

WellCare of Kentucky 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.

Effective 1/1/2026

For help to translate or understand this, please call **1-877-389-9457** (TTY: **711**).

Si necesita ayuda para traducir o comprender esta información, llame al **1-877-389-9457** (TTY: **711**).

Covered Entity's Duties:

WellCare of Kentucky is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). WellCare of Kentucky is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect, and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

WellCare of Kentucky reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have, as well as any of your PHI we receive in the future. WellCare of Kentucky will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written and Electronic PHI:

WellCare of Kentucky protects your PHI. We are also committed to keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** — We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** — We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.
- **Healthcare Operations** — We may use and disclose your PHI to perform our health care operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination.

In our health care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health care operations. This includes the following:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals
- Case management and care coordination
- Detecting or preventing health care fraud and abuse

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your health care needs.
- Know your language preference when seeing health care providers.
- Providing health care information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- **Group Health Plan/Plan Sponsor Disclosures** — We may disclose your PHI to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** — We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** — We may use or disclose your PHI for underwriting purposes, such as to decide about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.

- **Appointment Reminders/Treatment Alternatives** — We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** — If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** — We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety, or effectiveness of products or services under the jurisdiction of the FDA. This includes SUD records.
- **Victims of Abuse and Neglect** — We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect, or domestic violence.
- **Judicial and Administrative Proceedings** — We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.
- **Law Enforcement** — We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- **Substance Use Disorder Records (SUD)** — We will not use or disclose your SUD records in legal proceedings against you unless:
 - We receive your written consent, or
 - We receive a court order, you've been made aware of the request and been given a chance to be heard. The court order must include a subpoena or similar legal document requiring a response.
- **Coroners, Medical Examiners and Funeral Directors** — We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** — We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of cadaveric organs, eyes, and tissues.
- **Threats to Health and Safety** — We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** — If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, The Department of State for medical suitability determinations, the protection of the President, and other authorized persons as may be required by law.
- **Workers' Compensation** — We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

- **Emergency Situations** — We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** — If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** — Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** — We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** — We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** — We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment, or healthcare operation functions.

You have the right to revoke your authorization in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Individuals Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Request Restrictions** — You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations, as well as disclosures to people involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** — You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain what the reason is for your request, but you must state that the information could endanger you if the mean of communication or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.

- **Right to Access and Receive a Copy of your PHI** — You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you with a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** — You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** — You have the right to receive a list of instances within the last 6-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- **Right to File a Complaint** — If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling **1-800-368-1019**, (TTY: **1-800-537-7697**), or hhs.gov/hipaa/filing-a-complaint/index.html.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Notice** — You may request a copy of our Notice at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our web site or by electronic mail (email), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice: If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights, you can contact us in writing or by phone using the contact information listed below.

WellCare of Kentucky
 Attn: Privacy Official
 13551 Triton Park Blvd, Suite 1200
 Louisville, KY 40223
1-877-389-9457 (TTY: **711**)

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 (including pregnancy, sexual orientation, and gender identity). WellCare of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

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

Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please 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., Eastern Time.

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 (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator
PO Box 31384, Tampa, FL 33631
Telephone: **1-855-577-8234** TTY: **711**
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also 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/agencies/os/oig/dai/cb/Pages/default.aspx>**

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 **<https://www.hhs.gov/ocr/complaints/index.html>**. This notice is available at WellCare of Kentucky website: **<https://www.wellcareky.com/notice-of-non-discrimination.html>**.

If you speak English, language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call **1-877-389-9457** (TTY: **711**).

Si habla español, contamos con servicios de asistencia lingüística, servicios y dispositivos auxiliares, letra más grande, traducción oral y otros formatos alternativos, disponibles para usted de manera gratuita. Para obtenerlos, llame al **1-877-389-9457** (TTY: **711**).

如果您說中文，我們可以免費為您提供語言協助服務、輔助工具和服務、較大的字型、口譯服務，以及其他替代格式。若要取得這些服務，請致電 **1-877-389-9457** (TTY: **711**)。

Wenn Sie Deutsch sprechen, stehen Ihnen Sprachdienstleistungen, zusätzliche Unterstützung und Dienstleistungen, Texte in Großdruck, Verdolmetschung und andere alternative Formate kostenlos zur Verfügung. Wenden Sie sich hierfür an **1-877-389-9457** (TTY: **711**).

