

Notice of Health Data Privacy Practices

Effective date: September 23, 2013

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A. Introduction

The State of Minnesota, and other participating employers, sponsor a Plan and are required to by federal law to provide You this Notice of the Plan’s privacy practices and related legal duties and of Your rights in connection with the use and disclosure of Your protected health information (PHI). Carefully review this Notice to understand your individual rights and the ways that the Plan protects your privacy.

PHI is individually identifiable health information held or transmitted by a covered entity, including the Plan and its vendors, in any form or media, including electronic, paper and oral. Individually identifiable health information includes demographic data, that relates to an individual’s past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

While this Notice is in effect, the Plan must follow the privacy practice described. The Plan reserves the right to change its privacy practices and the terms of this Notice at any time, provided that applicable law permits such changes. The Plan also reserves the right to make such changes effective for all PHI that the Plan maintains, including information created or received before the changes were made.

B. Health Plans covered by this Notice

This Notice describes the privacy practices of the group health plans listed here and together these plans are collectively known as the “Plan.” Each of these plans is independent of one another. This Notice will apply to the extent that You participate in each separate plan. The State contracts with internal and external entities to perform the work of each of these plans. They may share PHI for the treatment, payment, and health care operations. Each entity is required to agree to additional terms and conditions to protect Your PHI.

Name of plan	Plan administrator	Claim administrator
The Minnesota Advantage Health Plan	SEGIP	BlueCross BlueShield of Minnesota, BlueCross BlueShield of Minnesota PPO HealthPartners, HealthPartners PPO PreferredOne pharmacy benefit claims through Navitus Health Solutions

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The Advantage Consumer Directed Health Plan	SEGIP	BlueCross BlueShield of Minnesota, BlueCross BlueShield of Minnesota PPO HealthPartners, HealthPartners PPO PreferredOne pharmacy benefit claims through Navitus Health Solutions
HealthPartners Dental Plan	SEGIP	HealthPartners and HealthPartners Freedom Plan
The State Dental Plan	SEGIP	Delta Dental
Flexible Benefits Accounts	SEGIP	121 Benefits
Wellness Program	SEGIP and StayWell	

c. Uses and Disclosures of Your Protected Health Information

To protect the privacy of Your PHI, the Plan not only guards the physical security of Your PHI, but also limits the way Your PHI is used or disclosed to others. The Plan may use or disclose Your PHI in certain permissible ways, including the uses and disclosures described below. To the extent required by federal privacy law, only the minimum amount of Your PHI necessary to perform these tasks will be used or disclosed. The following categories describe the different ways that the Plan uses and discloses your PHI. Not every use or disclosure within category is listed, but all uses and disclosures fall into one of the following categories.

1. **Your authorization.** Except as outlined below, The Plan will not use or disclose Your PHI unless You have signed a form authorizing the use or disclosure. You may give the Plan written authorization to use your PHI or to disclose it to anyone for any purpose. You have the right to revoke that authorization in writing and the Plan will stop using or disclosing Your PHI in accordance with that authorization except to the extent that the Plan has taken action in reliance upon the authorization.
2. **Payment.** The Plan may use and disclose PHI about You for payment purposes, such as determining Your eligibility for Plan benefits, the eligibility of Your dependents, facilitating payment for treatment and health care services You receive, determining benefit responsibility under The Plan, coordinating benefits with other Plans, determining medical necessity, and so forth. The Plan will also provide Your PHI to the extent necessary to provide required coverage for Your former spouse.
3. **Health care operations.** The Plan may use and disclose PHI about You for health care operations. These uses and disclosures are necessary to operate the Plan. This may include developing quality improvement programs, conducting pilot projects, developing new programs, as well as cost management purposes. The Plan will not sell your PHI. The Plan will not set Your premium or conduct underwriting for Your

coverage using Your PHI. Plan members are required to verify the eligibility of their dependents.

