

Notice of Privacy Practices



This notice describes how health information about you may be used and disclosed, and how you may access this information. Please review this notice of privacy practices carefully. This Notice of Privacy Practices is effective 12/1/2024 and supersedes all previous versions.

Your information. Your rights. Our Responsibilities.

Your Rights	<ul style="list-style-type: none">• Right to access and copy• Right to an electronic copy of PHI• Right to get notice of a security breach• Right to amend• Right to an accounting of disclosures• Right to request confidential information• Right to notice of privacy practice	See pages 3-4 for more information on these rights and how to exercise them
Your Options and Protections	<ul style="list-style-type: none">• Tell family and friends about your condition• Opportunity to object and opt out• Revoke authorization at any time• Assistance in preparing written documentations	See page 4 for more information on your options and protections
Our Uses and Disclosures	<ul style="list-style-type: none">• Right to access and copy• Right to an electronic copy of PHI• Right to get notice of a security breach• Right to amend• Right to an accounting of disclosures• Right to request confidential information• Right to notice of privacy practice	See pages 5-9 for more information on these uses and disclosures

This notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information.

Protected Health Information (PHI) is health information, including individually identifiable information, related to your physical or behavioral health condition used in providing healthcare to you or for payment for health care services.

By law, we are required to:

- Maintain the privacy and confidentiality of your PHI
- Give you this Notice of Privacy Practices
- Follow the practices in this Notice

We use physical, electronic and procedural safeguards to protect your privacy. Even when disclosure of PHI is allowed, we only use and disclose the minimum amount of PHI necessary for the permitted purpose.

Other than the situations mentioned in this Notice, we cannot use or share your protected health information without your written permission, and you may cancel your permission at any time by sending us a written notice.

We reserve the right to change this Notice and to make the revised notice effective for any of your current or future protected health information. You are entitled to a copy of the Notice currently in effect.

If you have any questions or would like a copy of this Notice, please contact the WellSense Member Services Department.

WellSense Member Services Department	
MassHealth	888-566-0010 (English and other languages) 888-566-0012 (Spanish)
Clarity plans in Massachusetts	855-833-8120
Senior Care Options	855-833-8125
NH Medicaid	877-957-1300
Clarity plans in New Hampshire	855-833-8122
NH Medicare Advantage	855-833-8128
Corporate office	New Hampshire office
WellSense Health Plan 100 City Square, Suite 200 Charlestown, MA 02129 wellsense.org	WellSense Health Plan 1155 Elm Street, Suite 500 Manchester, NH 03101 wellsense.org

Your Rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Right to access and copy	You have the right to inspect and obtain a copy of your PHI. To do so, you must submit a written request to the WellSense Privacy Officer. You will be provided with a copy or a summary of your records, usually within 30 days. Certain information may not be easily available, and your request to inspect and copy may be denied, in certain, limited circumstances.
Right to an electronic copy of PHI	You have the right to inspect and obtain a copy of your PHI. To do so, you must submit a written request to the WellSense Privacy Officer. You will be provided with a copy or a summary of your records, usually within 30 days. Certain information may not be easily available, and your request to inspect and copy may be denied, in certain, limited circumstances.
Right to get notice of security breach	<p>We are required to notify you by first class mail of any breach of your Unsecured PHI as soon as possible, but no later than 60 days after we discover the breach. Unsecured PHI is PHI that has not been made unusable or unreadable. The notice will give you the following information:</p> <ul style="list-style-type: none"> • A short description of what happened, the date of the breach and the date it was discovered; • The steps you should take to protect yourself from potential harm from the breach; • The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and • Contact information where you can ask questions and get additional information.
Right to amend	If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You must request an amendment, in writing, to the WellSense Privacy Officer and include a reason that supports your request. In certain cases, we may deny your request for amendment, but we will advise you of the reason within 60 days. For example, we may deny a request if we did not create the information, or if we believe the current information is correct.
Right to an Accounting of Disclosures	You have the right to request an Accounting of Disclosures. This is a list of the disclosures we made of PHI about you for most purposes other than treatment, payment and healthcare operations. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To obtain an accounting, you must submit your request, in writing, to the WellSense Privacy Officer. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you submit a request for another one within 12 months. It

	must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.
Right to request confidential communication	You have the right to request that we communicate with you about medical matters only in writing or at a different residence or post office box. To request confidential communications, you must complete and submit a Request for Confidential Communication Form to the WellSense Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
Right to Notice of Privacy Practice	You have the right to receive a paper copy of the Notice of Privacy Practices upon request at any time.
Right to be notified	You have the right to be notified following a breach of Unsecured PHI if your PHI is affected.

