

Notice of Privacy Practices

For Your Personal Health and Your Personal Financial Information

EFFECTIVE 10/01/2013

The privacy of your personal health and your personal financial information is important to you and to CoOpportunity Health. This Notice of Privacy Practices (“Notice”) describes how CoOpportunity Health, and any third party that receives personal health or personal financial information from or for us, manages and protects your personal health and your personal financial information. CoOpportunity Health is required by law to maintain the privacy of your personal health and your personal financial information. We are required to provide you this Notice specifying our legal duties with respect to your personal health and your personal financial information and to abide by the terms of this Notice.

Does this Notice of Privacy Practices apply to you?

This Notice is for our insured health plans. This Notice applies to you if you are member or applicant of one of our insured health plans. If you are a member of a self-funded group health plan offered through your employer or another plan sponsor, the privacy practices of your group health plan should be provided to you by the group health plan administrator. Please check with your group health plan administrator for those privacy practices.

Changes to this Notice of Privacy Practices

We reserve the right to make changes in our privacy practices. We may do so, to the extent required or permitted by law, by changing the terms in this Notice. We may apply those changes, to the extent required or permitted by law, to all personal health and personal financial information we maintain. If we materially change this Notice and you are a member of our health plans, you will receive a new Notice within 60 days of the change. Our current Notice is always available on our website at www.coopportunityhealth.com/member.

Right to obtain a copy of this Notice of Privacy Practices

You may request a copy of this Notice by contacting CoOpportunity Health using the contact information at the end of this Notice. This Notice is also available on our website at www.coopportunityhealth.com/member.

Summary of how CoOpportunity Health protects your Personal Health and your Personal Financial Information

CoOpportunity Health permits access to your personal health and your personal financial information by our staff and others only to the extent they need that information to administer your health plan and benefits or to comply with legal or accreditation requirements. CoOpportunity Health maintains physical, electronic and administrative safeguards designed to protect your personal health and financial information and prevent its unauthorized access use or disclosure.

Health Information Privacy

THIS PART OF 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.

Summary

CoOpportunity Health may use and disclose your personal health information to help with your healthcare treatment, to pay for that treatment, to carry out healthcare operations, and in other ways permitted or required by law. We are otherwise required to get your permission before we may use or disclose your personal health information. You have several other rights related to the privacy of your personal health information. We describe your rights and our obligations further below.

What Is “Personal Health Information”?

“Personal health information” is information about you that relates to your past, present or future physical or mental health, payment for healthcare services, or the provision of healthcare services. Personal health information includes information we receive from you on applications, other forms and other communications. It includes your demographic information, such as your name, address and phone number, as well as your Social Security number, health plan identification number, date of birth, and health history. It also includes information that results from you doing business with us and the third parties we work with, such as transactions involving enrollment, claims payment, prior approvals, referrals and coverage determinations.

When CoOpportunity Health Must Use or Disclose Your Personal Health Information

We must use or disclose your personal health information to furnish that information to you or to your personal representative who has a legal right to act on your behalf. We must also use and disclose your personal health information to the U.S. Department of Health and Human Services as necessary to demonstrate that we are protecting the privacy of health information as required by law.

How CoOpportunity Health May Use and Disclose Your Personal Health Information

We may use and disclose your personal health information for treatment, payment and healthcare operations, and as otherwise required or permitted by you or by law. Examples of how we may use and disclose your personal health information include:

- **Treatment** – We may use or disclose your personal health information to aid in your treatment by a physician or other healthcare provider. This may include information sharing to coordinate care or to support preventive health, early detection, and disease and care management programs.
- **Payment** – We may use or disclose your personal health information to determine eligibility or coverage for benefits, pay claims for healthcare services provided to you, and conduct utilization management.
- **Healthcare Operations** – We may use or disclose

your personal health information in connection with healthcare operations. Healthcare operations include quality oversight and improvement activities, fraud/abuse prevention and compliance programs, health improvement and population health management.