4. **Treatment.** The Plan may use or disclose PHI for treatment purposes. This includes helping providers coordinate your healthcare. For example, a doctor may contact The Plan to ensure You have coverage or, in an emergency situation, to learn who are Your other providers or to contact Your family members if You are unable to provide this information.
5. **Disclosures to the Plan Sponsor (Your Employer).** The State of Minnesota, or your participating employer, is The Plan Sponsor. The Plan may disclose Your PHI to them to the extent necessary to administer The Plan. These disclosures may be made only to the administrative units of the Employer, usually the benefits department or Your Human Resources department, and will be limited to the disclosures necessary for Plan administration purposes. Generally, this will include enrollment and billing information.
6. **Sponsored health plan programs.** Each of the benefits plans sponsored by Your Employer may disclose your PHI to another plan sponsored by Your Employer to the extent necessary to facilitate claims payment and certain health care operations of the other plans including the coordination of health care programs and the development of new programs.
7. **Communications about product, service and benefits.** The Plan may use and disclose PHI to tell You about or recommend possible treatment options or alternatives, or to tell You about health related products or services, including payment or coverage for such products or services, that may be of interest to You. The Plan may also use Your PHI to contact You with information about benefits under the Plan, including certain communications about Plan networks, health plan changes, and services or products specifically related to a health condition You may have. The Plan may contact You to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to You.
8. **Communications with individuals involved in Your treatment and/or Plan payment.** Although the Plan will generally communicate directly with You about Your claims and other Plan related matters that involve Your PHI there maybe instances when it is more appropriate to communicate about these matters with other individuals about Your health care or payment. This may include family, relatives, or close personal friends (or anyone else you may choose to designate).

With Your authorization the Plan may disclose to these persons PHI about You that is directly relevant to their involvement in these matters. The Plan may also make such disclosures to these persons if You are given the opportunity to object to the disclosures and do not do so, or if the Plan reasonably infers from the circumstances that You do not object to disclose to these persons. The Plan will not need Your written authorization to disclose Your PHI when, for example, You are attempting to resolve a claims dispute with the Plan and You orally inform the Plan that Your spouse will call

the Plan for additional discussion relevant to these matters. The Plan may also provide limited PHI to Your former spouse to the extent reasonably required to continue Your former spouse on Your Plan, including information related to cost, payment, benefits, and the coverage of any joint children.

The Plan may also use or disclose your name, location, and general condition (or death) to notify, or help to notify, persons involved in Your care about Your situation. If You are incapacitated or in an emergency, the Plan may disclose Your PHI to persons it reasonably believes to be involved in Your care (or payment) if it determines that the disclosure is in Your best interest.

9. **Research.** The Plan may use or disclose PHI for research purposes, provided that the researcher follows certain procedures to protect Your privacy. To the extent it is required by State law, The Plan will obtain Your consent for a disclosure for research purposes.
10. **De-Identified Data.** The Plan may create a collection of information that can no longer be traced back to You. This information does not contain individually identifying information.
11. **Other Uses and Disclosures.** The Plan may make certain other uses and disclosures of Your PHI without Your authorization:
 - a. The Plan may use or disclose Your PHI for any purpose required by law. For example, The Plan may be required by law to use or disclose Your PHI to respond to a court order.
 - b. The Plan may disclose Your PHI in the course of a judicial to administrative proceeding (for example, to respond to a subpoena or discovery request.)
 - c. The Plan may disclose Your PHI for public health activities, including reporting of disease, injury, birth and death, and for public health investigations.
 - d. The Plan may use or disclose Your PHI, including your general condition (death) to a public or private organization authorized to assist in disaster relief efforts.
 - e. The Plan may disclose Your PHI if authorized by a government oversight committee (such as a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
 - f. The Plan may disclose Your PHI to the appropriate authorities for law enforcement purposes.
 - g. The Plan may disclose Your PHI to coroners, medical examiners, funeral directors and/or organ procurement organizations, for certain limited purposes as consistent with law.

- h. The Plan may use or disclose Your PHI to avert a serious threat to health or safety.
- i. The Plan may use or disclose Your PHI if You are a member of the military as required by the armed force services, and The Plan may also disclose Your PHI for other specialized government functions such as national security or intelligence activities.
- j. The Plan may disclose Your PHI to workers' compensation agencies for Your workers' compensation benefit determination.

