is already protected under Wisconsin law. Federal law also requires health plans, such as HIRSP, to protect your medical information and to let you know how your medical information may be used and released to others. This notice tells you what HIRSP may do with your medical information and what your privacy rights are under the law. Medical information described in this notice may include information about you that appears on enrollment, claims, or other records used to make decisions about your health care services.

HIRSP Privacy responsibilities include:

- Protecting the privacy of any medical information created or received about you by HIRSP.
- Sending you this notice describing HIRSP's medical information privacy policies and the legal reason for those policies.
- Using or sharing medical information only as described in this notice.
- Sending you a new notice, if HIRSP privacy policies change.

WHEN YOUR MEDICAL INFORMATION MAY NOT BE USED

HIRSP will not use or disclose your medical information for any reason other than those described on page two of this notice, without your written permission. You may stop your permission at any time by sending a completed request form to the address listed in the "To Use Your Rights" section of this document. If you withdraw your permission HIRSP will not be able to use or send out health information already approved by you for those purposes covered by your written authorization. If you stop permission, HIRSP will not be able to take back any disclosures already given out. When an emergency happens, information may be released without your permission if medically it is in your best interest. You will be told as soon as possible after the information is released.

For more information about HIRSP, visit our Web site at www.hirsp.org

HOW YOUR MEDICAL INFORMATION IS USED OR DISCLOSED WITHOUT WRITTEN PERMISSION

Your medical information may be used or released by HIRSP for the purpose of providing treatment to you, obtaining payment for services, for administrative and operational purposes, and to evaluate the services you receive. Some services are provided through contracts with other state agencies or private companies. Some or all of your information may be released without written permission to the other agency or company so they can do the job we have asked them to do. The other agency or company is required to keep your information confidential.

Not all types of use and releases are listed in this notice. Listed below are some common examples of permitted use and releases.

Treatment – Medical information may be used or released to make sure that needed medical treatment and service is received. For example, your medical information may be given to a pharmacist when you need a prescription filled.

Payment – Your medical information may be used or released to others to bill and collect payment for the treatment and services you received. Medical information may also be released to other government programs such as Worker’s Compensation or Medicare to manage your benefits and payments. For example, your doctor sends a claim form to HIRSP for payment. This claim form includes information identifying you, your diagnosis, and treatment.

Health Care Operations – Medical information may be used or released in order to carry out necessary benefit or service related activities. For example, these activities may include quality and cost improvement functions such as conducting or arranging for medical review, quality improvement studies, audit services, management, or general administration.

OTHER WAYS YOUR MEDICAL INFORMATION MAY BE USED OR RELEASED WITHOUT WRITTEN PERMISSION INCLUDE:

Informing You – Your information may be used in order to let you know about health and wellbeing services. This may include telling you about treatment alternatives or giving you information about health related benefits or service such as case or disease management programs.

Public Health – Information may be released to a public health authority or other appropriate government authority authorized by law to collect or receive information to help prevent or control disease, injury, disability, infection exposure, and child abuse or family violence. The authorities could include local, state or federal governmental agencies. For example, your medical information may be shared if you are exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease.

Health Oversight Activities – Information may be released to other government agencies to provide oversight of the health care system. Examples of this include licensing and inspecting of medical facilities, audits or other proceedings related to oversight of the health care system.

Coroners, Medical Examiners, or Funeral Directors – Your medical information may be released to a medical examiner, coroner, or funeral director as needed to carry out duties authorized by law. For example, this may be necessary to identify a deceased person.

For Organ Donations – If you are an organ donor, information may be released to the organization that finds or transplants organs for the purpose of an organ transplantation or donation.

Worker's Compensation – Your information may be released to comply with Worker's Compensation or similar laws.

Public Safety – Your information may be released to prevent or lessen a serious threat to your health or safety, to another person, or the general public.

Specialized Government Functions – Your information may be used or released to the government for specialized government functions. For example, your information may be disclosed to the appropriate military authorities if you are or have been a member of the U.S. armed forces.