Healthcare operations also include underwriting, enrollment, premium rating and other activities related to creation, renewal or replacement of health insurance coverage. We are prohibited from using or disclosing genetic information for underwriting purposes.

Sharing with Family, Friends, and Others Involved in Your Care or Payment for Care

We may use your personal health information with and disclose it to a family member, friend or other person you involve in your healthcare or payment for your healthcare services. We will use and disclose only the information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your healthcare in appropriate situations, such as a medical emergency or during disaster relief efforts.

Before we make these kinds of uses or disclosures, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether using or disclosing your personal health information is in your best interest under the circumstances.

Sharing with "Business Associates"

We may use your personal health information with and disclose it to third parties with whom we contract to perform functions or provide services for us or on our behalf. Our contracts with these "business associates" include assurances that require them to safeguard your personal health information. Examples of functions and services that these "business associates" may perform or provide include claims processing and administration, enrollment, premium payment administration, benefits management, utilization management, quality assurance, data analysis and processing, actuarial, accounting and legal.

Sharing with Employers and Other Group Health Plan Sponsors

We may disclose to an employer or other sponsor of a group health plan whether you are enrolled or disenrolled in that group health plan. We may disclose summary health information to an employer or other sponsor of a group health plan in which you participate for use in obtaining premium bids for the health insurance coverage offered by the group health plan or in determining whether to modify, amend or terminate the group health plan.

We may disclose personal health information of members in a group health plan to the employer or other sponsor of the group health plan to administer the group health plan. Before we may do so, the employer or other sponsor must amend the plan document for the group health plan to establish the limited uses and disclosures that may be made of members' personal health information.

When Your Permission Is Required for CoOpportunity Health to Use or Disclose Your Personal Health Information

We are required to obtain your written authorization to use or disclose your personal health information for purposes that do not involve treatment, payment or healthcare operations or that are not otherwise required or permitted by law. For example, we may need you to sign a written authorization before we may provide information to a life insurance company or a potential employer on your behalf.

If you give us your written authorization, the person or organization you authorize to receive your personal health information may not be obligated to protect it. You may revoke your authorization at any time in writing; however, you cannot revoke the authorization for instances in which we have already relied upon it.

The following uses and disclosures will be made only with your authorization: 1) use or disclosure of your personal health information for marketing; 2) sale of your personal health information; and 3) any other use and disclosure not described in the Health Information Privacy part of this Notice or otherwise required or permitted by law.

Uses and Disclosures Required or Permitted by Law

Health plans are regulated by law and their activities often relate to public health or public benefit activities. CoOpportunity Health may be required or permitted to use or disclose your personal health information without your authorization in the following situations:

- With public authorities for public health activities such as tracking and controlling healthcare costs, certain diseases, injuries and other health conditions; for health and health plan oversight functions, such as licensure, audits and fraud and abuse prevention and investigation; or for public benefit activities such as protecting public health and safety, preserving national security and protecting government officials, and supporting military and veterans affairs;
- For reporting victims of abuse, neglect or other crimes;
- In response to judicial, law enforcement or administrative governmental bodies, such as in response to search warrants, subpoenas or court orders or to report crime;
- With medical examiners or coroners and for organ donation purposes;
- For workers' compensation purposes;
- In support of research in accordance with required privacy protocols; and
- As required by law.

Uses and Disclosures about Plan Benefits or Services

We may use or disclose your personal health information to tell you about plan benefits, treatment alternatives, health and health plan-related products and services, and plan networks, and to send you reminders to obtain certain healthcare services.

Additional Restrictions on Use or Disclosure of Your Personal Health Information

State and federal laws may require special privacy protections that further restrict our use or disclosure of certain types of personal health information that may be particularly sensitive, such as information about substance abuse treatment, mental health treatment, genetic information, HIV/AIDS, sexually transmitted disease and reproductive health, and child or adult abuse or neglect. We will comply with these more restrictive laws as may be applicable to any portion of your personal health information.

