

WMI TPA
Privacy Notice for Self-Funded Plans
Effective January 1, 2014

This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully

A self-funded plan is required by law to maintain the privacy and security of your protected health information. The plan must follow the duties and privacy practices described in this notice and give you a copy of it. The plan will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your protected health information.

Protected health information. PHI is any health information maintained by the plan that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. This information includes both financial information, such as payment history, policy number and social security number, and health information, such as medical history, medical records and claims. Some of the sources from which this information is gathered are you, your application, transactions that you conduct with the plan, and health care providers.

Security. The plan maintains procedural, physical and electronic safeguards to protect PHI against loss, destruction or misuse. Access to PHI is restricted to only those employees of the plan and service providers who need this information to provide services to you. The plan will continue to abide by this policy even when a participant relationship no longer exists.

How the Plan Uses and Discloses Information. The plan has the right to use and disclose PHI for your treatment, to pay for your health care and to administer its normal business functions. For example, the plan may use or disclose your information:

- **For Treatment.** The plan may use or disclose your information to aid in your treatment or the coordination of your care.
- **For Payment.** The plan may use or disclose your information for billing, to determine your eligibility for coverage, and to process claims for health care services you receive, including for subrogation or coordination if you have other benefits.
- **For Health Care Operations.** The plan may use or disclose your information as necessary to operate and manage its business activities related to providing and managing your health care coverage. Such activities include, but are not limited to, claims administration, actuarial services and utilization management. The plan is not allowed to use or disclose genetic information for underwriting purposes or to determine the cost of the coverage.
- **To Business Associates.** The plan may disclose PHI to third parties that help administer business functions, as permitted by law. The types of third parties that information may be disclosed to include, but are not limited to, the claims administrator, your agent or agency, the pharmacy benefits manager, utilization manager, preferred provider organizations, persons that conduct actuarial services, a government agency or other organization pursuant to an audit of the plan's records, and claims investigators and medical consultants. The plan's business associates are required by federal law to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the plan's contract with them.

- **To the Plan Sponsor.** The plan may share summary information and enrollment and disenrollment information with the plan sponsor. The plan may also disclose PHI to designated and authorized members of the plan sponsor's workforce in order to perform their duties with respect to the plan. PHI will not be disclosed to facilitate employment-related actions or decisions.

The plan may also use or disclose PHI for the following purposes under limited circumstances:

- **As Required by Law.** The plan will share information about you if it is required by state or federal laws.
- **To Persons Involved With Your Care.** The plan may disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency situation, or when you agree to such disclosure or fail to object to such disclosure when given the opportunity. If you are unable to object, the plan will use its best judgment to decide if the disclosure is in your best interests. PHI regarding a spouse or dependent children will be disclosed to the enrolled employee (or the former enrolled employee) in the form of an explanation of benefits when a claim is processed.
- **To a Funeral Director or for Organ Procurement Purposes.** The plan may disclose PHI to a funeral director, a medical examiner or a coroner consistent with the law. The plan may use PHI from, or disclose PHI to, entities that handle procurement or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **For Public Health and Safety Issues.** The plan can share information in certain situations such as for reporting or preventing disease outbreaks, for reporting suspected abuse, neglect or domestic violence, or to prevent or reduce a serious threat to anyone's health or safety.
- **Workers' Compensation, Law Enforcement, and Other Government Requests.** The plan can use or share information about you as authorized by state workers' compensation laws, for law enforcement purposes or with a law enforcement official, for health oversight activities, such as fraud and abuse investigations, and for special government functions such as military and national security activities.
- **To Respond to Lawsuits and Legal Actions.** The plan can share information about you in response to a court or administrative order, or in response to a subpoena.
- **Additional Restrictions on Use and Disclosure.** Certain other laws may require special privacy protections that limit the use and disclosure of certain health information, including highly confidential information about you. If a use or disclosure of health information described in this notice is prohibited or materially limited by other laws that apply to the plan, it is the plan's intent to meet the requirements of the more stringent law.

Disclosures That Require an Authorization. The plan will not disclose your PHI unless a written authorization is first obtained from you in the following circumstances: using or disclosing psychotherapy notes, selling your health information to others, and for marketing purposes. You may revoke your authorization at any time in writing.

What Are Your Rights.

The following are your rights with respect to your health information.

- **Ask to Restrict Uses and Disclosures.** You can ask the plan to restrict uses and disclosures of your information for treatment, payment or health care operations. You also have the right to ask to restrict

disclosures to family members or to others who are involved in your health care or the payment of your health care. The plan will try to honor your request, however, the plan is not required to agree to such restrictions.

- **Get a Copy of Health and Claims Records.** You have the right to see or obtain a copy of certain health information maintained about you such as claims and case or medical management records. You can also request that a copy of your information be provided to a third party that you identify. You must make a written request for a copy of your information. The information will be provided within 30 days of your request. A reasonable fee may be charged for any copies.
- **Ask to Amend Records.** You have the right to ask to amend certain health information maintained about you if you believe the information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. If the plan says “no” to your request, the reason will be provided to you in writing within 60 days.
- **Request Confidential Communications.** You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, sending mail to a different address). Reasonable requests will be accommodated where a disclosure of all or part of your information could otherwise endanger you. In certain circumstances, verbal requests may be accepted to receive confidential communications, but you may also be required to confirm your request in writing.
- **Receive an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your information made during the 6 years prior to your request. This accounting will not include disclosures that were made: (i) for treatment, payment, or health care operations; (ii) to you or pursuant to your authorization; (iii) to law enforcement officials; and (iv) other disclosures for which federal law does not require an accounting to be provided.
- **Get a Copy of This Notice.** You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You may also obtain a copy of this notice on WMI TPA’s website at www.wmimutual/tpa.com.
- **File a Complaint.** If you believe that your privacy rights have been violated, you may file a written complaint with WMI TPA or with your plan administrator. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The complaint must describe the violation that occurred, and must be filed within 180 days of the known date of violation. You will not be retaliated against for filing a complaint.

Exercising Your Rights

- If you have any questions or concerns about this privacy notice, please contact WMI TPA’s Privacy Official at (801) 263-8000 x115 or (800) 748-5340 x115, or by email at tinat@wmimutual.com.
- To exercise any of your rights in writing, please send your inquiry to: WMI TPA, P.O. Box 572488, Salt Lake City, UT 84157, or to the plan administrator at the address shown in your summary plan description.

Revision of Privacy Notice. The plan has the right to change its privacy practices and the terms of this notice. The new notice will be available upon request, on WMI TPA’s website, and a copy will be provided to you in the next annual distribution mailing, or electronically, in accordance with applicable law.