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.

Why Are We Sending This Notice?

PrimeWest Health is required by law to maintain the privacy of your Health Information and follow our current Notice of Privacy Practices. We are committed to protecting the privacy of your Health Information. This notice explains your rights and our legal obligations regarding the privacy of your Health Information. We are required to do the following:

- We must protect the privacy of your Health Information, whether it is oral, written, or electronic
- We must notify you how we protect your Health Information
- We must explain how, when, and why we use or disclose your Health Information
- We must explain your rights related to your Health Information and how you may exercise them

What Is Health Information?

Health Information is information that individually identifies you and that relates to your past, present, or future physical or mental health, payment for health care services, or the provision of health care services. Health Information includes information we receive from you on applications and other forms, including demographic information such as your name, address, date of birth, age, and phone number. It also includes information that results from claims payments, prior authorizations and Service authorizations, referrals, and coverage determinations.

How Does PrimeWest Health Protect Your Personal Information?

PrimeWest Health permits access to your Health Information by our staff only to the extent they need that information to carry out their duties, administer your benefits, or to comply with legal or accreditation requirements. We maintain physical, electronic, and administrative safeguards designed to protect your Health Information and prevent unauthorized access. We will use reasonable safeguards to avoid sharing Health Information with those who do not need the information.

These safeguards include but are not limited to the following:

- Conversations about member Health Information are conducted in a private area or conference room
- All written Health Information that is not in use is locked in file cabinets
- Written or electronic Health Information that is no longer needed to perform job functions is destroyed or disposed of so that it cannot practically be read or reconstructed
- Employees receive training about protecting member Health Information

Effective Date of This Notice: 01/01/2021
Uses and Disclosures of Your Health Information

PrimeWest Health uses and discloses your Health Information only to the extent reasonably necessary to conduct or support treatment, payment, other health care operations, or as otherwise authorized by you or by law. We may use or disclose your Health Information as follows:

1. Uses and Disclosures for Treatment, Payment, Health Care Operations, or Other Uses
   PrimeWest Health may use your Health Information for the following purposes:

   **Treatment**
   - To assess your health, including through automated technologies
   - To help medical providers coordinate and manage your care
   - To provide you with preventive health, early detection, and disease and care management programs

   **Payment**
   - To pay medical providers who have provided services to you
   - To enable utilization management
   - To support eligibility or coverage determinations

   **Health Care Operations**
   - For non-treatment and non-payment activities that let us run our business or provide services. These include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.
   - To prevent fraud, waste, and abuse

   **Other Uses and Disclosures**
   - To share with you appointment reminders or tell you about treatment options or other health benefits and services that may be of interest to you

2. Uses and Disclosures Authorized by Law
   Under certain circumstances, we may be required or permitted to disclose your Health Information without obtaining consent or authorization from you. Examples of these disclosures include the following:
   - To public health authorities for tracking and controlling health care costs, certain diseases, injuries, and other health conditions
   - To a State or Federal health oversight agency for licensing, auditing, accrediting, and monitoring our health plan
   - To report victims of abuse, neglect, or domestic violence
   - For organ or tissue donation purposes
   - For judicial or administrative proceedings, for example, when responding to a court order
   - For law enforcement purposes, for example, when responding to a court order
   - To a coroner or medical examiner
   - To prevent a serious threat to health or safety to you, another person, or the public
   - To support specialized government functions regarding military personnel or inmates in correctional facilities
   - If needed for Workers’ Compensation
   - To a school as proof of immunization

   We may also make disclosures without your consent or authorization when required to do so by State or Federal law.

3. Uses and Disclosures that Require Authorization
   We are required to get a specific written authorization from you to use or disclose your Health Information for any purpose not described in this notice. This includes most uses and disclosures of psychotherapy notes, information for marketing purposes, and sales of your Health Information. To authorize this use or disclosure, write or call PrimeWest Health and ask for a PrimeWest Health Authorization to Use or Disclose Protected Health Information (PHI) form.

   If you give us an authorization to use or disclose your Health Information, you may revoke it at any time by notifying us in writing. To do so, write or call PrimeWest Health and ask for a PrimeWest Health Request to Revoke the Authorization to Use or Disclose Protected Health Information (PHI) form.

   Your permission will end when we receive the signed form or when we have acted on your request.
Your Individual Rights

1. Right to Access and Copy Your Health Information
You may access, inspect, and receive a copy of your Health Information contained in our records. You need to make your request in writing. To do so, write or call PrimeWest Health and ask for a PrimeWest Health Member Inspection form. We may charge a reasonable fee for copies. There are limited situations in which we may deny your request for access. In those situations, we will let you know why we cannot grant your request and how you may ask for a review of our denial. If you request a copy of Health Information we keep electronically, we will provide it in an electronic format upon your request.