Your Options and Protections	For certain health information, you can choose your options about what we share
Fundraising	We may use PHI about you in an effort to raise money. If you do not want us to contact you for fundraising efforts, you may opt out by notifying us, in writing, with a letter addressed to the WellSense Privacy Officer.
Special protections for HIV, alcohol and substance use disorder, mental health, and genetic information	Special privacy protections apply to HIV-related information, alcohol and substance use disorder information, mental health, and genetic information that require your written permission, and therefore some parts of this Notice may not apply to these more restricted kinds of PHI.
Assistance in preparing written documents	We will provide you with assistance in preparing any of the requests explained in this Notice that must be submitted in writing. There will be no cost to you for this.
Opportunity to participate in research	You have the opportunity to participate in research, and your personal information will only be used or disclosed for research purposes with your written authorization.
Opt out of marketing	We never share your information unless you give us written permission for marketing purposes.

Our Uses and Disclosures	How do we typically use or share your health information? We typically use or share your health information in the following ways
For Treatment	<p>We may communicate PHI about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and need the information to provide you with medical care. For example, if you are being treated for a back injury, we may share information with your primary care physician, the back specialist and the physical therapist so they can determine the proper care for you. We will record the actions they took and the medical claims they made. Other examples of when we may disclose your PHI include:</p> <ul style="list-style-type: none"> • Quality improvement and cost-containment wellness programs, preventive health initiatives, early detection programs, safety initiatives and disease management programs. • To administer quality-based cost-effective care models, such as sharing information with medical providers about the services you receive elsewhere to assure effective and high-quality care is coordinated.
For payment	We may use and disclose your PHI to administer your health benefits, which may include claims payment, utilization review activities, determination of eligibility, medical necessity review, coordination of benefits and appeals. For example, we may pay claims submitted to us by a provider or hospital.
For health care operations	We may use and disclose your PHI to support our normal business activities. For example, we may use your information for care management, customer service, coordination of care or quality management.
Appointment reminders/treatment alternatives/health-related benefits and services	We may contact you to provide appointment or refill reminders, or information about possible treatment options or alternatives and other health-related benefits, or services that may be of interest to you.
As required by law	We will disclose PHI about you when we are required to do so by international, federal, state or local law.
Restrictions on Use and Disclosure of Reproductive Healthcare PHI	We will not disclose your PHI related to reproductive healthcare services for the purpose of conducting criminal, civil or administrative investigation or to impose criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitation lawful reproductive healthcare.

	<p>Reproductive healthcare is healthcare that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. This includes, but is not limited to, lawfully obtained contraception, including emergency contraception; management of pregnancy and pregnancy-related conditions including miscarriage and pregnancy termination; fertility or infertility diagnosis and treatment, assistive reproductive technology, and other diagnosis, treatment and care that affect the reproductive system.</p> <p>When we receive a request for PHI relating to reproductive healthcare for healthcare oversight activities, judicial or administrative proceedings, law enforcement purposes, or disclosures to coroners and medical examiners, we will obtain a signed and dated attestation from the person or entity requesting the use or disclosure. The attestation will identify the types of PHI being requested and state that the requested use or disclosure is not for a prohibited purpose.</p>
Business associates	We may disclose PHI to our business associates who perform functions on our behalf or provide services if the PHI is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.
Coroners, medical examiners and funeral directors	We may communicate PHI to coroners, medical examiners and funeral directors for identification purposes and as needed to help them carry out their duties consistent with applicable law.
Correctional facilities	If you are or become an inmate in a correctional facility, we may communicate your PHI to the correctional facility or its agents, as necessary, for your health and the health and safety of other individuals.
Disaster relief	We may communicate PHI to an authorized public or private entity for disaster relief purposes. For example, we might communicate your PHI to help notify family members of your location or general condition.
Family and friends	We may communicate PHI to a member of your family, a relative, a close friend or any other person you identify who is directly involved in your healthcare or payment related to your care.
Appropriate use of Sensitive Data	<p>Sensitive Data is personal data that includes race, ethnicity, language, gender identity, sexual orientation, sexual preference, religious beliefs, citizenship or immigration status.</p> <p>In New Hampshire, Sensitive Data also includes the processing of genetic or biometric data for the purpose of uniquely identifying an</p>

