

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. The ELCA Medical and Dental Benefits Plan (“ELCA Health Plan”) and the ELCA Flexible Benefits Plan are required by law to provide this notice of privacy practices to Plan members. Please review it carefully.

Summary

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that group health plans protect the privacy of individually identifiable health information. Portico Benefit Services administers the ELCA Health Plan and the health flexible spending account under the ELCA Flexible Benefits Plan and is committed to maintaining the privacy of your personal health information under the Plans in accordance with HIPAA privacy standards. The Plans and those administering them, will use and disclose information only as allowed by federal law.

How the Plan Uses Your Information

The Plan may use, share, or disclose the personal health information it creates, receives, maintains, or transmits about you (“protected health information”) to pay medical benefits, operate the Plans or for treatment by a health care provider. In addition, the Plans may use or disclose your information in other special circumstances described in this notice. For any other purpose, the Plans will require your written authorization for the use or disclosure of your protected health information.

Your Individual Rights

You have the right to:

- Inspect and copy certain portions of your protected health information
- Request an amendment of the information
- Request restrictions on the use and disclosure of the information
- Request that communications be made to you through alternate means or at an alternate location
- Obtain an accounting of the information the Plans has disclosed for reasons other than treatment, payment, health care operations, or for required or authorized disclosures
- Request that certain PHI is not shared with the Plans if you paid the full cost of the service

Key Terms

Listed below are a few key terms you will find in this notice and explanations of what they mean.

HIPAA — Health Insurance Portability and Accountability Act of 1996. This notice explains the main points of HIPAA and how it affects you.

PHI — Protected health information. Information about you that is created, received, maintained, or transmitted by the ELCA Health Plan or the ELCA Flexible Benefits Plan.

Plans — ELCA Health Plan and the ELCA Flexible Benefits Plan (“Plans”). Within this notice, wherever you see “Plans,” you can assume it is the ELCA Health Plan and the ELCA Flexible Benefits Plan.



- Request copies of your health records in electronic format, if such records are maintained electronically

There are certain limitations on these rights, as explained in this notice.

What Is PHI?

PHI stands for “protected health information.” PHI is the identifiable health information about you that is created, received, maintained, or transmitted by the Plans, regardless of the form or medium of the information. It does not include employment records that may be held by Portico Benefit Services in its role as employer to employees of Portico Benefit Services.

The privacy of your protected health information that is created, used or disclosed by the Plans is protected by HIPAA. The Plan is required by law to:

- Maintain the privacy of your PHI
- Provide you with this notice of the Plan’s legal duties and privacy practices with respect to your PHI
- Abide by the terms of this notice
- Notify you of a breach of your unsecured (i.e. unencrypted) PHI

When Will the Plans Disclose My PHI?

Under HIPAA, the Plans must disclose your PHI:

- To you or your legal representative when you ask for information
- To the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected
- Where otherwise required by law

What Types of Information Can the Plans Disclose Without My Authorization?

The Plans, and the individuals and organizations that administer it, may use, receive or disclose your PHI for treatment, payment or health care operations without obtaining a written authorization from you. This covers a broad range of activities, including the following:

- **Treatment** — The Plans may disclose protected health information to your providers for treatment, including the provision of care or the coordination or management of that care.
- **Payment** — The Plans may use and disclose your protected health information to pay benefits. Payment activities may include:
 - Verification to your doctors or hospitals that you are eligible for benefits under the Plans
 - Receiving claims or bills from your health care providers
 - Processing payments
 - Sending explanations of benefits (EOBs) to you

Plan May Disclose PHI

The Plans may use and disclose your protected health information to provide information to you about disease management programs, treatment alternatives or other health-related benefits and services that may be of interest to you.



- Reviewing the medical necessity of services
- Subrogation (third-party liability)
- Conducting claims appeals
- Coordinating the payment of benefits between multiple medical plans
- **Health Care Operations** — The Plans may use and disclose your protected health information for Plans operational purposes. For example, the Plan may use or disclose your protected health information for Plan administration activities such as:
 - Wellness, prevention, health support and disease management programs and health coach services aimed at improving the health of members and managing health care costs
 - For purposes of advocacy and assistance to Plan members
 - Other Plan-related activities, including audits of claims, claims analysis and health risk analysis

If the Plans use or discloses your protected health information for underwriting purposes, however, the Plans are prohibited from using or disclosing your genetic information for such purposes.

What Other Organizations Associated With the Plans May Have My PHI?

Portico Benefit Services works with the following businesses for certain Plan benefits administrative services:

- 98point6
- Artemis
- Beacon Health Strategies
- Blue Cross and Blue Shield of Minnesota
- BlueLink TPA
- Delta Dental
- Express Scripts, Inc.
- Further
- Humana
- AmeriHealth Administrators
- Learn to Live
- Livongo
- NIHCA
- Omada
- Quantum Health
- Quest Diagnostics
- Willis Towers Watson

The Plans may release your health information to one or more of these “business associates” for Plan benefits and administration, if the business associate agrees in writing to protect the privacy of your information.