2. Right to Request an Amendment of Your Health Information
You may request that we amend your Health Information. You need to make your request in writing and explain your reason for the amendment. To do so, write or call PrimeWest Health and ask for a PrimeWest Health Member Amendment Request form. Under limited circumstances, we may deny your request. If your request is denied, we will send the denial in writing within 60 days. This denial will include the reason and describe any steps you may take in response, including filing a statement of disagreement with us. You may also ask that any future disclosures of your Health Information include your requested amendment and our denial of your request.

3. Right to Request Restrictions on Uses and Disclosures of Your Health Information
You may request that we restrict our use or disclosure of your Health Information. You need to make your request in writing. To do so, write or call PrimeWest Health and ask for a PrimeWest Health Restriction on Uses or Disclosures form. We are not required to agree to your request for a restriction, except when the request pertains solely to a health care item or service for which you or a person on your behalf has paid out-of-pocket. However, if we do agree, we will follow the restriction except in an emergency where the information is needed for your treatment.

4. Right to Request Alternative Communications
You may request that we communicate with you about confidential matters by alternative means or at alternative locations. For example, you may request that we contact you at an address other than your home address. We will agree to all reasonable requests. We require that you clearly state that the disclosure of specific Health Information could endanger you. You need to make your request in writing. To do so, write or call PrimeWest Health and ask for a PrimeWest Health Request for Alternative Communication form.

5. Right to Request an Accounting of Disclosures of Health Information
You may request a listing of certain disclosures we have made of your Health Information with some exceptions. The exceptions are: (a) disclosures made for treatment, payment, or health care operations; (b) disclosures made before April 14, 2003; and (c) other disclosures as allowed by law. You need to make your request in writing. To do so, write or call PrimeWest Health and ask for a PrimeWest Health Request to Access Protected Health Information (PHI) Accounting of Disclosure form. You may ask for disclosures made up to six (6) years before the date of your request. We will provide you one (1) accounting in any 12-month period at no cost to you. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list.

6. Right to Receive a Copy of this Notice
You have the right to receive a paper copy of this Notice at any time. To exercise any of these rights, contact our Privacy Officer at the telephone number or address listed below. Our privacy notice is also available at www.primewest.org.

7. Right to Receive Breach Notification
You have the right to receive notification of an unauthorized release, access, use, or disclosure of your Health Information—a “breach.” Federal law defines which breaches require notification. All notifications will be sent in writing.
Complaints

If you are concerned that your privacy rights have been violated, you may file a complaint with PrimeWest Health. Contact the following:
  HIPAA Privacy Officer
  3905 Dakota St
  Alexandria, MN 56308
  Telephone: 1-866-431-0801
  The call is free.

You may also submit a written complaint to the U.S. Department of Health & Human Services Office for Civil Rights at:
  Centralized Case Management Operations
  U.S. Department of Health & Human Services
  200 Independence Avenue SW
  Room 509F HHH Bldg.
  Washington DC 20201

Or call the Customer Response Center: 1-877-696-6775

Or visit: www.hhs.gov/ocr/privacy/hipaa/complaints

We support your right to the privacy of your Health Information. We will not retaliate in any way if you file a complaint with us or with the U.S. Department of Health & Human Services Office for Civil Rights.

Changes to Our Privacy Practices

PrimeWest Health reserves the right to change the terms of this notice. If we materially change this notice, you will receive notification of that within 60 calendar days of the change through member mailings and on our website.

Questions?

You may call or write us at any time with questions about your privacy rights. We may charge a fee to fulfill some requests. We will let you know in advance if there will be a fee and the approximate amount. If you want more information about our privacy practices, have questions or concerns, or would like to exercise any of your rights, please contact our HIPAA Privacy Officer at:
  PrimeWest Health
  3905 Dakota St
  Alexandria, MN 56308
  Telephone: 1-866-431-0801
  TTY: 1-800-627-3529 or 711
  These calls are free.

MEMBER SERVICES
1-866-431-0801
The call is free.
Monday – Friday, 8 a.m. – 8 p.m.
Attention. If you need free help interpreting this document, call the above number.

1-866-431-0801 (toll free); TTY 1-800-627-3529 or 711

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Hubachiisa. Dokumentiiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kennname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 (toll free) or TTY 1-800-627-3529 or 711.

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 (toll free) or TTY 1-800-627-3529 or 711.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)
Contact the **OCR** directly to file a complaint:
Director
U.S. Department of Health and Human Services’ Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

**Minnesota Department of Human Rights (MDHR)**
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:
Minnesota Department of Human Rights
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

**Minnesota Department of Human Services (DHS)**
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.
DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

**PrimeWest Health Complaint Notice**

You have the right to file a complaint with PrimeWest Health if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Rebecca Fuller
Civil Rights Coordinator
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308
Toll Free: 1-866-431-0801
TTY: 1-800-627-3529 or 711
Fax: 1-320-762-8750
Email: rebecca.fuller@primewest.org

**American Indian Health Statement**

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.