D. Your right regarding Your Protected Health Information

You have the following rights relating to Your PHI:

1. **Right to access.** You have the right to look at or get copies of Your PHI maintained by the Plan that may be used to make decisions about Your Plan eligibility and benefits, with limited exceptions. The Plan may require You to make this request in writing. If Your written request is denied, You will receive written reasons for the denial and an explanation of any right to have the denial reviewed. You have a right to choose to receive a copy of all or of only portions of your PHI. The Plan may charge a fee for copying Your PHI for You but may waive that charge depending on Your circumstances. If you make a request in advance, the Plan will provide You with an estimate of the cost of copying the requested information.
2. **Right to request an amendment of Your PHI.** If You believe that there is a mistake or missing information in a record of Your PHI held by the Plan or one of its vendors, You may request in writing, that the record be corrected or supplemented. The Plan, or someone on its behalf, will respond usually within 60 days of receiving Your request. The Plan may deny the request if it is determined that the PHI is correct and complete, not created by the Plan or its vendors and/or not part of the Plan's or vendor's records, or not permitted to be disclosed. Any denial will include the reasons for denial and explain Your rights to have the request and denial, along with any statement in response that You provide, appended to Your PHI. If Your request for amendment is approved, the Plan or the vendor, will change the PHI and inform You of the change and inform others that need to know about the change.
3. **Right to request and receive an accounting of disclosures.** You have a right to receive a list of routine and non-routine disclosures that Plan has made of Your PHI. This right includes a list of when, to whom, for what purpose and what portion of your PHI has been released by the Plan and its vendors. This does not include a list of disclosures for treatment, payment, health care operations, and certain other purposes (such as disclosures made for national security purposes, to law enforcement officials or correctional facilities). You have a right to an accounting of disclosures for the six (6) years prior to your request. Your request for the accounting must be made in writing. You will normally receive a response to Your written disclosure for this accounting

within 60 days after your request is received. There will be no charge for up to one such list each year but there may be a charge for more frequent requests.

The Plan also has a duty to notify You if Your PHI is compromised due to a breach. A breach is an inappropriate or unauthorized use or disclosure of PHI that is not appropriately secured and encrypted.

4. **Right to request restrictions.** You have the right to request that the Plan restrict how it uses or discloses Your PHI. The Plan will consider Your request but generally is not legally bound to agree to the restriction. If the Plan does agree to Your restriction it must comply with the agreed to restriction, except for purposes of treating You in a medical emergency.
5. **Right to choose how the Plan contacts You.** You have the right to request that the Plan communicate with You about Your PHI by alternative means or to an alternative location. For example you may request that the Plan only contact you at designated address or phone number. The Plan will make a reasonable accommodation of Your request for confidential communication if You indicate that the disclosure of all or part of Your Phi could endanger You.
6. **Right to request a copy of this Notice in an alternative format.** You are entitled to receive a printed copy of this Notice at any time as well as a non-English translation. Contact the Plan using the information listed at the end of this Notice to obtain an alternative copy of this Notice.

E. Contact Information for questions

If You have questions about this Notice or would like more information about The Plan's privacy practices, please contact:

Privacy Officer
Minnesota Management & Budget / SEGIP
400 Centennial Office Building
658 Cedar Street
Saint Paul, Minnesota 55155 (651)

355-0100

segip.mmb@state.mn.us

F. Complaints

The Plan supports Your right to protect your PHI and will not retaliate in any way if You choose to file a complaint with either The Plan or with the U.S. Department of Health and Human Services. If You believe Your rights have been violated, You may file a complaint with The Plan or with the Secretary of the U.S. Department of Health and Human Services.

1. Privacy Officer
Minnesota Management & Budget SEGIP

400 Centennial Office Building
658 Cedar Street
Saint Paul, Minnesota 55155

(651) 355-0100
segip.mmb@state.mn.us

2. U.S. Department of Health and Human Services
Office of Civil Rights
233 North Michigan Avenue
Suite 240
Chicago, Illinois 60601

312-886-2359
www.hhs.gov/ocr/privacy/hipaa/complaints