Nếu quý vị nói tiếng Việt, chúng tôi có cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ, dịch vụ và trợ giúp bổ trợ, cỡ chữ lớn, phiên dịch và các định dạng thay thế khác. Để nhận dịch vụ, vui lòng gọi **1-877-389-9457** (TTY: **711**).

إذا كنت تتكلم اللغة العربية، فتتوفر لك ومجاناً خدمات مساعدة لغوية ومساعدات وخدمات إضافية وتنسيقات بخط أكبر وترجمة شفوية وغيرها من التنسيقات البديلة. للحصول على ذلك، يرجى الاتصال على الرقم **1-877-389-9457** (TTY: **711**).

Si vous parlez français, des services d'assistance linguistique, des aides et des services auxiliares, une police plus grande, une traduction orale et d'autres formats sont disponibles gratuitement. Pour cela, veuillez appeler le **1-877-389-9457** (TTY : **711**).

한국어를 사용하는 경우 언어 지원 서비스, 보조 도구 및 서비스, 큰 글씨, 구두 번역 및 기타 대체 형식을 무료로 이용하실 수 있습니다. 이러한 서비스를 이용하려면 **1-877-389-9457**(TTY: **711**)번으로 전화해 주십시오.

Wann du Deutsch schwetzsch un hoscht Druwwel fer eppes verschtehe, kenne mer dich en latt differnti Sadde Hilf bei griege, so wie extri Aids un Services, gross Schreiwes, en deutscher Interpreter, un en latt anner Schtofft, unni as du ennich eppes bezaahle musscht defoor. Fer Hilf griege, call yuscht **1-877-389-9457** (TTY: **711**).

यदि तपाईं नेपाली बोल्नुहुन्छ भने तपाईंको भाषामा सहायता सेवा, सहायक उपकरण तथा सेवा, ठुला फन्ट, मौखिक अनुवाद र अन्य वैकल्पिक फर्म्याटहरू तपाईंलाई निःशुल्क उपलब्ध हुन्छन्। यो सुविधा प्राप्त गर्न कृपया **1-877-389-9457** (TTY: **711**) मा कल गर्नुहोस्।

Yoo Afaan Oromoo dubbattu ta'e, tajaajiloota deggarsa afaanii, tajaajilootaa fi gargaarsa , qubee gurguddaa, afaan hiikuu, akkasumas foormaatota gara biraa kaffaltii malee argachuu ni dandeessu. Kana argachuuf, maaloo **1-877-389-9457** (TTY: **711**) tti bilbilaa.

Если вы говорите на русском языке, вы можете бесплатно получить услуги языковой поддержки, вспомогательные средства и услуги, включая услуги устного перевода, а также материалы крупным шрифтом и в других альтернативных форматах. Для получения данных услуг позвоните по номеру **1-877-389-9457** (TTY: **711**).

Kung nagsasalita kayo ng Tagalog, may mga serbisyo ng tulong sa wika, mga karagdagang tulong at serbisyo, malalaking font, pasalitang pagsasalin, at iba pang alternatibong format na available para sa inyo nang libre. Para makuha ito, tumawag sa **1-877-389-9457** (TTY: **711**).

Nimba uvuga ikirundi, ubufasha bwo gusigurirwa mu rurimi wumva burahari, ubufasha ndetse nibikorwa vyinyongera, mu buryo busomeka, insobanuro y'amajambo, hamwe n'ubundi buryo busanzwe bukoreshwa birahari ku bwawe kandi ku buntu. Kugira uronke ubu bufasha, urasabwa kwakura kuri **1-877-389-9457** (TTY: **711**).

Ako govorite srpski, dostupne su vam usluge jezičke pomoći, pomagala i pomoćne usluge, tekst veće veličine, usmeno prevođenje i drugi alternativni formati, i to besplatno. Da biste dobili ove usluge, pozovite broj **1-877-389-9457** (TTY: **711**).

日本語では、言語支援サービス、補助支援およびサービス、大活字、通訳、その他の代替形式を無料でご利用いただけます。ご利用するには、**1-877-389-9457** (TTY: **711**) までお電話ください。