

PRIVACY NOTICE
for
The Cooperative Welfare Benefits Plan

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as “protected health information,” includes virtually all individually identifiable health information held by the Plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of The Cooperative Welfare Benefits Plan (the “Plan”), which includes various “components.” This notice applies to the following components of the Plan: a group medical benefit (known as The Cooperative Health Care Plan (Preferred Provider Program)), a group dental benefit (known as The Cooperative Dental Care Plan), and an employee assistance program benefit. We will refer to the various components collectively as the “Plan” in this notice.

The Plan’s practices with respect to protected health information about you

The Plan is required by law to maintain the privacy of your protected health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your protected health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer.

How the Plan may use or disclose your protected health information

The privacy rules generally allow the use and disclosure of your protected health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers. Treatment can also include coordination or management of health care between a health care provider and a third party, and consultation and referrals between health care providers. *For example, the Plan may share protected health information about you with physicians who are treating you.*
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing, as well as “behind the scenes” Plan functions such as risk adjustment, collection activities, or reinsurance. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*
- **Health care operations** include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting (except that the Plan may not use or disclose any of your protected health information that constitutes genetic information for underwriting purposes), premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may use information about your claims to review the effectiveness of wellness programs.*

The amount of protected health information used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. The Plan may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

How the Plan may share protected health information with ABC

- The Plan may disclose your protected health information without your written authorization to Associated Benefits Corporation (“ABC”) for plan administration purposes because a valid business associate agreement is in place between the Plan and ABC. The Plan’s “plan sponsor” is the Board of Trustees and the Board of Trustees has delegated most HIPAA related duties to ABC. ABC may need your protected health information to administer benefits under the Plan. ABC has agreed in its business associate agreement with the Plan not to use or disclose your protected health information other than as permitted or required by the Plan documents and by law. The ABC Claims Department, IT and Programming, Officers, Mail Department (paper only), FSA Department, Comptroller, and staff responsible for budgeting for large medical claims, are the only ABC employees who will have access to your protected health information for plan administration functions.

- The Plan may also disclose your protected health information without your written authorization to the Board of Trustees (the plan sponsor) for plan administration purposes or to assist the Board with its duty to monitor any service provider of the Plan that is providing plan administration services.

Here’s how additional information may be shared between the Plan and the Board of Trustees, as allowed under the HIPAA rules and the business associate agreement:

- The Plan may disclose “summary protected health information” to the Board of Trustees if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary protected health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.
- The Plan may disclose to the Board of Trustees information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that any protected health information obtained from the Plan will not be used for any employment-related actions. However, protected health information collected from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation may *not* be protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of protected health information

In certain cases, your protected health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a family member, personal representative, or another person responsible for your care (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures, unless you are not present, you are incapacitated, or the situation involves an emergency circumstance. In addition, your protected health information may generally be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your protected health information without your written authorization for the following activities:

Release to You	Upon your request, the Plan is required to give you access to certain protected health information in order for you to inspect or copy it
Required by Law	The Plan may use or disclose your protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law
Workers’ compensation	Disclosures related to workers’ compensation claims or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Uses and disclosures made in the good-faith belief that releasing your protected health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes uses and disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your protected health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan’s premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties

Organ, eye, or tissue donation	Uses and disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Uses and disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your protected health information and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which protected health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Uses and disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your protected health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule
Inmates	Disclosures of your protected health information, if you are an inmate of a correctional institution or are in custody of a law enforcement official, to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution
Business associates	The Plan may contract with individuals or entities known as business associates to perform various functions on the Plan's behalf or to provide certain types of services. In order to perform these functions or provide these services, the Plan's business associates will receive, create, use and/or disclose your protected health information, but only after they agree in writing with the Plan to implement appropriate safeguards regarding your protected health information. For example, the Plan may disclose your protected health information to a business associate so that the business associate can administer health care claims.

