



## Notice of Privacy Practices

- Woodland Hills Employee Dental Plan
- Woodland Hills Flexible Spending Plan – Health Reimbursement Arrangement

***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.***

This notice describes the privacy practices of the following plans, together referred to as “the Plan” in this notice, unless otherwise specified:

### **Woodland Hills Employee Dental Plan**

Woodland Hills contracts with Delta Dental to administer Woodland Hills Dental Plan.

### **Woodland Hills Flexible Spending Plan – Health Reimbursement Arrangement**

Woodland Hills contracts with Superior USA to administer Woodland Hills Flexible Benefits Plan and Health Reimbursement Arrangement.

NOTE: this list may change from time to time.

To protect your privacy while we handle your health information, the Plan follows applicable laws, rules and procedures. We are required by law to provide you with this Notice of Privacy Practices (“Notice”). This Notice tells you about the ways in which the Plan (or any other entity which the Plan has determined may constitute a business associate) may use and disclose (share) health information about you. It also describes your rights to the health information we keep about you, and describes our obligations regarding the use and disclosure of your health information.

This Notice applies to all of the records of your care, coverage, and reimbursement that we maintain, whether made by the Plan’s staff or received from facilities where you have received health care services.

“Health information” means any information, whether oral, electronic or written, which is created or received by the Plan and is related to your health care or payment for the provision of medical services. We understand that health information about you and your health care is personal. We are committed to protecting health information about you.

### **Federal and State Laws**

Health information may be protected by both federal and state laws and regulations. The Plan is required to follow both sets of rules. Sometimes these rules are different. In those cases, the Plan must follow the rules that provide greater protection of health information and afford you greater rights. Where a state law is more stringent, we have listed that in this Notice.

### **Use and Disclosure of Your Health Information**

To provide you with high quality services, we will need to use and disclose your health information. When we use and disclose your health information, we follow the law and take steps to protect your information. We may use and disclose your health information as follows:

**Treatment:** We may disclose your personal health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it to aid in your treatment. We may also disclose your personal health information to these health care providers in our effort to provide you with preventative health, early detection and disease and case management programs.

### **Payment**

To administer your benefits, policy or contract, we must use and disclose your health information to determine:

- Eligibility;
- Claims payment;
- Utilization and management of your benefits;
- Medical necessity of your treatment;
- Coordination of your care, benefits and other services; and
- Responses to complaints, appeals and external review requests.

We may also use and disclose your health information to determine premium costs, underwriting, rates and cost-sharing amounts, provided that no genetic information may be used for underwriting purposes.

### **Health Care Operations**

To perform our functions, we may use and disclose your health information to provide programs and evaluations, such as:

- Health improvement or health care cost-reduction programs;
- Competence or qualification reviews of health care professionals;
- Fraud and abuse detection and compliance programs;
- Quality assessment and improvement activities;
- Performance measurement and outcome assessments, health claims analysis and health services outreach; and
- Case management, disease management and care coordination services.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes.

We arrange to provide some services through contracts with business associates. On occasion, we may disclose your health information to business associates acting on our behalf so they can perform the service that we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Additional applicable state law requirements: Minnesota law generally requires patient consent for disclosures of health information by the Plan's Minnesota entities for treatment, payment and health care operation purposes, unless the disclosure is to a related entity or consent is not possible due to a medical emergency.

How the Plan may share your health information with Woodland Hills (employer): The Plan may disclose your health information without your written authorization to Woodland Hills for plan administration purposes. Woodland Hills may need your health information to administer benefits under the Plan. Woodland Hills agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. There are limited classes of Woodland Hills employees (e.g. benefits, payroll, finance) who will have access to your health information for plan administrative functions.

The following are examples of how information may be shared between the Plan and Woodland Hills:

- The Plan may disclose "summary health information" to Woodland Hills, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, for which names and other identifying information have been removed.

- The Plan may disclose to Woodland Hills information on whether an individual is participating in the plan or has enrolled or dis-enrolled in an insurance option offered by the Plan.

In addition, you should know that Woodland Hills cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Woodland Hills from other sources - for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs, is not protected under HIPAA (it is protected under the applicable federal and state laws).