Changes to this Notice

The Plans reserve the right to change the terms of this notice and its information practices and to make the new provisions effective for all protected health information it maintains. The Plans will provide a copy of the current notice to individuals currently covered under the Plans and to new Plan enrollees at the time of enrollment. If the Plans make material changes to the terms or provisions of this notice, the change or a revised notice will be posted at *PorticoBenefits.org* by the effective date of the material change to this notice, and the Plans will provide you with the revised notice (or information about the material change and how to obtain the revised notice) in the Plan’s next annual mailing to you.



Portico Benefit Services will also have access to your protected health information for Plan administration purposes. Access to your protected health information within Portico Benefit Services will be limited to persons responsible for Plan administration.

Unless you authorize the Plans otherwise in writing (or the individually identifying data is deleted from the information), your protected health information will be available only to the individuals who need the information to conduct Plan administration activities. The release of your PHI will be limited to the minimum disclosure required, unless otherwise permitted or required by law.

Under What Other Circumstances Would My PHI Be Released?

The Plans are also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

- For certain required public health activities (e.g., reporting disease outbreaks)
- To prevent serious harm to you or other potential victims where abuse, neglect or domestic violence is involved
- To a health oversight agency for oversight activities authorized by law
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request or other lawful process
- For a law enforcement purpose to a law enforcement official, if certain legal conditions are met (e.g., providing limited information to locate a missing person)
- For research studies that meet all privacy law requirements (e.g., research related to the prevention of disease or disability)
- To avert a serious threat to the health or safety of you or any other person
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs

Any other use or disclosure of your protected health information not identified within this notice will be made only with your written authorization. Specifically, your written authorization is required to use or disclose any psychotherapy notes (if applicable) and to use or disclose any protected health information for marketing purposes or for which the Plans receive compensation.

Does My State Privacy Law Also Apply to PHI?

If your state laws provide more stringent privacy protection than HIPAA, the more stringent state law will apply to protect your rights. If you have

How Do I Make a Complaint if My Rights Have Been Violated?

You may file a complaint with the Plans' privacy contact and with the secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by the Plan. Addresses are listed on page 5. All complaints must be filed in writing.

You will not be retaliated against for filing a complaint.



a question about the Plans disclosures of protected health information as it relates to a particular federal or state law, please contact the privacy contact as described in the sidebar on page 5.

How Do I Authorize a Release of My PHI?

You must complete a written authorization form. An authorization form is available online at PorticoBenefits.org or by calling 800.352.2876. You have the right to limit the type of information you authorize the Plan to disclose and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

What Are My Individual Rights With Respect to My PHI?

You have the right to:

- Request that the Plans restrict its uses and disclosures of your PHI. You must provide specific information as to the disclosures you wish to restrict and the reasons for your request. The Plans are not required to accommodate your request, unless the Plans' ordinary disclosure practices could endanger you.
- Request that the Plans' confidential communications of your PHI be sent to another location or by alternative communication vehicles. For example, you may ask that we contact you at your office, rather than your home. The Plans are not required to accommodate your request, unless the ordinary communication process could endanger you.
- Inspect and obtain a copy of the PHI held by the Plans. However, access to psychotherapy notes, information compiled in reasonable anticipation of, or for use in legal proceedings and under certain other (relatively unusual) circumstances may be denied. A reasonable fee may be imposed for copying and mailing the requested information. If the Plans maintains your PHI electronically in one or more designated record sets, you have the right to get a copy of your PHI in an electronic format.
- Request that the Plans amend your protected health information or record if you believe the information is incorrect or incomplete.
- Receive a list of those individuals or entities (other than you or those to whom you have given prior written authorization) that have accessed your PHI for reasons other than for treatment, payment or Plan operations. You can request disclosure going back six years.
- Receive a paper copy of this notice at any time, even if you have agreed to receive it electronically.
- Request that your provider not share PHI with the Plans for payment or Plan operations if you paid for the service out of pocket in full.
- Request copies of your health records in electronic format, if such records are maintained electronically.

Questions and Complaints

You may contact Portico Benefit Services' privacy contact person for more information about the Plans' privacy practices, to exercise your rights or to complain about how the Plans are handling your protected health information.

ELCA Health Plan Privacy Contact

Portico Benefit Services
800 Marquette Ave., Ste. 1050
Minneapolis, MN 55402-2892

800.352.2876 /
612.333.7651, ext. 4420
privacycontact@PorticoBenefits.org

You may also contact the
**U.S. Department of Health and
Human Services Office for Civil Rights**
200 Independence Ave. S.W.
Washington, D.C. 20201

800.368-1019
[www.hhs.gov/ocr/privacy/hipaa/
complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)