



HR Service Center
Attn: HR Benefit Support
MAC N9355-013
4200 West Old Shakopee Road
Bloomington, MN 55437

Notice of HIPAA Privacy Rights

December 2007

Please review this notice carefully as it describes how medical information about you may be used and disclosed. This notice also directs you to how you can access your medical information.

Wells Fargo is sending you this privacy notice so you understand how we use your health information and when we need to “disclose” your health information to others. For each obligation and right listed within this notice, the term “we” refers to both the Wells Fargo benefit plan administrators and the claims administrators. Remember, you have the rights regarding your health information that are in this notice.

Summary of Your Privacy Rights

We may use and give out your health information to:

- treat you
- get paid
- run the Wells Fargo benefit plans
- tell you about other health benefits and services
- family and friends involved in your care
- do research

We may also use and give out health information for:

- health and safety reasons
- organ and tissue donation requests
- military purposes
- workers’ compensation requests
- lawsuits
- law enforcement requests
- national security reasons
- coroner, medical examiner or funeral director use

You have the right to:

- get a copy of your medical record
- request a change to your medical record if you think its wrong
- ask for an accounting of certain disclosures of your health information
- ask us to limit the information we share
- ask for a copy of our privacy notice
- write a letter of complaint to us if you believe your privacy rights have been violated

The purpose of this document is to outline and inform you about your privacy rights enacted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This privacy notice describes the privacy practices of the self-insured coverage options under the Wells Fargo & Company Medical Plan, the Wells Fargo & Company Dental Plan, the Wells Fargo & Company Vision Plan, and the Wells Fargo Health Care Spending Account (collectively called the “the Plans”*) which include the following:

- Wells Fargo Health Plan (including the Medicare supplements) administered by UnitedHealthcare and Medco
- Wells Fargo BCBS PPO Plan administered by BlueCross and BlueShield (BCBS) of Minnesota and Medco
- HSA High Deductible Health Plan administered by United Healthcare and Medco
- Wells Fargo Definity Health Plan administered by United Healthcare and Medco
- Wells Fargo Exclusive Provider Plan administered by CIGNA

- Wells Fargo Health Partners Choice administered by HealthPartners
- Wells Fargo Mental Health/Substance Abuse Plan administered by United Behavioral Health
- Wells Fargo Dental Plan, administered by Delta Dental of Minnesota
- Wells Fargo Vision Plan administered by Vision Service Plan
- Wells Fargo Healthcare Spending Account Plan administered by WageWorks

*Only the listed plan options are covered by this Notice of HIPAA Privacy Rights. If you are enrolled in a fully insured coverage option or an HMO, the insurer or HMO may also provide a Notice of HIPAA Privacy Rights specifically relating to the coverage under those options.

Wells Fargo, as the sponsor of the Plans, and each of the claims administrators listed above that have been hired to administer the Plans, are required by law to protect the privacy of your health information. “Health information” as used in this privacy notice means any personal information that is created or received by a health care provider or health plan relating to:

- your physical or mental health or condition
- the provision of health care to you
- the payment for health care

Wells Fargo may have to change or amend this privacy notice and our privacy practices, but if we do, we will communicate any material changes to you in a revised privacy notice within 60 days of such changes. For your convenience, the privacy notice is available online at *Teamworks*, and available by calling the HR Service Center at 1-877-HRWELLS (1-877-479-3557), option 4, then 2, then 2. Customer Service representatives will be happy to assist you. Eastern and Central Time Zone callers can call between 8 a.m. and 6 p.m., Central Time, Monday through Friday. Pacific and Mountain Time Zone callers can call between 7 a.m. and 5 p.m., Pacific Time, Monday through Friday.

How Wells Fargo May Use or Disclose Your Health Information

We **must** use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative)
- To the Department of Health and Human Services, if necessary, to make sure your privacy is protected
- When it’s required by law

We **have the right** to use and disclose your health information to pay for your health care and to operate and administer the Plans. Some examples of when we may use your health information are:

- **Payment** of claims for services received by you and processed by the claims administrator(s) for your Plans
- **Treatment** – so that doctors and/or hospitals can provide you medical care
- **Health care operations** – to operate and administer the Plans and to help manage your health care coverage. An example of this could be when the claims administrator talks to your doctor in order to suggest a disease management or wellness program that could help improve your health
- **Provide information** on health related programs or products. For example, the claims administrator might talk to your doctor to suggest an alternative medical treatment or program or about health related products and services

Under limited circumstances, we **may have** to use or disclose your health information for:

- **Persons involved with your care**, such as a family member, if you are incapacitated, in an emergency, or when permitted by law
- **Public health activities** such as reporting disease outbreaks
- **Reporting victims of abuse, neglect or domestic violence** to government authorities, including a social service

or protective service agency

- **Health oversight activities** such as governmental audits, fraud and abuse investigations
- **Judicial or administrative proceedings** such as responding to a court order, search warrant or subpoena
- **Law enforcement purposes** such as providing limited information to locate a missing person
- **Avoid a serious threat to health or safety** such as disclosing information to public health agencies
- **Specialized government functions** such as military and veteran activities, national security and intelligence activities
- **Workers' compensation** including disclosures required by state workers' compensation laws for job-related injuries
- **Research purposes** such as related to the prevention of disease or disability, but only if the research study meets all privacy law requirements
- **Provide information regarding decedents.** We may provide health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law, or to funeral directors as necessary to carry out their duties
- **Organ procurement purposes** such as for procurement, banking or transplantation of organs, eyes or tissue

If none of the above reasons apply, then your written authorization is needed to use or disclose your health information. If a use or disclosure of health information is prohibited or materially limited by other applicable laws, then it is our intent to meet the requirements of the more stringent law to protect your privacy. In some states, your authorization may also be required for use or disclosure of your health information. In many states, your authorization may be required in order for us to disclose your highly confidential health information.

