



Principal Wellness Company

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 IT CAREFULLY.

This Notice of Privacy Practices describes the Principal Wellness Company (Principal Wellness) practices for safeguarding individually identifiable health information. The terms of this Notice apply to all participants in any Principal Wellness Program.

We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your health information. We are also required 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. This Notice is effective July 1, 2005, and revises the Notice effective April 14, 2003.

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

Uses and Disclosures

The law permits Principal Wellness to use and disclose your health information for purposes of treatment, payment and health care operations. We may use and disclose your health information for these purposes without your authorization.

Treatment means the provision, coordination or management of health care by one or more health care providers, including consultations, referrals and coordination with a third party. For example, we may disclose your health information to a health care provider, to assist that provider with respect to your treatment.

Payment includes the activities undertaken by a health care provider to obtain payment and the activities undertaken by a health plan to determine eligibility and benefits. For example, we may disclose your health information to a health plan that provides a wellness benefit through us so that we can be paid for services.

Health Care Operations includes quality assessment and improvement activities; population-based activities relating to improving health or reducing health care costs, protocol development, 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; conducting or arranging for medical review, legal services and auditing; business planning and development relating to our management and operation; and conducting our activities. For example, we may disclose your health information in order to improve the wellness services that we offer.

Other Health-Related Uses and Disclosures: We may contact you to provide reminders of appointments; information on treatment alternatives; or other health-related programs, products or services that may be available to you.

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. Principal Wellness 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 obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

Family, Friends and Personal Representatives: We may disclose your health information to a member of your family or a close friend who is involved in your health care or payment for your health care to the extent of his or her involvement; however, we will not do so if you tell us not to. We may use and disclose your health information to tell a member of your family or a close friend who is involved in your health care about your location, condition or death.

Other Uses and Disclosures

We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;

- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.
- We may also disclose your health information to public or private entities to assist in disaster relief efforts

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.

Principal Wellness 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 for revocation is in writing and sent to: Health Information Protection Analyst, Principal Wellness Company, c/o Principal Life Insurance Company, Des Moines, IA 50392-0302. 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: Health Information Protection Analyst, Principal Wellness Company, c/o Principal Life Insurance Company, Des Moines, IA 50392-0302.

Restrictions on Disclosures: You have the right to request restrictions on how we use and disclosure 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 a restriction can be obtained by writing the Health Information Protection Analyst. If your request granted, you will receive a written acknowledgement from us.

Restrictions on Communications from Principal Wellness: 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 access can be obtained by writing the Health Information Protection Analyst. A fee will be charged for copying and postage.

Amendment of Health Information: You have the right to request to amend your health information to correct inaccuracies. We are not required to grant the request in certain circumstances. A form to request an amendment can be obtained by writing the Health Information Protection Analyst.

Accounting of Disclosures: You have the right to an accounting of certain disclosures of your health information made by Principal Wellness 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, Principal Wellness Company, c/o Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0302 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 986-3343, Ext 76398.