

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.

This Notice of Privacy Practices describes how protected health information may be used or disclosed by your Group Health Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law. This notice also sets out our legal obligations concerning your protected health information, and describes your rights to access and control your protected health information.

This Notice of Privacy Practices has been drafted to be consistent with what is known as the "HIPAA Privacy Rule," and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on April 14, 2004.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information. We are obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to protected health information, and we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all protected health information that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for the contract holder for your member contract.

PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following is a description of how we are most likely to use and/or disclose your protected health information.

Payment and Health Care Operations

We have the right to use and disclose your protected health information for all activities that are included within the definitions of "payment" and "health care operations" as set out in 45 C.F.R. 164.501 (this provision is a part of the HIPAA Privacy Rule). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. 164.501 for a complete list.

Payment

We will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may disclose your protected health information when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.

Health Care Operations

We will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. For example, we may use or disclose your protected health information: 1) to provide you with information about one of our disease management programs; to respond to a customer service inquiry from you; or 3) in connection with fraud and abuse detection and compliance programs.

Business Associates

We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our Business Associates will receive, create, maintain, use, or disclose protected health information, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide service support, utilization management, subrogation, or pharmacy benefit management. Examples of our business associates would be our Third Party Administrator, Benefit Plan Administrators, Co, which will be handling many of the functions in connection with the operation of our Group Health Plan; the retail pharmacy; and the mail order pharmacy.

Plan Sponsor

We may disclose your protected health information to the plan sponsor of the Group Health Plan for purposes of plan administration or pursuant to an authorization request signed by you.

Others Involved in Your Health Care

With your approval, we may disclose to family members, close personal friends, or another person you identify, your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your personal health information without your approval. We may also disclose your personal health information to public or private entities to assist in disaster relief efforts.

POTENTIAL IMPACT OF STATE LAW

The HIPAA Privacy Regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections.” As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We are permitted or required by law to use or disclose your personal health information, without your authorization, in the following circumstances:

- ~~///~~ For any purpose required by law;
- ~~///~~ For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- ~~///~~ To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- ~~///~~ For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- ~~///~~ For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- ~~///~~ For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- ~~///~~ To coroners and funeral directors;
- ~~///~~ For procurement, banking or transplantation of organ, eye or tissue donations;
- ~~///~~ For certain research purposes;
- ~~///~~ To avert a serious threat to health or safety under certain circumstances;
- ~~///~~ For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- ~~///~~ For compliance with worker’s compensation programs.

Authorization

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

YOUR RIGHTS

Restrictions on Use and Disclosure of Your Personal Health Information.

You have the right to request restrictions on how we use or disclose your personal health information for payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: *Wieser Concrete Products, Inc. – ATT: Denise Pelzel-W3716 US Hwy 10 – Maiden Rock, WI 54750*. A form to request a restriction can be obtained from *Denise - Tel: 715-647-2311*. We are not required to agree to your request for a restriction. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Receiving Confidential Communication of Your Personal Health Information.

If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternate manner or at an alternate location. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to *Wieser Concrete Products, Inc. – W3716 US Hwy 10 – Maiden Rock, WI 54750*. Accordingly, as a condition of granting your request, you will be required to provide us information concerning how payment will be handled. For example, if you submit a claim for payment, state or federal law (or our own contractual obligations) may require that we disclose certain financial information to the plan participant (e.g., an EOB). *Unless* you have made other payment arrangements, the EOB (in which your PHI might be included) will be released to the plan sponsor. Prior to receiving the information necessary for this request, or during the time it takes to process it, PHI may be disclosed (such as through an EOB). Therefore, it is extremely important that you contact us at the number listed in the summary page of this Notice ***as soon as*** you determine that you need to restrict disclosures of your protected health information.

Access to Your Personal Health Information.

You have the right to inspect and/or obtain a copy of your personal health information we maintain in your designated record set, with a couple of exceptions. To request access to your information, you must send a written request to: *Wieser Concrete Products, Inc. – W3716 US Hwy 10 – Maiden Rock, WI 54750*. A form to request access to your personal health information can be obtained from the *Denise – Tel: 715-647-2311*. A fee will be charged for copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact us at the number provided in the Notice. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

Amendment of Your Personal Health Information.

You have the right to request an amendment to your personal health information to correct inaccuracies. To request an amendment, you must send a written request to: *Wieser Concrete Products, Inc. – W3716 US Hwy 10 – Maiden Rock, WI 54750*. A form to request an amendment to your personal health information can be obtained from *Denise – Tel: 715-647-2311*.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Accounting of Disclosures of Your Personal Health Information.

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of protected health information will be for purposes of payment or health care operation, and, therefore, will not be subject to your right to an accounting. There also are other exceptions to this right.

To request an accounting, you must send a written request to: *Wieser Concrete Products, Inc. – W3716 US Hwy 10 – Maiden Rock, WI 54750*. A form to request an accounting of your personal health information can be obtained from *Denise – Tel: 715-647-2311*. Your request may be for disclosures made up to 6 years before the date of your request, but not for disclosures made before April 14, 2004. The first list you request within a 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

COMPLAINTS

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by calling us at the number listed in this Notice. A copy of a complaint form is available from this office.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

Complaints filed with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact *Denise Pelzel – Tel: 715-647-2311*.