Types of uses and disclosures that require your authorization

Your authorization is required:

- For disclosures to your employer. **This means that before there is a use of PHI by, or disclosure of PHI to, ABC in its capacity as employer to a Plan participant, an authorization must be obtained unless the use or disclosure is for plan administration purposes.**
- For most uses or disclosures of **psychotherapy notes** about you (if any). Psychotherapy notes are separately filed notes about conversations with a mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed to defend against litigation filed by you.
- For the use or disclosure of your protected health information for **marketing purposes**. "Marketing" means a communication that encourages the recipient to purchase or use a product or service.
- For the use and disclosure of your protected health information which is a **sale** of the information.

Other uses and disclosures of your protected health information not described in this notice may be made only with your written authorization. You may revoke your authorization, in writing, as allowed under the HIPAA rules. If you revoke your permission, the Plan will no longer use or disclose your protected health information for the reasons described in the authorization. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke an authorization with respect to disclosures the Plan has already made.

State privacy rules

If the use or disclosure of protected health information for any purpose described in this Privacy Notice is prohibited or materially limited by other applicable law(s) in your particular state, the Plan will follow the more stringent state law. "State law" means, for this purpose, a constitution, statute, regulation, rule, common law, or other state action having the force and effect of law and that has the specific purpose of protecting the privacy of health information or affects the privacy of health information in a direct, clear and substantial way. A "more stringent" state law is one that, with respect to use or disclosure of protected health information, prohibits or restricts a use or disclosure in circumstances under which such use or disclosure would otherwise be permitted under this Privacy Notice. A state law will not, however, prevent the Plan from making a disclosure to you, nor will a state law prevent the Plan from making a disclosure that is required by the Secretary of the Department of Health and Human Services to determine the Plan's compliance with the HIPAA Privacy Rule.

Your individual rights

You have the following rights with respect to your protected health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your protected health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your protected health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. In addition, you have the right to ask the Plan to restrict the use and disclosure of your protected health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict the use and disclosure of protected health information to notify your family members, a personal representative, and any other person responsible for your care of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree to a requested restriction, the restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for protected health information created or received after you're notified that the Plan has removed the restriction. The Plan may also disclose protected health information about you if you need emergency treatment (but the Plan must request that the health care provider who is providing the emergency treatment not further use or disclose the information), even if the Plan has agreed to a restriction.

Right to receive confidential communications of your protected health information

If you think that disclosure of your protected health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of protected health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your protected health information

With certain exceptions, you have the right to inspect or obtain a copy of your protected health information in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. The Plan must provide you with access to the protected health information in the form and format requested by you, if it is "readily producible" in such form and format; or if not, in a readable hard copy form or such other form and format as agreed to by you and the Plan. If the Plan uses or maintains an electronic health record with respect to your protected health information, you have the right to obtain a copy of such information in an electronic format and the Plan must provide such information in the electronic form and format request if it is "readily producible" in that form and format; or, if not, in a readable electronic form and format as agreed to by you and the Plan. Additionally, you may direct that the copy of such information in an electronic format be transmitted directly to an entity or person designated by you.

However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the protected health information is not accessible onsite), the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your protected health information, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage.

If the Plan doesn't maintain the protected health information but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your protected health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your protected health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the protected health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your protected health information

You have the right to a list of certain disclosures the Plan has made of your protected health information. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request. You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own protected health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (protected health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Right to be notified of a breach

The Plan is required to notify you following a breach of unsecured protected health information if you are affected by the breach.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. This revised notice takes effect on April 1, 2021. However, the Plan reserves the right to change the terms of this notice and its privacy policies as described in this notice at any time, and to make new provisions effective for all protected health information that the Plan maintains. This includes protected health information that was previously created or received, not just protected health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will receive a revised Privacy Notice.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact Tressa Wood at the address below and file a HIPAA complaint form which includes a description of the nature of the particular complaint.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact:

Tressa Wood
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(515) 226-0269
(515) 226-8472 (facsimile)
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