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# WellCare Notice of Privacy Practices

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We care about your privacy. You have a right to know how and when we share your medical information. You also have a right to see your information. This notice details how we share your information and how you may access it. Please read it carefully.

**Effective Date of this Privacy Notice: March 29, 2012**

**Revised as of August 2017**

We may change our privacy practices from time to time. If we make major changes, we will give you a copy of the new Privacy Notice. It will state when the changes take effect.

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## **This Privacy Notice applies to the following WellCare entities:**

- American Progressive Life & Health Insurance Company of New York
- Care 1st Health Plan Arizona, Inc.
- Easy Choice Health Plan, Inc.
- Exactus Pharmacy Solutions, Inc.
- Harmony Health Plan, Inc.
- Heritage Health Systems of New York, Inc.
- Missouri Care, Incorporated
- One Care by Care1st Health Plan of Arizona, Inc.
- SelectCare of Texas, Inc.
- SelectCare Health Plans, Inc.
- Today's Options of Texas, Inc.
- WellCare Health Insurance of Arizona, Inc., which also operates in Hawai'i as 'Ohana Health Plan, Inc.
- WellCare Health Insurance Company of Kentucky, Inc., operating in Kentucky as WellCare of Kentucky, Inc.
- WellCare Health Plans of New Jersey, Inc.
- WellCare of Connecticut, Inc.
- WellCare of Florida, Inc., operating in Florida as Staywell
- WellCare of Georgia, Inc.
- WellCare of Nebraska, Inc.
- WellCare of New York, Inc.
- WellCare of South Carolina, Inc.
- WellCare of Texas, Inc.
- WellCare Prescription Insurance, Inc.

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# How We May Use and Share Your Health Information without Written Permission

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WellCare has rules to protect your privacy. WellCare requires its employees to protect your health information in oral, written and electronic form. However, these are situations where we do not need your written permission to use your health information or to share it with others:

## **1. Treatment, Payment and Business Operations**

We may have to share your health information to help treat you. We may share it to make sure providers are paid and other business reasons. For example:

### **Treatment:**

- We may share your information with a health care provider who is treating you.
- For example, we may let the provider know what prescription drugs you are taking.

### **Payment:**

- To give you health coverage and benefits, we must do things like collect premiums and make sure providers are paid for their services.
- We use your health information to do these financial tasks.

### **Health Care Operations:**

- We may share your information for our health care operations.
- This helps protect members from fraud, waste and abuse.
- It also helps us work on customer service issues and grievances.

### **Treatment Alternatives and Benefits and Services:**

- We may use your health information to tell you about treatment options available to you.
- We will remind you about appointments and tell you about benefits or services of interest to you.

### **Underwriting:**

- We may use your health information for underwriting.
- Please note that we will not use your genetic information for underwriting.

### **Family Members, Relatives or Close Friends Involved in Your Care:**

- Unless you object, we may share your health information with your family members, relatives or close friends who have your permission to be involved in your medical care.
- If you are unable to agree or object, we may decide whether sharing your information is in your best interest.
- If we decide to share your health information in such a case, we will only share the information needed for your treatment or payment.

## **Business Associates:**

- We may share your information with a business associate who needs the information to work with us.
- We will do so only if the associate signs an agreement to protect your privacy.
- Examples of business associates include auditors, lawyers and consultants.

## **2. Public Need**

We may use and share your health information to comply with the law or to meet important public needs that are described below:

- The law requires us to do so.
- When public health officials need the information for public health matters.
- When government agencies need the information for such things as audits, investigations and inspections.
- If we believe you have been a victim of abuse, neglect or domestic violence.
- If your information is needed by a person or company regulated by the Food and Drug Administration (FDA): to report or track product defects; to repair, replace, or recall defective products; or to keep track of a product after the FDA approves it for use by the public.
- If a court orders us to release your information.
- When law enforcement officials need the information to comply with court orders or laws, or to help find a suspect, fugitive, witness or missing person.
- To prevent a serious health threat to you, another person or the public – we will only share the information with someone able to help prevent the threat.
- For research.
- When the information is needed by law for workers' compensation or other programs that cover work-related injury or illness that do not relate to fraud.
- If your information is needed by military officials for a mission.
- When federal officials need the information to work on national security or intelligence, or to protect the President or other officials.
- To prison officers who need the information to give you health care or maintain safety at the place where you are confined.
- In the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death.
- To funeral directors so they can carry out their duties.
- In the unfortunate event of your death, to organizations that store organs, eyes or other tissues so they may find out whether donation or transplant is allowed by law.

### **3. Completely De-Identified and Partially De-Identified Information.**

These are two types of information you should know about:

- **“Completely de-identified”** health information: We share this only after taking out anything that could tell someone else who you are.
- **“Partially de-identified”** health information: Will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, website address or license number).
- We share partially de-identified information only for public health, research or for business operations, and the person who receives it must sign an agreement to protect your privacy as required by law.

