



Notice of Privacy Practices

This Notice of Privacy Practices ("Notice") is intended to comply with the Gramm-Leach-Bliley Act ("GLBA"), Health Insurance Portability and Accountability Act ("HIPAA") Privacy and Security Rules, Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), the Patient Protection and Affordable Care Act ("ACA"), and the Health Care Education Reconciliation Act of 2010.

THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE HEALTH, PERSONAL, MEDICAL, AND FINANCIAL INFORMATION ("YOUR PROTECTED HEALTH INFORMATION" or "YOUR INFORMATION") WE MAINTAIN ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. THIS NOTICE IS FOR YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY. NO RESPONSE IS REQUIRED.

This Notice describes the privacy practices of the Accountable Care Coalition of Southeast Texas, Inc. and its subsidiaries ("we," "us," or "our"). We own, operate, and/or provide administrative and management services to health care organizations, including, but not limited to, medical practices, health systems, and accountable care organizations. This Notice describes our privacy policy and describes how we treat Your Protected Health Information.

OUR PRIVACY OBLIGATIONS

We are required by federal and state law to protect the privacy of Your Protected Health Information and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose Your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). State Pre-emption — Some states' laws are more stringent than federal privacy laws with regard to these requirements. We will comply with all applicable laws.

HOW WE PROTECT YOUR PROTECTED HEALTH INFORMATION

We treat Your Protected Health Information in a confidential manner. Our employees are trained and required to protect the confidentiality of Your Protected Health Information. Employees may access Your Protected Health Information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect Your Protected Health Information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies.

HOW WE COLLECT YOUR PROTECTED HEALTH INFORMATION

The information that you give us or that we receive in relation to our products or services generally provides all of Your Protected Health Information we will need. If we need to verify Your Protected Health Information or need additional information, we may obtain Your Protected Health Information from third parties such as Medicare, adult family members, employers, insurers, consumer reporting

agencies, physicians, hospitals and other medical personnel. Your Protected Health Information collected may relate to your finances, employment, health, avocations or other personal characteristics as well as transactions with us or with others.

DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

How We Use Your Protected Health Information

We collect and use Your Protected Health Information for business purposes with respect to our products, services and other business relationships involving you. We may disclose any of Your Protected Health Information, within acceptable regulatory limitations, when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Your Protected Health Information may be disclosed to others, including to enable them to provide business services for us, such as helping us to administer our products or services, perform general administrative activities, or otherwise assist us in servicing or processing a product or service requested or authorized by you. Your Protected Health Information may also be disclosed for audit or research purposes, or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Your Protected Health Information may be disclosed to others that are outside of our family of companies, such as companies that process data for us, companies that provide general administrative services for us, federal or state agencies or regulatory bodies, and consumer reporting agencies. We will make other disclosures of Your Protected Health Information as permitted by law.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations:

A. We may use and disclose Your Protected Health Information to others as necessary for health care providers to render medical services, including evaluation, diagnosis, and treatment, for payment related to our products or services, and for health care operations, without your express, implied, or specific consent or authorization. In addition and without limitation, we may use and disclose Your Protected Health Information to others as follows:

1. *Payment.* We may use and disclose Your Protected Health Information to obtain payment relating to our products and services.
2. *Health Care Operations.* We may use and disclose Your Protected Health Information for our health care operations - for example, to do business planning, provide care coordination services, and conduct quality assessment and improvement activities.
3. *Treatment.* We may disclose Your Protected Health Information, such as your medical information, to a health care provider for your medical treatment.

II. Use or Disclosure with Your Authorization:

We may use or disclose Your Protected Health Information for any reason other than payment, health care operations and treatment only when (1) you give us your written authorization ("Your Authorization") or (2) there exists an exception as described in Section III below. You may revoke Your Authorization, except to the extent we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified at the end of this document.

III. Uses and Disclosures without Your Consent or Your Authorization:

A. As Required by Law. We will use or disclose Your Protected Health Information when required to do so by applicable international, federal, state or local law.

