





encounter or a promotional gift of very small value, if we so choose we may communicate with you about products or services relating to your treatment, to coordinate or manage your care, or provide you with information about different treatments, providers or care settings.

• **Highly Confidential Information:** Federal and state law requires special privacy protections for certain “Highly Confidential Information” about you, including any part of your health information that is about:

- Child abuse and neglect
- Domestic abuse of an adult with a disability
- Mental illness or developmental disability treatment or services
- Alcohol or drug dependency diagnosis, treatment, or referral
- HIV/AIDS testing, diagnosis, or treatment
- Sexually transmitted disease
- Sexual assault
- Genetic testing
- In Vitro Fertilization (IVF)
- Information maintained in psychotherapy notes

Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

### **Your Rights Regarding Health Information We Maintain About You**

• **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI. A request to inspect your records may be made to your therapist or to the For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for copies of your PHI.

• **Right to Request Amendment:** If you believe that any health information we have about you is incorrect or incomplete, you have the right to ask us to change the information, for as long as Wellpoint Care Network maintains the information. To request an amendment to your health information, your request must be in writing, signed, and submitted to Wellpoint Care Network. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be maintained with your records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

• **Right to Request Restrictions on Use and Disclosure:** You have the right to request a restriction or limitation on certain uses and disclosures of your health information.

To request restrictions, you must make your request in writing to Wellpoint Care Network. In your request, you must tell us:

- What information you wish to limit
- Whether you wish to limit our use, disclosure, or both
- To whom you want the limits to apply – for example, if you want to prohibit disclosures for insurance payment, health care operations, for disaster relief purposes, to persons involved in your care, or to your spouse.

You or your personal representative must sign it.

*We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.*

• **Right to an Accounting of Disclosures:** With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. Your accounting request must be in writing and signed by you or your personal representative and submitted to Wellpoint Care Network. Your request must specify the time in which the disclosures were made. These disclosures may not go back further than six years from the date of the request.

• **Right to Request Alternate Communications:** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. *You must submit your request in writing to The Clinic at Wellpoint Care Network. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

• **Right to Receive a Copy of this Notice:** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

• **Right to Cancel Authorization to Use or Disclose:** Other uses and disclosures of your health information not covered by this Notice or the laws that govern us will be made only with your written authorization. You have the right to revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

**For further information:** If you have questions, or would like additional information, you may contact the HIPAA Compliance Officer at Wellpoint Care Network



## HIPAA Notice of Privacy Practices

**To File a Complaint:** You may submit any complaints with respect to violations of your privacy rights to Wellpoint Care Network. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. There will be no retaliation from Wellpoint Care Network for making a complaint.

**Changes to this Notice:** If we make a material change to this Notice, we will provide a revised Notice available at our reception desk or on our website.

**Contact Information:** Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the HIPAA Compliance Officer, Kim Bequest at 414-465-5132 or [kbequest@wellpointcare.org](mailto:kbequest@wellpointcare.org).

**Effective Date:** This Notice is effective as of June 1, 2018.