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## **Requirement for Written Authorization**

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Earlier in this notice, we listed some of the reasons we may use your health information without your written authorization, including:

- Treatment
- Payment
- Health care operations
- Other reasons listed in this notice

However, we need your written authorization to use your health information for other reasons, which may include:

- Disclosures of psychotherapy notes (where appropriate)
- Marketing purposes
- Disclosures for selling health information

You may end your authorization in writing at any time.

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# Your Rights to Access and Control Your Health Information

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We want you to know about these rights.

## **1. Right to Access Your Health Information.**

You can get a copy of your health information except for information:

- Contained in psychotherapy notes.
- Gathered in anticipation of, or for use in, a civil, criminal or administrative proceeding.
- With some exceptions, information subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

We may have electronic health records (EHR) for you. You have the right to get these in electronic format. You may ask us to send a copy of your EHR to a third party that you choose.

### **How to access your health information:**

- Send your written request to the address listed later in this Privacy Notice.
- In most cases we will respond within 30 days if we have the information in our facility.
- We will respond within 60 days if it is in another facility.
- We will let you know if we need more time to respond.

We may charge you a fee to cover costs like postage. If you ask for a copy of an EHR, we will not charge you any more than our labor costs.

We may not give you access to your health information if it:

- Is reasonably likely to put you or someone else in danger.
- Refers to another person and a licensed health care professional finds your access is likely to harm that person.
- A licensed health care professional determines that your access as the representative of another person is likely to cause harm to that person or any other person.

If we turn down your request for one of these reasons, you can ask for a review. You have a right to get a written explanation of the reasons for denial.

## **2. You Have the Right to Change Health Information That Is Not Correct**

You may ask us to change information that you believe is wrong or not complete. Ask us in writing. We will reply within 60 days. We may not have the information. If that is the case, we will tell you how to reach someone who does. In some cases we may deny your request. You may then state that you disagree. You can ask that your statement be included when we share your information in the future.

### **3. You Have a Right to Know When We Share Your Information**

You can ask us for an accounting of disclosures of your health information in the past six years. Our response will not include disclosures:

- For payment, treatment or health care operations made to you or your personal representative.
- That you authorized in writing.
- Made to family and friends involved in your care or payment for your care.
- For research, public health or our business operations.
- Made to federal officials for national security and intelligence activities made to correctional institutions or law enforcement.
- Uses or disclosures otherwise permitted or required by law.

#### **How to ask for an accounting of disclosures:**

- Write to the address listed later in this Privacy Notice.
- If we do not have your health information, we will give you the contact information of someone who does.
- We will respond within 60 days.

You can get one free request each year. We may charge a fee for more requests within the same 12 months.

### **4. You Have a Right to Ask for Additional Privacy Protections**

You can ask us to put more restrictions on the use or disclosure of your health information. If we agree to your request, we will put these restrictions in place except in an emergency. We do not need to agree to the restriction unless:

- The disclosure is needed for payment or health care operations and is not otherwise required by law.
- The health information relates only to a health care item or service that you or someone on your behalf has paid for out of pocket and in full.

You can end the restrictions at any time.

### **5. You Have the Right to Ask for Confidential Communications**

You can ask us to communicate with you in alternative ways.

#### **How to request alternative communications:**

- Send your request to the address listed later in this Privacy Notice.
- Clearly state in your request that disclosure of your health information could endanger you and list how or where you want to get communications.

## **6. You Have a Right to Know of a Breach**

The law requires us to keep your health information private. We take steps to protect information in electronic files. When someone has unauthorized access, it is called a breach. We will tell you if that happens. In some cases we will post a notice on our website ([www.wellcare.com](http://www.wellcare.com)) or in a news outlet in your area.

## **7. You Have a Right to Get a Paper Copy of This Notice**

You can ask for a paper copy of this notice. Please send your written request to the address on this page of this Privacy Notice. You can also visit our website at [www.wellcare.com](http://www.wellcare.com).

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# Miscellaneous

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## **1. How to Contact Us**

Let us know if you have questions about this Privacy Notice. You can reach us in one of the following ways:

- Call our Privacy Officer at 1-888-240-4946 (TTY 1-877-247-6272)
- Call the toll-free number on the back of your membership card
- Visit [www.wellcare.com](http://www.wellcare.com)
- Write to us at:

WellCare Health Plans, Inc.  
Attention: Privacy Officer  
P.O. Box 31386  
Tampa, FL 33631-3386

## **2. Complaints**

You may complain if you feel we have violated your privacy rights. You can do this by reaching us in one of the ways listed above. You also may send a written complaint to the U.S. Department of Health and Human Services. We will not act against you for complaining. It is your right.

## **3. Other Rights**

This Privacy Notice explains your rights under federal law. But some state laws may give you even greater rights. These may include more favorable access and amendment rights. Some state laws may give you more protection for sensitive information in these areas:

- HIV/AIDS
- Alcohol and drug abuse
- Sexually transmitted diseases
- Mental health
- Reproductive health

If the law in your state gives you greater rights than those listed in this notice, we will comply with the law in your state.