### **Service Reminders**

We may contact you to remind you to obtain preventative health services or to inform you of treatment alternatives and/or other health related benefits and services, which may be of interest to you.

### **Others Involved In Your Care**

In certain cases, certain billing information can be disclosed without authorization to a family member who calls on your behalf. The type of information we may disclose is claim status, amount paid and payment date. We will not however disclose medical information, such as diagnosis or the name of the provider.

### **Disaster Relief**

In the event of a declared disaster, we may disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts (e.g., the Red Cross).

### **Medical Research**

Disclosures may be made, subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project.

Additional applicable state law requirements: Minnesota law generally requires patient consent for disclosure of protected health information by the Plan's Minnesota entities to outside researchers for medical research purposes. The Plan's Minnesota entities will obtain such consent from their patients or refusal to participate in any research study, or will make a good faith effort to obtain such consent or refusal, before releasing any identifiable information to an outside researcher for research purposes.

### **To Avert a Serious Threat of Harm**

Under certain circumstances, and as permitted by applicable law, we may use and disclose health information about you, when necessary, to prevent a serious and imminent threat to the health and safety of you, another person or the general public.

### **Organ and Tissue Donation**

Disclosures may be made to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.

### **Military Authorities/National Security**

We may release protected health information to authorized federal officials for military, intelligence, counterintelligence or other national security activities authorized by law. Woodland Hills may also disclose protected health information to authorized federal officials so they may provide protection to the President or other authorized individuals.

Additional applicable state law requirements: Minnesota law generally requires patient consent for disclosures of protected health information by the Plan's Minnesota entities for military and national security purposes, unless the disclosure is specifically required by federal law.

### **Workers' Compensation**

If you are seeking workers' compensation for a work-related illness or injury, we may release health information related to your claim, as permitted or authorized by the state workers' compensation program.

### **Public Health Activities**

We may disclose health information about you for legally authorized or required public health activities. These may include such things as preventing or controlling disease; injury or disability.

### **Health Oversight Activities**

We may disclose health information to a health oversight agency for legally authorized activities, such as audits, investigations, inspections and licensure. Through these activities the government monitors the health care system, government programs, and compliance with applicable laws and regulations, including civil rights laws.

### **Law Enforcement Activities**

We may disclose your health information to the police or other law enforcement officials as required or permitted by law, including in response to a court order, subpoena, summons, warrant, or similar process. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals in accordance with state and federal requirements.

#### Additional applicable state law requirements

Minnesota law generally requires patient consent for disclosures of protected health information by the Plan's Minnesota entities for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any judicial or administrative proceeding as required or permitted by law, including in response to a court/administrative order, subpoena or similar process.

### **Coroner, Medical Examiners and Funeral Directors**

We may disclose health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death or as otherwise authorized by law. Plan also may release protected health information to a funeral director as necessary to carry out the funeral director's duties, including arrangements in reasonable anticipation of and after death.

#### Additional applicable state law requirements

Minnesota law generally requires the consent of a patient's authorized family or legal representative for disclosures of health information by the Plan's Minnesota entities to funeral directors.

### **Required By Other Laws**

We will use or disclose health information when required by other federal, state or local laws.

### **Information with Additional Protections**

Certain types of health information may have additional protection under federal or state law. For example, HIV/AIDS and genetic testing results have additional protections under certain state laws. Psychotherapy notes may carry additional protections as well. To the extent applicable, the Plan would need to obtain your written authorization before disclosing that information to others in many circumstances.

### **Uses & Disclosures with Your Authorization**

We may only use or disclose your health information with your written permission except as described in this Notice or specifically required or permitted by law. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If you give written permission, you have the right to withdraw your permission for future uses and disclosures by notifying

the Plan in writing. A form to revoke your permission is available from the Human Resources department. You can contact them by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org). Your permission will end upon receipt of and approval of the signed form.

### **Notification of a Breach of Your Information**

The Plan is required by law to maintain the privacy of your information and notify you following a breach of your unsecured protected health information.

