

WellAdvantage Privacy Policy

Notice of Privacy Practices and Waiver of WellAdvantage (Trademark of The Well Workplace, LLC) 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.

WellAdvantage (Trademark of The Well Workplace, LLC) makes every effort to safeguard the privacy of its clients.

This Notice of Privacy Practices describes our practices for safeguarding individually identifiable health information and apply to all participants in any WellAdvantage Program.

We are required by law to maintain the privacy of your health information, to give you notice of our legal duties and privacy practices with respect to your health information and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and make the terms of the new Notice effective for all the health information that we maintain. If we make a material change to the terms of the Notice, the revised Notice will be available upon request. You also have a right to make a written request for and receive a paper copy, even if you have received an electronic version of this Notice.

As used in this Notice, the term "health information" means information about you that WellAdvantage creates, receives or maintains; and that relates to your physical or mental condition or payment for health care provided to you; and that can be reasonably used to identify you.

Uses and Disclosures

The law permits WellAdvantage to use and disclose your health information for purposes of treatment, payment and health care operations. Health Care Operations includes quality assessment and improvement activities; population-based activities relating to improving health or reducing health care costs, protocol developments, case management and care coordination and contacting providers and patients with information about treatment alternatives; training and evaluating our personnel to improve their skills; accreditation, certification, licensing and credentialing activities; conduction or arranging for medical review, legal services and auditing; business planning and development relating to our management and operation; and conducting our activities.

We may use and disclose your health information for these purposes without your authorization, in the following circumstances:

For any purpose required by law;

- to assist a provider with your treatment, provision, coordination or management of health care by one or more health care providers;
- to obtain payment from a health plan that provides a wellness benefit through us;
- to improve the wellness services that we offer;
- to provide appointment reminders, information on treatment alternatives or other health-related programs, products or services available to you;
- to allow business associates to provide above named services
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For compliance with workers' compensation programs.
- We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS/HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by state and federal law or regulation.

Business Associates: The activities and functions listed above may also be performed by third parties, called business associates. We may disclose your health information to a business associate to the extent necessary for it to perform those activities and functions. We require them to appropriately safeguard the privacy of your health information. WellAdvantage may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligation to them. Please see the notice of privacy practices issued by your plan or insurance company for information and about how it uses and discloses your health information.

WellAdvantage will not make any other use or disclosure of your health information (other than disclosures incidental to a permitted use or disclosure) unless you give it your written authorization to do so. Except to the extent we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request of revocation is in writing and sent to : Health Information Protection Analyst, WellAdvantage Company, 1912 Liberty Road, Suite 20, Eldersburg, Maryland 21784. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

Your Rights - You have certain rights with respect to your health information. These rights are listed below. In order to exercise these rights, you must make a request in writing to the Disclosure Analyst, 1912 Liberty Road, Suite 20, Eldersburg, MD 21784.

Restrictions on Disclosures: You have the right to request restrictions on how we use and disclose of your health information for treatment, payment or health care operations. In addition, you may request restrictions on disclosure of your health information to persons involved in your medical care (such as a spouse, relative or close friend) even when you are unable to consent or object to the disclosure due to your incapacity or to emergency circumstances. We are not required to agree to any requested restrictions. A form to request restriction can be obtained by writing the Health Information Protection Analysis. If your request is granted, you will receive a written acknowledgement from us.

Restrictions On Communications from WellAdvantage: You have the right to request that we communicate with you by alternate means or at alternate locations if the disclosure of your health information could endanger you. We will accommodate reasonable requests. A form to request a restriction can be obtained by writing the Health Information Protection Analyst.

Access to Your Health Information: You have the right to inspect and obtain a copy of your health information that we maintain in your designated record set, with certain exceptions. A form to request your information can be obtained by writing the Health Information Protection Analyst, WellAdvantage, 1912 Liberty Road, Suite 20, Eldersburg, MD 21784.

Accounting of Disclosures: You have the right to an accounting of certain disclosures of you health information made by WellAdvantage during the 6 years prior to the date of the request (not including disclosures made before April 14, 2003). The first accounting in any 12 month period will be free; however a fee will be charged for any subsequent request for an accounting during that same time period.

Complaints - If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, WellAdvantage, c/HIPAA Compliance Officer, 1912 Liberty Road, Suite 20, Eldersburg, MD 21784 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

*Revised April 2018
Reviewed April 2021*