	<p>individual; personal data collected from a known child; or precise geolocation data.</p> <p>We may collect information about things like race, ethnicity, sexual orientation, and gender identity to help improve your healthcare. We might share this information with your healthcare providers to give you better care or we may use language preference to determine the need for translated outreach materials. Your information is protected by law and won't affect your coverage or benefits. You don't have to provide this information if you don't want to.</p>
42 C.F.R. Part 2 ("Part 2")	<p>We will comply with all Health Insurance Portability and Accountability Act ("HIPAA") regulations and Part 2 requirements related to substance use disorder ("SUD") information.</p> <p>Part 2 Data is subject to the restrictions on use or disclosure set forth in 42 CFR Part 2 (related to an individual who has applied for or been given diagnosis, treatment or referral for treatment for a substance use disorder at a Part 2 program.)</p>
Food and Drug Administration (FDA)	We may communicate to the FDA, or persons under the jurisdiction of the FDA, your PHI as it relates to adverse events with drugs, foods, supplements and other products and marketing information to support product recalls, repairs or replacement.
Health oversight activities	We may communicate your PHI to state or federal health oversight agencies authorized to oversee the health care system or governmental programs, or to their contractors, for activities authorized by law, audits, investigations, inspections, and licensing purposes.
Law enforcement	We may release your PHI upon request by a law enforcement official in response to a valid court order, subpoena or similar process.
Lawsuits and disputes	If you are involved in a lawsuit or dispute, we may communicate PHI about you in response to a court or administrative order. We may also communicate PHI about you because of a subpoena or other lawful process, subject to all applicable legal requirements.
Military, veterans, national security and intelligence	If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may be required by other government authorities to release your PHI for national security activities.
Minors	We may disclose PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
Organ and tissue donation	If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ bank – as necessary to facilitate organ or tissue donation and transplantation.

Personal representative	If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.
Public health and safety	We may communicate your PHI for public health activities. This includes disclosures to: (1) prevent or control disease, injury or disability; (2) report birth and deaths; (3) report child abuse or neglect; (4) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence and the person agrees or we are required to by law to make that disclosure or (6) when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
Research	We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify persons who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. We will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.
Worker's Compensation	We may use or disclose PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

If you have any questions or would like a copy of this Notice of Privacy Practices, please contact the WellSense Member Services Department. 888-566-0010 (English and other languages) 888-566-0012 (Spanish).

To learn more about how WellSense protects your PHI and other data, please visit <https://www.wellsense.org/about-us/protecting-phi>.

To learn more about how WellSense uses Cookies, Pixel and other Tracking Technologies, please visit <https://www.wellsense.org/about-us/privacy>.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Department of Health and Human Services. To file a complaint with our office, contact:

Privacy Officer
WellSense Health Plan
100 City Square, Suite 200
Charlestown, MA 02129
compliance@wellsense.org

Or, you may contact our Compliance Hotline at 888-411-4959.

You may notify the Secretary of the Department of Health and Human Services (HHS). Send your complaint to:

Medical Privacy, Complaint Division
Office for Civil Rights (OCR)
United States Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington D.C., 20201.

You may also contact OCR's Voice Hotline Number at 800-368-1019 or send the information to their Internet address www.hhs.gov/ocr.

WellSense Health Plan will not take retaliatory action against you if you file a complaint about our privacy practices with either OCR or WellSense Health Plan.

This Notice of Privacy Practices applies to WellSense Health Plan.