



PO Box 1997, MS 6280
Milwaukee, WI 53201-1997
Toll-free: 1-800-482-8010
www.childrenscommunityhealthplan.org

CHILDREN'S COMMUNITY HEALTH PLAN NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about our members may be used and disclosed and how members can get access to this protected health information. Please review this notice carefully.

The Children's Community Health Plan is committed to protecting your personal privacy.

This notice, effective December 1, 2005, explains Children's Community Health Plan's privacy practices, legal responsibilities and your rights concerning your personal health information.

We reserve the right to change our privacy practices and the contents of this Notice of Privacy Practices, as allowed by law. When we make a significant change in our privacy practices, we will change this notice and send this notice to our members or post it on our website (<https://childrenscommunityhealthplan.org/>)

The term "personal health information" in this notice includes any personal information that is created or received by Children's Community Health Plan that relates to our customer's physical or mental health or condition, treatment or for payment of health care services received by our members.

PRIVACY OBLIGATIONS

The Children's Community Health Plan is required by law to:

- Ensure that personal health information is kept private
- Provide to you a Notice of Privacy Practices
- Follow the terms of this Notice of Privacy Practices

We may use and disclose your personal health information:

- To you, to someone who is involved in your patient care, or to a close friend or family member about your condition, your admission to a health care facility or death
- To the Secretary of the Department of Health and Human Services
- To public health agencies in the event of a serious health or safety threat
- To authorities regarding abuse, neglect, or domestic violence
- In response to a court order, search warrant or subpoena
- For law enforcement purposes
- For research purposes if the research study meets all privacy law requirements
- For specialized government functions such as the military, national security and intelligence activities
- To a coroner or medical examiner or funeral director
- For the procurement, banking or transplantation of organs, eyes or tissue



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- To comply with worker's compensation or similar laws
- To health oversight agencies for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and programs

We have the right to use and disclose your personal health information to pay for health care services and operate our business:

- To a doctor, a hospital or other health care provider which asks for your protected health information in order for you to receive health care;
- To pay claims for covered services provided to you by doctors, hospitals, or other health care providers;
- For the operations of the Children's Community Health Plan such as processing your enrollment, responding to your inquiries, addressing your requests for services, coordinating your care, resolving disputes and activities for conducting medical management, quality assurance, auditing and evaluation of health care professionals;
- To contact you with information about health-related benefits and services or treatment alternatives that may be of interest to you

Certain services may be provided to Children's Community Health Plan by other organizations known as "Business Associates". For example, your claim may be processed by a third party administrator so the claim can be paid. Your protected health information will be provided to the Business Associate so the claim can be paid. All Business Associates will be required by Children's Community Health Plan to sign an agreement to safeguard your protected health information.

All other uses or disclosures of your protected health information require your written authorization before the protected health information is used or disclosed. You may revoke your permission at any time by notifying us in writing. Any protected health information previously used or disclosed based on prior authorization cannot be revoked or reversed.

YOUR RIGHTS

The following are your rights with respect to your protected health information:

Inspect and Copy – You have the right to inspect and copy your protected health information. To perform an inspection or request a copy you must submit a request in writing to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices. You may be charged a reasonable fee for copies provided. In limited circumstances you may be denied the opportunity to inspect and copy your protected health information. Generally if you are denied access to your protected health information, you may request a review of the denial.



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Request Amendment – You have the right to request an opportunity to amend any protected health information that you feel is incorrect or incomplete. To request the opportunity to amend your protected health information you must send a request to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices. This request must contain the reason you feel the protected health information is incorrect or incomplete. Your request to amend your protected health information may be denied such as where the protected health information is:

- Accurate and complete
- Not created by Children's Community Health Plan
- Not included in the protected health information kept by or for Children's Community Health Plan
- Not protected health information you have the right to inspect

Request an Accounting of Disclosures – You have the right to obtain from Children's Community Health Plan a list of disclosures Children's Community Health Plan has made to others, except those disclosures necessary for health care treatment, payment, health care operations, disclosures made to you or other certain types of disclosures. To request an accounting of disclosures, you must submit your request in writing to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices. Your request must state a time period, which may not be longer than six years before the date of the request, and may not request any disclosures made before December 1, 2005. If you request a list of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these requests.

Request Restrictions – You have the right to request a restriction on the protected health information disclosed about you for treatment, payment or health care operations. Children's Community Health Plan is not required to agree to your request. To request restrictions, you must submit your request in writing to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices. You must include in your request:

- The information you wish to restrict
- Whether you wish to limit the use or disclosure of the protected health information, or both
- To whom you want the restriction to apply

Request Confidential Communications – You have the right to request that Children's Community Health Plan communicate with you about health matters in a certain way or in a certain location. To request confidential communications you must submit your request in writing to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices. Your request must indicate how and/or where you wish the confidential communication to occur. Children's Community Health Plan will make every attempt to accommodate all reasonable requests for confidential communications.

Covering you. Covering your kids.



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Paper Copy of the Notice of Privacy Practices – A customer of Children’s Community Health Plan may request a copy of this notice at any time. You may submit your request for a copy of this notice in writing to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices.

COMPLAINTS

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Children’s Community Health Plan Privacy Officer at the address listed below. Alternatively, you may complain to the Secretary of the United States Department of Health and Human Services. You will not be penalized or incur retaliation for filing a complaint.

PLAN ADMINISTRATION & PRIVACY OFFICER CONTACT INFORMATION

Plan Administrator

Executive Director
Children’s Community Health Plan
9000 W. Wisconsin Avenue
PO Box 1997
Milwaukee, WI 53201
(414) 266-6328

Privacy Officer

Director of Corporate Compliance
Children’s Community Health Plan
PO Box 1997
9000 W. Wisconsin Avenue
Milwaukee, WI 53201
(414) 266-2215