



NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF WISCONSIN, INC.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT TELLS YOU HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Molina Healthcare of Wisconsin, Inc. (“**Molina Healthcare**”, “**Molina**”, “**we**” or “**our**”) uses and shares protected health information about You to provide Your health benefits. We use and share Your information to carry out treatment. We use it for payment and health care operations. We also use and share Your information for other reasons as allowed and required by law. We have the duty to keep Your health information private and to follow the terms of this Notice. The effective date of this Notice is January 1, 2014.

PHI stands for these words, protected health information. PHI means health information that includes Your name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina Healthcare use or share Your PHI?

We use or share Your PHI to provide You with healthcare benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina Healthcare may use or share Your PHI to give or arrange for Your medical care. This treatment also includes referrals between Your doctors or other health care providers. For example, we may share information about Your health condition with a specialist. This helps the specialist talk about Your treatment with Your doctor.

For Payment

Molina Healthcare may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, Your condition, Your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that You have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share your PHI to run our health plan. For example, we may use Your claims PHI to tell You about programs that could help You. We may use or share Your PHI to solve a Member concern. Your PHI may be used to make sure claims are paid right.

Health care operations can include:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Doing or arranging for medical review;
- Legal services;
- Fraud and abuse detection programs;

- Actions to help us obey laws;
- Address Member needs;
- Solving complaints and grievances.

We will share Your PHI with other companies (“**business associates**”) that do different activities for our health plan. We may also use Your PHI to remind You about Your appointments. We may use Your PHI to give you information about other treatment, or other health-related benefits and services.

When can Molina use or share Your PHI without getting written authorization (approval) from You?

The law allows or requires Molina to use and share Your PHI for several other reasons listed here:

Required by law

We will use or share information about You as required by law. We will share Your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need Your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases.

Law Enforcement

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them to do their jobs.

When does Molina need Your written authorization (approval) to use or share Your PHI?

Molina needs Your written approval to use or share Your PHI any reason not listed in this Notice. Molina needs Your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that You have given us. Your cancellation will not apply to actions already taken by us.

What are Your health information rights?

You have the right to:

- **Request Restrictions on Sharing of Your PHI**

You may ask us not to share Your PHI to carry out treatment, payment or health care operations. You may also ask us not to share Your PHI with family or other persons You name who help in Your health care. However, we are not required to agree to Your request. You will need to make Your request in writing. You may use Molina's form to make Your request.

- **Request Confidential Communications of PHI**

You may ask Molina Healthcare to give You Your PHI in a certain way or at a certain place to help keep Your PHI private. We will follow reasonable requests, if You tell us how sharing all or a part of that PHI could put Your life at risk. You will need to make Your request in writing. You may use Molina Healthcare's form to make Your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of Your PHI. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make Your request in writing. You may use Molina's form to make Your request. We may charge You a reasonable fee for copying and mailing the records. In certain cases we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) Your PHI. This involves only those records kept by us about You as a Member. You will need to make Your request in writing. You may use Molina's form to make Your request. You may file a letter that disagrees with us if we deny the request.

- **Receive an Accounting of How We Share Your PHI**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with Your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if You ask for this list more than once in a 12- month period. You will need to make Your request in writing. You may use Molina's form to make Your request.

You may make any of the requests listed above. You can get a paper copy of this Notice. Please call our Customer Support Center at 1 (888) 560-2043. If You are deaf or hard of hearing, You may call us by dialing 7-1-1 for the National Relay Service.

What can You do if Your rights have not been protected?

You may complain to Molina and to the Department of Health and Human Services if You believe Your privacy rights have been violated. We will not do anything against You for filing a complaint. Your care and benefits will not change in any way.

You may complain to us at:

Molina Healthcare of Wisconsin, Inc.
Manager of Member Services
11002 W Park Place
Milwaukee, WI 53224
Phone: 1 (888) 999-2404, (TTY/TDD: 711)

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

Office for Civil Rights
U.S. Department of Health & Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
1 (800) 368-1019; 1 (800) 537-7697 (TDD)
1 (312) 886-1807 (FAX)

What are the duties of Molina Healthcare?

Molina is required to:

- Keep Your PHI private;
- Give You written information such as this on our duties and privacy practices about PHI;
- Give You notice in the event of any breach of Your unsecured PHI;
- Not use or disclose Your genetic information for underwriting;
- Follow the terms of this Notice

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina..

Contact Information

If You have any questions, please contact the following office:

Molina Healthcare of Wisconsin, Inc. Manager of Member Services
11002 W Park Place
Milwaukee, WI 53224
Phone: 1 (888) 999-2404, (TTY/TDD: 711)