Law Enforcement – Your information may be released to fulfill a requirement by law or law enforcement agencies. As an example, medical information may be used to identify or locate a missing person.

Court or Other Hearings – Your information may be released to comply with a court order.

Required by Law – HIRSP may release your information when required by law.

Research - Your information may be released for research projects that have been reviewed and approved by an independent review board or privacy board to ensure the continued privacy and protection of your information.

YOUR MEDICAL INFORMATION PRIVACY RIGHTS

You have the right to:

See or Copy Your Medical Information – To see or copy enrollment, claim, or other records used to make decisions about your health plan services, send in a completed request form to the address listed in the "To Use Your Rights" section of this document. HIRSP will not include information prepared for legal actions or proceedings. A fee may be charged to cover the processing cost of your request.

Correct Information You Believe to be Incorrect or Incomplete – To ask for a correction to enrollment, claim, or other records used to make decisions about your health plan services, send in a completed request form, to the address listed in the "To Use Your Rights" section of this document. Your request will be reviewed. If the change is not allowed, you will be told in writing why and how you can disagree.

Request a List of Who Was Given Your Information and Why – This list will not include information used for payment of your treatment, our health care operations, any information already provided on a previous list, national security, law enforcement/corrections, or certain health oversight activities. Information released to you will include the release date, the name of the person or organization, a brief description, and the reason for the disclosure. The list will not include dates before April 14, 2003, or go back more than six years. If you request a list, HIRSP will provide one list per year free of charge. There may be a charge for additional lists. To obtain such a list, send a completed request form to the address listed in the "To Use Your Rights" section of this document.

Request Restrictions on Using or Releasing Your Medical Information for Treatment, Payment or Health Care Operations – You have the right to request restrictions on how your information is used or disclosed. HIRSP is not required to agree to your requested restrictions. After sending a completed request form to the address listed below, your request will be evaluated. We will let you know if we can comply with the restriction or not.

Request That You Be Informed About Your Health in a Way Or At a Location That Will Help Keep Your Information Private – You have the right to request how and where HIRSP contacts you about your medical information. After sending a completed request form to the address listed in the “To Use Your Rights” section of this document, your request will be evaluated and HIRSP will let you know if it can be done.

Receive a Paper Copy of This Notice – If you received this notice on the HIRSP Web site or by electronic mail (e-mail), you have the right to ask for and receive a paper copy of this notice by calling HIRSP Customer Service at (800) 828-4777 or (608) 221-4551.

TO USE YOUR RIGHTS

To use any of these rights or to obtain a copy of the correct privacy request form for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information, contact HIRSP Customer Service at (800) 828-4777 or (608) 221-4551. Send your completed privacy request form to the HIRSP Privacy Officer at the Health Insurance Risk-Sharing Plan, P.O. Box 8961, Madison, WI 53708-8961.

CHANGES TO THIS NOTICE

This notice may be changed or amended at any time. The changes are effective for all medical information including what is on file. A new notice will be sent to you when policy changes are made. HIRSP will also post the new notice on the HIRSP Web site at www.hirsp.org. **Until a change happens, HIRSP will comply with the current version of this notice.**

FOR MORE INFORMATION

If you have questions about any part of this notice or would like additional information about our privacy practices, please write to the Health Insurance Risk-Sharing Plan, P.O. Box 8961, Madison, WI 53708-8961, or telephone (800) 828-4777 or (608) 221-4551.

COMPLAINTS

You will not lose benefits or eligibility or otherwise be retaliated against for filing a complaint. Please send written complaints about this notice, about how HIRSP handles your medical information, or if you believe your privacy rights have been violated to the HIRSP Privacy Officer at the Health Insurance Risk-Sharing Plan, P.O. Box 8961, Madison, WI 53708-8961. To obtain a complaint form, contact HIRSP Customer Service at (800) 828-4777 or (608) 221-4551.

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services by writing to the Privacy Officer, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave – Suite 240, Chicago, IL 60601. For additional information, call (312) 886-2359; (TDD)(312) 353-5693.

If you have no questions about this notice, you do not have to do anything. Remember this notice has no effect on your health care benefits or eligibility.