## Wellfleet Group, LLC

# **Notice of Privacy Practices**

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## **Third-Party Administrator**

Wellfleet Group, LLC (Wellfleet) acts as a Third-Party Administrator (TPA) to various self-funded plans, including self-funded employer groups. For a complete description of the privacy practices of a self-funded employer group please contact the employer group directly and request a copy of the plan's Notice of Privacy Practices.

The following information is descriptive of the privacy practices of Wellfleet with respect to the administration of a self-funded plan.

#### Overview:

The privacy of your personal health information is very important to us at Wellfleet. To effectively administer your health benefits, we must collect and share non-public protected health information ("PHI"). We are required by law to maintain the privacy of your PHI. We have policies and procedures in place to make sure that we only share the minimum amount of information necessary and only with those parties who have a legitimate business need for the information. This notice provides you with important information about our privacy practices and policies including what types of information we collect, what types of information we may disclose and to whom we may disclose information.

### The Information we Collect:

We must collect certain information about you and your family in order to provide benefits and services to you. This information may come to us in writing, in person, by telephone, or electronically and may include:

- Enrollment information including items such as your name, address, Social Security number, date of birth, employment, and current health status.
- Treatment records, provided to us from various sources including you, your representative, or through your health care providers.
- Information regarding transactions that occur during your relationship with us, including medical claims information, clinical case management information, payment information, service inquiries, and appeals information.

## **Protecting your Information:**

As a TPA, we restrict access to PHI to those who need it to provide health plan services to you and your family. We maintain the highest physical and electronic security safeguards to protect your information against unauthorized access. We take privacy very seriously. We have a corporate Privacy and Security Officer whose responsibility is to develop procedures to support this endeavor, to educate our staff, and to test and enforce these mechanisms to protect privacy. We never disclose PHI except as permitted by law.

We will disclose information during normal health plan operations to help ensure that you receive the care that you need, or as required to secure payments for the services or benefits you receive. When we are required to disclose information, we follow specific policies and practices to ensure that the party we release information to is who they say they are and that they have a legitimate need for that information. In such cases, we release only the minimum amount of information required. Any party with whom we share your information with is required to keep this information confidential as required by law.

## **Disclosing Your Information:**

We may disclose PHI to another party for the administration of your health benefits and the authorization of payments for health care services. Third parties may include providers, provider network organizations, care coordinators, utilization review organizations, grievance review boards, or an excess loss insurance company. This exchange usually includes benefit information and /or PHI history that we have on file.

Enrollment information such as your name, address, plan name, and coverage dates may be released to your pharmacy benefits carrier or other organizations responsible for delivering or administering a portion of your health care.

## **Protecting Your Information:**

Every effort is made to protect your PHI and the trust you and your employer have placed in us. You should be aware, however, that in the course of administering your health benefits, PHI must be disclosed. Disclosure is permitted only when required or allowed by law.

## Concerns?

Your privacy is important to us. We have systems and policies in place to prevent the unlawful or accidental disclosure of your information. If you believe that this policy has been violated or if you believe there has been an inappropriate or unauthorized disclosure of your PHI, please let us know. You should follow the procedure for grievances as listed in your plan documents or call Wellfleet Customer Services at (413) 733-4540.

### **Updates to this Policy:**

This notice reflects our current privacy policies and practices. Any material change in the information we collect or disclose will result in a revised notice.

1.2019