Your Privacy Rights and How You Exercise Them

You have the following rights with respect to your personal health information. To exercise these rights, contact CoOpportunity Health using the contact information at the end of this Notice.

- **Right to Request Access to Your Personal Health Information**

You have the right to request review and get a copy of your personal health information that we maintain in designated record sets we use to make decisions about you. We may deny your request for certain limited reasons; if we do, you will have the right to have our denial reviewed. We may charge a fee for the costs of copying, mailing and other expenses related to fulfilling your request.

- **Right to Request an Amendment of Your Personal Health Information**

You have the right to request an amendment of your personal health information we maintain in designated record sets we use to make decisions about you. We are not required to agree to your requested change. If we do not agree, you may file a written statement of disagreement with our decision, which will become part of the personal health information we maintain about you.

- **Right to Request Restriction of Your Personal Health Information**

You have the right to ask us not to use or disclose your personal health information for certain purposes. However, we are not required to agree to your request, and even if we do, we may be required to provide information for purposes of emergency treatment.

- **Right to Request Confidential Communications**

You have the right to ask us to communicate with you about confidential matters, including your personal health information, by alternative means or at alternative locations, and we will abide by your request if we can.

- **Right to Request Accounting of Disclosures**

You have the right to request an accounting of instances during the six years preceding your request when we disclosed your personal health information for purposes other than treatment, payment or healthcare operations and certain other disclosures required or permitted by law. We are required to fulfill your request, subject to certain exceptions, without charge once within each 12 month period.

- **Right to Notice of Breach**

In the unlikely event of a breach in the security of your personal health information, we will notify you about the occurrence, what we are doing to mitigate harm and

prevent further occurrences, and steps you can take to avoid potential harm.

- **Right to Complain about Our Privacy Practices**

If you believe that CoOpportunity Health has violated your privacy rights, you may complain to us directly, using the contact information at the end of this Notice or to the Office for Civil Rights, United States Department of Health and Human Services, without fear of reprisal.

Contact Information

We encourage you to contact us if you have questions or concerns or want further information about this Notice, our Privacy Practices or your privacy rights.

Call Member Services at **1.888.324.2064**.

You may also call our Privacy Officer at **1.855.977.7161**.

Financial Information Privacy

THIS PART OF THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

Personal Financial Information We Collect

CoOpportunity Health collects personal financial information about you, such as your name, address, age, gender, and Social Security number, and your premium payment and claims history, from your application and your transactions with us.

What Is “Personal Financial Information”?

“Personal financial information” is information about you as a member or applicant for a CoOpportunity Health health plan that identifies you, is not generally publicly available, and is collected from you or obtained in connection with providing health insurance coverage to you. The personal financial information to which this Financial Information Privacy part of this Notice applies is separate and distinct from personal health information. Our privacy practices with respect to your personal health information are addressed above, in the Health Information Privacy part of this Notice.

How CoOpportunity Health May Disclose Your Personal Financial Information

We do not disclose your personal financial information to any third party except as required or permitted by law. Examples of permitted disclosures include sharing your personal financial information with third parties for business purposes, such as processing your transactions or maintaining your accounts and records, for performing services for us, or for responding to court orders, subpoenas, and legal investigations.

Contact Information About Our Privacy Practices

We encourage you to contact us if you have questions or concerns or want further information about this Notice, our Privacy Practices or your privacy rights. We encourage you to contact us if you have a complaint about our privacy practices or your privacy rights. We will not retaliate in any way for asking questions, requesting further information or filing a complaint.

You may contact us by phone, email or mail as follows:

Call Member Services at **1.888.324.2064**.

You may also contact our Privacy Officer at **1.855.977.7161**.

Email address: Privacy@coOpportunityhealth.com

Mailing address: Privacy Officer
CoOpportunity Health
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