

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 THIS NOTICE CAREFULLY.

YOU SHOULD ALSO SHARE A COPY OF THIS NOTICE WITH YOUR FAMILY MEMBERS, FRIENDS, ETC. WHO ARE ACTIVELY INVOLVED IN YOUR HEALTH CARE.

This notice affirms that Welvista is dedicated to maintaining the privacy of your health information. In our operations, we create records regarding you and the benefits/services we provide you. This Notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Maintain the privacy of your health information, also known as PHI
- Provide you with this Notice, and
- Comply with this Notice

We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If there is a material revision to this Notice, we will distribute the new Notice to you within 60 days of the revision. You may obtain a paper copy of the current Notice by contacting Welvista using the contact information we provide at the end of this Notice.

HOW WELVISTA MAY USE AND DISCLOSE YOUR PHI

The law permits us to use and disclose your PHI for certain purposes without your permission or authorization. The following gives examples of each of these circumstances.

1. **For Treatment.** We may use or disclose your PHI for purposes of treatment. For example, we may disclose your PHI to physicians, nurses, and other professionals who are involved in your care.
2. **For Payment.** We may use or disclose your PHI to provide payment for, or stock replenishment of the treatment you receive under the Welvista benefit.
3. **For Health Care Operations** We may use or disclose your PHI for our health care operations. For example, we may verify periodically your eligibility status with the state Medicaid system or other insurance benefits, which may be responsible for the cost-management and planning of your medications.
4. **To the Plan Sponsor** We may disclose your PHI to Welvista executive and planning personnel only for purposes of maintaining your eligibility for enrollment in the plan.
5. **For Health Related Plans and Services** Welvista may contact you about information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.
6. **To Individuals Responsible for Your Care** We may disclose your PHI to a family member or friend who is involved in your medical care provided that you agree to this disclosure, or we give you the opportunity to object to this disclosure. However, if you are unavailable or are unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interest.

OTHER USES OR DISCLOSURES OF YOUR PHI WITHOUT AN AUTHORIZATION

The law allows us to disclose your PHI in the following circumstances without your permission or authorization.

1. **When Required by Law.** We will use and disclose your PHI when we are required to do so by federal, state, or local law.
2. **For Public Health Risks** We will use and disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury, reporting reactions to medications or problems with products, and reporting the abuse or neglect of children, elders, and dependent adults.
3. **For Health Oversight Activities** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include investigations, inspections, audits, and licensure.

4. **For Lawsuits and Disputes** We may use or disclose your PHI in response to a court administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request of an order protecting the information the party has requested.
5. **To Law Enforcement** We may release PHI if asked to do so by a law enforcement official in the following circumstances:
 - Concerning a death we believe might have resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena, or similar legal process;
 - To identify/locate a suspect, material witness, fugitive, or missing person
 - In an emergency, to report a crime(including the location or victim(s) of the crime the description, identity or location of the person who committed the crime)
6. **To Avert a Serious Threat to Health or Safety** We may use or disclose your PHI if necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosure to a person or organization able to prevent the threat.
7. **For Military Functions/ National Security** Your PHI may be disclosed if you are a member of the US or foreign military forces, and if required to by the appropriate military command authorities. We may also disclose PHI about you to federal officials for intelligence and national security activities authorized by law. We may also disclose PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates** We may disclose PHI to a correctional facility if you are an inmate or under custody of a law enforcement official

YOUR RIGHTS RELATED TO YOUR PHI

You have the following rights regarding your PHI that we maintain.

1. **Right to Request Confidential Communication**
2. **Right to Request Restrictions in use of your PHI**
3. **Right to Inspect and Copy your PHI**
4. **Right to Request Amendment to your PHI**
5. **Right to an Accounting of Disclosures**

We are not required to agree to your requests, but will do everything within our means to accommodate any legitimate request.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE COMPLAINT WITH WELVISTA'S PRIVACY OFFICER, OR WITH THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

To file a complaint with us, you must submit in writing to the address listed at the end of this Section. **We will not retaliate against you for filing a complaint.** If you have questions about this notice or would like to exercise one or more of the rights listed in this notice, please contact:

Welvista
ATTN: HIPAA Compliance Officer
2700 Middleburg Drive; Suite 104
Columbia, SC 29204
Tel (803)-933-9183

or

The Secretary of the Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201