### **Individual Rights**

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right:

#### **Right to Inspect and Copy**

You have the right to request in writing that you see and obtain a copy of the health information the Plan maintains about you. This may include medical and billing records maintained for a health care provider, enrollment, payment, claims adjudication, case or medical management record systems maintained by the Plan, or groups of records the Plan uses to make decisions about you. You have the right to request that the copy be provided in paper or in an electronic form or format (e.g., PDF saved onto a CD). If the form and format are not readily producible, we will work with you to provide it in a reasonable electronic form or format. We may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances (for example, we may deny access if your physician believes it will be harmful to your health or could cause a threat to others), you may be able to request that the denial be reviewed (the grounds for denial must be reviewable by law). If such a review is agreed upon, another licensed health care professional chosen by the Plan may review your request, and we will comply with the outcome of that review.

To make such a request, please contact the HR Department by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org)

Additional applicable state law requirements: Minnesota law requires a written and legally compliant consent for disclosures of health information to an individual themselves. Therefore, the proper form must be completed and received prior to such access being granted.

#### **Right to Request Alternate Methods of Communication**

You have the right to request, in writing, but without needing to state a reason, that confidential communications about you be made in an alternative manner (such as by phone or secure messaging) or at a certain location. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted in the future.

To make such a request, please contact the HR Department by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org)

#### **Right to Request Amendment**

If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to amend information. The request should state the reason for the amendment and specify the information to be amended. We will disclose any amendment we make to your health information to those to whom we previously disclosed information prior to amendment.

We may deny your request for an amendment if the request is not in writing or does not state a reason. We may also deny your request if the information to be amended was not created by the Plan (unless the creator of the information is no longer available to amend it), is no longer maintained by the Plan, is not part of the

information which you would be permitted to see and copy, or is accurate and complete. We will notify you in a timely manner of our response to your request for amendment. If we deny your request, you may submit a statement disagreeing with our denial, or you may direct that your request for amendment and our denial be included with any future disclosures of the information you requested to amend. If you submit a statement of disagreement, we may prepare and provide you with a copy of a written statement of rebuttal, and your statement of disagreement and our rebuttal will be included in subsequent disclosures of the information.

To make such a request, please contact the HR Department by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org)

### **Right to a List of Certain Disclosures**

You have the right to make a written request for a list of disclosures we have made of your health information, except for uses and disclosures for treatment, payment, and healthcare operations, as previously described, and those for which you have authorized disclosure. Your request must state a time period, which may not be longer than six years. The first list requested within a 12-month period shall be provided at no charge. For additional lists requested during the same 12-month period, the Plan may charge for the costs of providing the list.

To make such a request, please contact the HR Department by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org)

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or health care operations, or to assist others' involvement in your care. Your request must be in writing, state the restrictions that you are requesting, and state to whom the restrictions apply. The Plan is not legally required to accept your request. If we do agree to your restriction request, we will comply with your request unless the restricted information is needed to provide you with emergency treatment or we notify you that we are terminating our agreement to a restriction.

To make such a request, please contact the HR Department by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org)

### **Key Information about this Notice**

This Notice takes effect September 23, 2013. It will remain in effect until we replace it. We may change this Notice and make the new changes applicable for all health information we created or received before and after we made changes to our Notice. We will make any revised Notice available in hard copy and on our website. Also, you can request the revised Notice via the HR Service Center or by mail.

If you have any questions, or would like to discuss this Notice in more detail, please contact the HR Service Center

### **Complaints**

If you are concerned that your privacy rights may have been violated or you disagree with a decision we make about your health information, please contact the HR Department by phone at (218) 728-7500 ext. 152 or by email at [arose@woodlandhills.org](mailto:arose@woodlandhills.org). You may also contact the Woodland Hill's Compliance Officer at [complianceconcerns@woodlandhills.org](mailto:complianceconcerns@woodlandhills.org) or (218) 728-7500. Ext 333.

You may also send a written complaint to the United States Department of Health & Human Services - Office of Civil Rights. Our compliance Officer can provide you with information on how to file such a complaint.

Under no circumstances will we ever ask you to waive your rights under this Notice or retaliate against you in any manner for filing a complaint. The Plan reserves the right, however, to take necessary and appropriate action to maintain an environment that serves the best interests of its patients and providers.