

NOTICE OF PRIVACY PRACTICES: Effective October 1, 2016

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.

The Upper Peninsula Health Plan (UPHP) is required by law to protect the privacy of your protected health information (PHI). We are also required to:

- Provide you with notice of our legal duties regarding your PHI
- Provide you with notice of our privacy practices regarding your PHI
- Comply with the terms of the notice that is currently in effect
- Notify individuals who are affected by a breach of unsecured PHI.

UPHP has the right to use and give out your PHI for:

- *Treatment:* We may give out medical facts about you to coordinate your health care. For example, we may tell your personal doctor about the care you got in an emergency room.
- *Payment:* We may use and give out medical facts about you so that the medical services you get can be billed and paid for. For example, we may ask a hospital emergency room for details about your care before we pay for it.
- *Business Operations:* We may need to use and give out medical facts about you in regard to our business operations. For example, we may use medical facts about you to review the quality of services you get.

UPHP may *share information* about you with your family, close friends or others involved in payment for your care, or share information about you in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, UPHP may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious imminent threat to health or safety.

UPHP is allowed or required to share your PHI in other ways-usually in ways that contribute to the public good, such as public health and research. UPHP may share your PHI for the following reasons:

- *To comply with the law:* UPHP will share information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- *To help with public health activities:* UPHP may share information in certain situations, including preventing disease.
- *To report suspected abuse, neglect or domestic violence;* UPHP may share information about suspected abuse to the appropriate agency.
- *For government health care oversight activities:* UPHP may share information for activities such as audits and investigations.
- *To respond to lawsuits and legal actions:* UPHP may share health information about you in response to a court or administrative order; or in response to a subpoena.
- *To do research:* UPHP may use or share your information for health research.

- *For organ and tissue donation and transplant reports:* UPHP may share information with organ procurement organizations.
- *In emergency situations:* UPHP may share information to prevent or reduce a serious threat to anyone's health or safety.
- *To address workers' compensation, law enforcement and other government request:* UPHP may share information for workers compensation claims, law enforcement purposes or with a law enforcement official, and other government functions such as military and national security.

UPHP may never share your PHI for the following reasons, unless you give us written permission to do so:

- *Marketing purposes*
- *Sale of your information*
- *Most uses and disclosures of psychotherapy notes*

If any state or federal privacy law requires us to provide you with more privacy protections, we are obligated to comply with that law in addition the requirements outlined in this notice.

Copies of This Notice

You have the right to get a copy of this notice at any time. Even if you agree to get it electronically, you still have a right to a paper copy of it. Please call or write to us to ask for a copy.

Changes to This Notice

We reserve the right to change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

You Have the Following Rights Regarding your PHI

Your Right to Inspect and Copy

You or your personal representative may request access to the PHI in your designated record set. The UPHP Privacy Officer must receive the request for access in writing. The requested information will be provided within 30 days of the request. A single 30 day extension is allowed if UPHP is unable to comply with the deadline. UPHP may charge a cost-based fee. We can deny your request, but we must give a written reason for our denial.

Your Right to Request Restrictions

You may ask UPHP to limit what we use or share. You may ask us not to use or share certain health information for treatment, payment, or operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request, unless the request is to restrict disclosure of your PHI to a health plan and the PHI pertains solely to a health care item or service for which you have already paid the medical provider in full. You or your personal representative must submit the request in writing and must include:

- What information you want to limit
- Whether you want to limit our use, disclosure or both

- To whom you want the limits to apply

Your Right to Amend

If you feel that the facts we have about you are wrong or incomplete, you can make a written request to us to fix it. Requests for an amendment to PHI in a designated record set should be made to the UPHP Privacy Officer. We may deny your request 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 amend information that:

- Was not created by us, unless the person or entity that created the information is no longer able to make the amendment
- Is not part of the health information kept by or for the Plan
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

We must give you a written reason for our denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures or your PHI.

Your Right to a List of Disclosures

You have a right to get a list of our disclosures of your facts, except when the disclosure was to you, you approved the disclosure, or if the disclosure was made for treatment, payment, or health care operations. We are not required to give you a list of disclosures made before April 14, 2003. You must submit your request in writing to the UPHP Privacy Officer. Your request must state a time period which may not be longer than six years. UPHP will provide one list within a 12 month period for free, but will charge a cost-based fee for additional lists requested within 12 months.

Your Right to a Notice of a Breach

You have the right to receive notification if your protected health information is breached. We will notify you of the breach as soon as possible, but no later than sixty (60) days after the breach has been discovered.

Your Right to Ask for Confidential Communications

You have the right to ask that we discuss your medical matters with you in a certain way or at a certain place. Your request must be in writing. For example, you can ask that we only contact you at home, at a certain address, or by mail. We will accommodate all reasonable requests.

Other Uses of Protected Health Information

Other uses and disclosures of your protected health information not covered by this Notice or allowed by law will only be made with your written permission. If you provide permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, UPHP will no longer use or disclose protected health information about you for the reasons covered by your written authorization. UPHP is unable to take back any disclosures we already made with your permission.

How to Use Your Rights in This Notice

If you want to use your rights in this notice, you may call or write to us. If your request to us must be in writing, we can help you to write it, if you wish.

Complaints and Communications to Us

If you want to exercise your rights under this notice, wish to tell us about privacy issues, or wish to file a privacy-related complaint, you can write to:

Chief Privacy Officer
Upper Peninsula Health Plan
853 West Washington Street
Marquette, MI 49855

You may also call us at 1-800-835-2556.

You will not be penalized if you file a complaint. You can view a copy of this notice on the UPHP website at www.uphp.com.

Complaints to the Federal Government

If you think that your privacy rights have been violated, you have the right to file a complaint with the federal government. You will not be penalized if you file a complaint. You may contact:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

NOTICE FOR FINANCIAL INFORMATION: Effective October 1, 2016

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

UPHP protects your “personal financial information”. Personal financial information (FI) means information about an enrollee or an applicant obtained to provide coverage. FI identifies an individual and is not generally publicly available.

Information we collect

Depending on the product you are enrolled in, UPHP may get FI about you from:
Applications or other forms, this may be name, address, age and social security number.
Your transactions with us or others; this may be premium payment data.

Disclosure of Information

We do not share personal financial information about our enrollees or former enrollees, except as required or permitted by law. For example, we may share FI to companies for business purposes, such as to process your transactions.

Confidentiality and Security

UPHP maintains physical, electronic and procedural safeguards in accordance with applicable state and federal standards to protect your information. Computer safeguards, secured files and buildings are in place to protect your information.

Questions about this Notice

You have a right to the privacy of your information. If you have any questions or need help understanding our privacy practices, call UPHP Customer Service at 1-800-835-2556. To submit a written request, mail to:

Upper Peninsula Health Plan
853 West Washington Street
Marquette, MI 49855

If you think your privacy rights have been violated, you may send a complaint to the address above. You may also notify the U.S. Department of Health and Human Services. If you have any questions about compliance, call UPHP Customer Service at the number listed above.