B. Business Associates. We may disclose Your Protected Health Information to our Business Associates that perform functions on our behalf or provide us with services if the disclosure is necessary for such functions or services. For example, we may use another company to perform administrative services on our behalf. All of our Business Associates are obligated, by law and under contracts with us, to protect the privacy of Your Protected Health Information and are not allowed to use or disclose any information other than as specified in our contract.

C. Marketing Communications. We may use and disclose Your Information for marketing communications made by us to you as permitted by law.

D. Public Health Activities. We may disclose Your Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to the government authority authorized by law to receive such reports; and (3) to alert a person who may have been exposed to a communicable disease.

E. Victims of Abuse, Neglect or Domestic Violence. We may disclose Your Protected Health Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to the appropriate state agency as required or permitted by applicable state law.

F. Health Oversight Activities. We may disclose Your Protected Health Information to a government agency, including the Centers for Medicare and Medicaid Services ("CMS"), that oversees the health care system or ensures compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. We may disclose Your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. We may disclose Your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order or other lawful process.

I. Health or Safety. We may disclose Your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

J. Specialized Government Functions. We may disclose Your Protected Health Information to units of the government with special functions, such as any branch of the U.S. military or the U.S. Department of State.

K. Disclosure to You. We may disclose Your Information to you or your authorized representative.

L. Disclosures to Individuals Involved with Your Health Care. We may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. We may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your health care.

M. Research. We may use or disclose Your Protected Health Information, such as your medical information, for purposes of research if we first confirm that your privacy rights will be protected, for instance if a privacy board or Institutional Review Board determines that your privacy will not be put at risk and informs us of its determination.

YOUR INDIVIDUAL RIGHTS

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to Your Protected Health Information, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services (the "Secretary") Office for Civil Rights. Upon request, the Privacy Office will provide you with the correct address for the Secretary. We will not retaliate against you if you file a complaint with us or the Secretary.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of Your Protected Health Information for treatment, payment, and health care operations in addition to those explained in this Notice. While we will consider all requests for additional restrictions carefully, we are not required to agree to all requested restrictions, but will comply with legally required restrictions. If you wish to request additional restrictions,

C. Right to Receive Confidential Communications. We accommodate any reasonable request for you to receive Your Protected Health Information by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Information. You may request access to our records that contain Your Information in order to inspect and request copies of your records. Under limited circumstances, we may deny you access to all or a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you a reasonable fee for copying and mailing costs. You also have a right to receive a copy in electronic format, if so requested.

E. Right to Amend Your Records. You have the right to request that we amend Your Information maintained in our records, including case or medical management records, used, in whole or in part, by or for us to make decisions about you or with respect to our products or services. If you desire to amend these records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

F. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of Your Information made by us, excluding disclosures made earlier than six (6) years before

the date of your request. If you request an accounting more than once during a twelve (12) month period, we have the right to charge you fifty cents (\$0.50) per page of the accounting statement and five dollars (\$5.00) per hour for clerical work necessary to complete the requested accounting.

G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice.

H. Right to Receive Notification of any Security Breaches. If any breach of security relating to Your Information should occur, you have the right to receive notification. We will abide by breach notification requirements under law.

DURATION OF THIS NOTICE

Our Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all of Your Information that we maintain, including any information we created or received prior to issuing the new notice. If we change this Notice, we will send the new notice to you if we are providing services to you under our products or services. In addition, we will post any new notice on our website at accofsetexas.com. You also may obtain any new notice by contacting the Privacy Office.

Privacy Office

For additional information: In addition to any other Privacy Notice we may provide, federal law establishes privacy standards and requires us to provide this summary of our privacy policy annually. You may have additional rights under applicable laws. For additional Information regarding our Privacy Policies, please write to us.

You may contact the Privacy Office at:

The Accountable Care Coalition of Southeast Texas, Inc. — Privacy Office
c/o WellCare Health Plans
Attn: Privacy Officer
P.O. Box 31386
Tampa, FL 33631-3886

E-mail: HipaaPrivacyInquiries@wellcare.com

Call our Privacy Office at 1-888-240-4946 (TTY 711)