

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.

Protecting Your Privacy

WELLCARE OF KENTUCKY NOTICE OF PRIVACY PRACTICES

Privacy Notice

Effective: 07/01/2021

For help to translate or understand this, please call **1-877-389-9457** (TTY: **711**). Interpreter services are provided at no cost to you.

Si necesita ayuda para traducir o comprender esta información, llame al **1-877-389-9457** (TTY: **711**). Los servicios de interpretación no tienen ningún costo para usted.

At **WellCare of Kentucky**, your privacy is important to us. We will do all we can to protect your health records. We only allow certain staff access to your information. We use passwords and firewalls to protect information on computers. We use locked file cabinets to protect paper documents. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It tells you when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to exercise those rights and who can see your health records. This notice does not apply to information that does not identify you.

Your health records includes any information about all of your health services while you are a member of **WellCare of Kentucky**. This includes healthcare we give you and payment for it while you are our member.

Please note: *You will also receive a Privacy Notice from Medicaid. It outlines their rules for your health records. Other health plans and healthcare providers may have other rules when they use or share your health records. We ask that you obtain a copy of their Privacy Notices and read them carefully.*

How We Use or Share Your Health Records

Here are ways we may use or share your health records:

- To help pay your medical bills given to us by healthcare providers;
- To help your healthcare providers give you the proper care. For example, if you are in the hospital, we may give them your records sent to us by your primary care provider (PCP);
- To help manage your healthcare. For example, we might talk to your PCP about a disease or wellness program that could help improve your health;
- To help resolve any appeals or grievances filed by you or a healthcare provider with **WellCare of Kentucky** or the State of Kentucky;
- To assist others who help us provide your health services. We will not share your records with these outside groups unless they agree to protect your records;

- For public health or disaster relief efforts;
- To remind you if you have a PCP visit coming up; and
- To give you information about other healthcare treatments and programs, such as how to stop smoking or lose weight.

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that oversee **WellCare of Kentucky**, such as the U.S. Department of Health and Human Services;
- For public health actions. For example, the U.S. Food & Drug Administration (FDA) may need to check or track medicines and medical device problems;
- To public health groups if we believe there is a serious public health or safety threat;
- To a health agency for certain activities. This might include audits, inspections, and licensure or enforcement actions;
- To a court or administrative agency;
- To law enforcement. For example, records may be used to identify or find someone who is a suspect, fugitive, material witness or missing person;
- To a government person about child abuse, neglect, or violence in your home;
- To a coroner or medical examiner to identify a dead person or help, find a cause of death. These may be needed by a funeral director to help them carry out their duties;
- For organ transplant purposes;
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the President and others;
- For job-related injuries due to your state's worker compensation laws;
- If one of the above reasons does not apply, we must obtain your written approval to use or share your health records with others. If you change your mind, you may retract your written approval at any time; and
- If sharing your health information is not allowed by or limited by a state law, we will obey the law that protects your health information best.

What Are Your Rights?

Listed below are your rights with regards to your health records. If you would like to exercise any of the these rights, please contact us. We can be reached at **1-877-389-9457** (TTY: **711**).

- You have the right to ask us to give your records only to certain people or groups and to say for what reasons. You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to follow your wishes, the law does not always make us do so;
- You have the right to ask to get confidential communications of your health records. For example, if you believe that you would be harmed if we send your records to your current mailing address, you

can ask us to send your health records by other means. Other means might be fax or an alternate address; and

- You have the right to view and get a copy of all the records we keep about you in your designated record set. This consists of anything we use to make decisions about your health. It includes enrollment, payment, claims processing and medical management records.

You do not have the right to get certain types of health records. We may decide not to give you the following:

- Information contained in psychotherapy notes;
- Information collected in reasonable anticipation of, or for use in a court case or another legal proceeding;
- Information subject to certain federal laws about biological products and clinical laboratories; and
- In certain situations, we may not let you get a copy of your health records. You will be informed in writing. You may have the right to have our action reviewed.

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change(s). We will write back to you no later than 60 days after we get your request. If we need additional time, we may take up to another 30 days. We will let you know of any delays and the date when we will get back to you.

If we make your changes, we will let you know they were made. We will also give your changes to others who have your health records. We will also give it to anyone you choose. If we decide not to make your changes, we will let you know why. You will have a right to send a letter if you disagree. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter be put with your health records for future disclosures. You have the right to receive an accounting of disclosures of your health records to others for six years, from January 1, 2011. By law, we do not have to give you a list of the items below:

- Health records given or used for treatment, payment and healthcare operations purposes;
- Health records given to you or others with your written approval;
- Information that is incidental to a use or disclosure otherwise permitted;
- Health records given to persons involved in your care or for other notification purposes;
- Health records used for national security or intelligence purposes;
- Health records given to prisons, police, FBI, and others who enforce laws or health oversight agencies;
or
- Health records given or used as part of a limited data set for research, public health, or healthcare operations purposes.

To receive a list of disclosures, your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. We will inform you of any delays

and the date we will get back to you. Your first list will be free. We will give you one free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee beforehand and give you a chance to take back your request.

Using Your Rights

You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.

If you have any questions about this notice or how we use or share your health records, please call us. We can be reached at **1-877-389-9457** (TTY: **711**). Our office is open from 7 a.m. to 7 p.m. Monday through Friday.

If you believe your privacy rights have been violated, you may write a letter of complaint to:

WellCare of Kentucky

Attn: Privacy Official
13551 Triton Park Blvd., Suite 1800
Louisville, KY 40223

If you believe your privacy rights have been violated, you may call, file a complaint online, or write a letter of complaint to:

Secretary of the U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: **1-800-368-1019** (TTY: **1-866-788-4989**)
www.hhs.gov/ocr/privacy/hipaa/complaints

Discrimination is Against the Law

WellCare of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare of Kentucky provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

WellCare of Kentucky also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call us toll-free at **1-877-389-9457** (TTY: **711**). We're here for your Monday–Friday from 7 a.m. to 7 p.m.

If you believe that WellCare of Kentucky has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

EEO/Civil Rights Compliance Branch
Cabinet for Health and Family Services
Office of Human Resource Management
275 E. Main St, Mail Stop 5C-D
Frankfort, KY 40621
Telephone: **1-502-564-7770**
Fax: **1-502-564-3129**
Email/Web: <https://chfs.ky.gov/Pages/civil-rights.aspx>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the EEO/Civil Rights Compliance Branch is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F
HHH Building
Washington, D.C. 20201
Telephone: **1-800-368-1019**, **1-800-537-7697** (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-389-9457** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-389-9457** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-389-9457** (TTY: **711**)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-389-9457** (TTY: **711**).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-389-9457** (TTY: **711**).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-389-9457** (TTY: **711**).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-389-9457** (TTY: **711**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-389-9457** (TTY: **711**)번으로 전화해 주십시오.

Opmierksamkeet: Wann du Deitsch (Pennsylvania German/Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff **1-877-389-9457** (TTY: **711**).

ध्यान दनिहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमित्तिभाषा सहायता सेवाहू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-877-389-9457** (TTY: **711**)।

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-877-389-9457** (TTY: **711**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-389-9457** (TTY: **711**).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-389-9457** (TTY: **711**).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-389-9457** (TTY: **711**).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-877-389-9457** (TTY: **711**).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-389-9457 (TTY: 711) まで、お電話にてご連絡ください。