Once we receive authorization from you to release your health information, we can not guarantee that the person to whom the information is provided will not disclose your information. You may revoke your written authorization unless we have already acted based on your authorization. To revoke an authorization, contact your claims administrator at the phone number listed on your Plans ID card. You may contact the HR Service Center at 1-877-HRWELLS (1-877-479-3557), option 4, then 2, then 2. Customer Service representatives will be happy to assist you. Eastern and Central Time Zone callers can call between 8 a.m. and 6 p.m., Central Time, Monday through Friday. Pacific and Mountain Time Zone callers can call between 7 a.m. and 5 p.m., Pacific Time, Monday through Friday.

What is Highly Confidential Information?

Federal and applicable state laws may require special privacy protections for highly confidential information about you. Highly confidential information may include confidential information under Federal law governing alcohol and drug abuse information, as well as state laws that often protect:

- HIV/AIDS
- Mental health
- Genetic tests
- Alcohol and drug abuse
- Sexually transmitted diseases and reproductive health information
- Child or adult abuse or neglect, including sexual assault

What Are Your Rights to Your Health Information?

- **To ask for restrictions** on uses or disclosures of your health information for treatment, payment, or health care operations. You also can ask to restrict disclosures to family members or to others who are involved in or make payments for your health care. We may also have policies on dependent access that may authorize certain restrictions. We ask you to understand that while we will try to honor your request and will permit requests

consistent with our policies; we are not required to agree to any restriction.

- **To choose how we contact you.** You have the right to ask that we communicate with you about medical matters in a certain way or even at a certain location. An example of this could be that we only contact you at work or by mail. If you have a preference regarding how we communicate with you, please let us know in writing. We will honor your request as long as it is reasonable for us to do so.
- **To see and obtain a copy** of your health information that may be used to make decisions about you such as claims and cases, or medical management records. You may receive a summary of this health information. Wells Fargo cannot provide access to psychotherapy notes, information we collect for legal actions, or any lab test information protected by law. The appeal process will not rule in favor of these decisions. A written request will be needed in order to inspect and copy your health information. In certain limited circumstances, your request to inspect and copy your health information may be denied.
- **You have the right to ask to amend** the health information we maintain about you if you believe it is wrong or incomplete. The amendment must be submitted in writing to the claims administrator(s) or to the Plans, along with a reason that supports your request. If your request is denied, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of disclosures of your health information made by Wells Fargo during the six years prior to your request. This accounting will not include disclosures of health information:
 1. made prior to April 14, 2003
 2. for treatment, payment, and health care operations purposes
 3. to you or pursuant to your authorization
 4. to correctional institutions or law enforcement officials
 5. other disclosures that federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this privacy notice anytime.** It is posted online at *Teamworks* or you may request a copy by calling the HR Service Center at 1-877-HRWELLS (1-877-479-3557), option 4, then 2, then 2. Customer Service representatives will be happy to assist you. Eastern and Central Time Zone callers can call between 8 a.m. and 6 p.m., Central Time, Monday through Friday. Pacific and Mountain Time Zone callers can call between 7 a.m. and 5 p.m., Pacific Time, Monday through Friday.

How to Exercise Your Rights

- **Contact Wells Fargo or the claims administrators.** If you have any questions about this privacy notice or want to exercise any of your rights, please call the HR Service Center at 1-877-HRWELLS (1-877-479-3557), option 4, then 2, then 2. Customer Service representatives will be happy to assist you. Eastern and Central Time Zone callers can call between 8 a.m. and 6 p.m., Central Time, Monday through Friday. Pacific and Mountain Time Zone callers can call between 7 a.m. and 5 p.m., Pacific Time, Monday through Friday, or the claims administrator(s) for your health plan which are listed at the end of this privacy notice.
- **Filing a complaint.** If you believe your privacy rights have been violated, you may file a complaint with Wells Fargo at the following address:

Compensation and Benefits Department
Attn: Privacy Official
Wells Fargo & Company
MAC N9311-170
625 Marquette Avenue
Minneapolis, MN 55479

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

Wells Fargo will not take any action against you for filing a complaint.

If you have questions about this privacy notice, you may contact the HR Service Center at 1-877-HRWELLS (1-877-479-3557), option 4, then 2, then 2. Customer Service representatives will be happy to assist you. Eastern and Central Time Zone callers can call between 8 a.m. and 6 p.m., Central Time, Monday through Friday. Pacific and Mountain Time Zone callers can call between 7 a.m. and 5 p.m., Pacific Time, Monday through Friday.

To reach the claims administrator for the Plans you are enrolled, please call the applicable number listed below:

Claims Administrators	
Wells Fargo Health Plan United Healthcare 1-800-842-9722	Wells Fargo Definity Health Plan United Healthcare 1-866-333-4648
Medco 1-800-309-5507	Medco 1-800-311-0835
Wells Fargo BlueCross BlueShield PPO BlueCross and BlueShield of Minnesota 1-800-509-5314 651-662-5551	Wells Fargo HealthPartners Choice Health Plan HealthPartners 1-888-487-4442 952-883-6677
Medco 1-800-309-5507	
Wells Fargo Exclusive Provider Plan CIGNA 1-800-244-6224	Wells Fargo Mental Health/Substance Abuse Plan United Behavioral Health 1-800-720-4158
Wells Fargo Vision Vision Service Plan 1-800-877-7195	Wells Fargo Health Care Spending Account Plan WageWorks 1-877-924-3967
Wells Fargo Dental Plan Delta Dental of Minnesota 1-800-448-3815	HSA High Deductible Health Plan United Healthcare 1-800-842-9722
	Medco 1-800-311-0835