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# Notice of HIPAA Privacy Rights

THIS NOTICE OF HIPAA PRIVACY RIGHTS (“Notice”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO INFORMS YOU HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

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 Notice describes the privacy practices for the self-insured group health plan options under the Wells Fargo & Company Health Plan, the Wells Fargo & Company Retiree Plan, and the Wells Fargo & Company Health Care Flexible Spending Account Plan (collectively referred to as the “Wells Fargo group health plans”).

For each obligation and right listed within this Notice, the terms “we,” “us,” and “our” refer to both the plan administrator and the claims administrators for the self-insured coverage options beginning January 1, 2022, under the Wells Fargo group health plans.

“Protected health information (PHI),” as used in this Notice, means any individually identifiable health information that is created or received by a health care provider or the Wells Fargo group health plans relating to:

- Your physical or mental health or condition
- The provision of health care to you
- The payment for health care

Protected health information does not include any information maintained on the Wells Fargo payroll system or records related to an individual’s enrollment in or coverage level under a Wells Fargo group health plan.

This Notice is subject to change. The Wells Fargo group health plans are required to provide this Notice to you and abide by its current terms, which may be amended from time to time. The current Notice is posted on the HR Services & Support site. You may also contact Employee Care during normal business hours at 1-877-HRWELLS (1-877-479-3557), option 2, to request a copy of the Notice. After leaving Wells Fargo, you can request a copy of the current Notice by submitting a written request to the Privacy Official for the Wells Fargo group health plans (contact information is noted at the end of this Notice).

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## Summary of the Privacy Rights Described in this Notice

### Your Rights — you have the right to:

- Get a copy of your health and claim records
- Ask us to correct your health and claim records
- Request confidential communications
- Ask us to limit the information we use or share
- Get a list of those with whom we’ve shared your information
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices — you have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

### Our Uses and Disclosures — we may use and share your information to:

- Pay your claims for health services
- Help manage the health care treatment you receive
- Run health care operations and administer the Wells Fargo group health plans
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

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**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get a copy of your health and claims records

- You can request to see or get a copy of your protected health information, such as health and claims records and other health information (for example, case or medical management records) we have about you, usually within 30 days of your request. If your protected health information is maintained electronically in one or more designated record sets, then you have the right to get a copy of this health information in an electronic format. You will need to submit a written request to the Privacy Official or the applicable claims administrator as listed within this Notice to see or get a copy of your protected health information (contact information is noted at the end of this Notice).
- You may also request that the Wells Fargo group health plans provide your protected health information to another person by submitting a signed, written request that clearly identifies the designated person, what information you want released to that individual, and where to send the copy of protected health information. Submit your written statement to the Privacy Official or the applicable claims administrator (contact information is noted at the end of this Notice). If you authorize us to release your protected health information to another individual, we cannot guarantee that the person to whom the information is provided will not disclose your information. The Privacy Official and the Wells Fargo group health plans are not liable for any such disclosures by other individuals. You may revoke your written authorization unless we have already acted based on your authorization. To revoke an authorization to disclose health care information to another party, submit your written revocation request to the Privacy Official or the applicable claims administrator (contact information is noted at the end of this Notice).
- We will provide a copy or summary of your health and claims records and other health information usually within 30 days of your request, but we can extend this period once by another 30 days. If an extension is needed, we will notify you before the first 30-day period expires and will provide you with the reasons for the delay and when we expect to respond to your request. Note: In certain limited circumstances, your request to see or get a copy of your protected health information may be denied.

### Ask us to correct your health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Your request must be submitted in writing to the applicable claims administrator or directly to the Privacy Official (contact information is noted at the end of this Notice), along with a reason that supports your request.
- We may say no to your request, but usually we'll tell you why in writing within 60 days. This period can be extended once by another 30 days. If an extension is needed, you will be provided with the reasons for the delay and when we expect to respond to your request before the first 60-day period expires.
- If your request is denied, you may have a statement of your disagreement added to your protected health information.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. If you have a preference regarding how we communicate with you, please let us know in writing by sending your written request to the applicable claims administrator or directly to the Privacy Official (contact information is noted at the end of this Notice).
- We will honor your request as long as it is reasonable for us to do so or if you clearly state that disclosure of all or part of the information could endanger you.

### Ask us to limit the information we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our 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. You must make your request in writing to the Privacy Official or the applicable claims administrator (contact information is noted at the end of this Notice).
- 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.

### Get a list of those with whom we've shared your information

- You can ask for a list (accounting) of the disclosures of your protected health information made by the Wells Fargo group health plans during the six years before the date of your request, who we shared it with, and why. You must make your request in writing to the Privacy Official or the applicable claims administrator (contact information is noted at the end of this Notice).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- The accounting will say who we shared the information with and why we shared it. However, this accounting will not include disclosures of protected health information made:
  - Prior to the six years before the date of your request
  - For treatment or payment purposes, to run health care operations, or to administer the Wells Fargo group health plan
  - Pursuant to your authorization to disclose information
  - To correctional institutions or law enforcement officials
  - In connection with other disclosures for which federal law does not require us to provide an accounting

### Get a copy of this Notice

- You can ask for a paper copy of this Notice at any time, even if you have elected to receive it electronically. You may call Employee Care at 1-877-HRWELLS (1-877-479-3557), option 2, during normal business hours to request a free copy. The Notice is also posted on the HR Services & Support site where you can access it and print it at your convenience. After leaving Wells Fargo, you can request a copy of the current Notice by submitting a written request to the Privacy Official (contact information is noted at the end of this Notice).
- All new Kaiser members, in all regions, receive a copy of the appropriate Notice of Privacy Practices from Kaiser when they receive their identification card. Kaiser also includes information in their member communications to remind members how to obtain a copy of the Kaiser Notice of Privacy Practice, which can also be found at [kp.org/privacy](http://kp.org/privacy).

### Choose someone to act for you

- If you have given someone health care power of attorney (or otherwise have legally appointed someone as your personal representative, an individual you designate to act on your behalf and who is legally authorized to make decisions about your health care) or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure this person has this authority and can act for you before we take any action, requesting proof, such as a copy of the health care power of attorney authorizing this individual to make health care decisions for you, or other documentation that proves this individual qualifies as your personal representative under state law.
- If you authorize someone to act on your behalf, we cannot guarantee that the person to whom the information is provided will not disclose your information. The Privacy Official and the Wells Fargo group health plans are not liable for any such disclosures by other individuals.
- You may revoke your written authorization unless we have already acted based on your authorization. To revoke an authorization allowing someone to act on your behalf, submit your written revocation request to the Privacy Official or the applicable claims administrator (contact information is noted at the end of this Notice).

### File a complaint if you feel your rights are violated

If you believe your privacy rights have been violated, you may file a complaint.

- You may file a complaint with the Privacy Official at the following address:
 

Corporate Benefits Department  
Attn: Privacy Official  
Wells Fargo Group Health Plans  
MAC D1107-029  
8740 Research Drive  
Charlotte, NC 28262

or by email at:  
[CorporateBenefitsCompliance@wellsfargo.com](mailto:CorporateBenefitsCompliance@wellsfargo.com)
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at the following address:
 

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue SW  
Washington, DC 20201

or by calling 1-877-696-6775

or by visiting  
[hhs.gov/ocr/privacy/hipaa/complaints/](http://hhs.gov/ocr/privacy/hipaa/complaints/)

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

The Wells Fargo group health plans have policies and procedures in place designed to address breaches of unsecured protected health information. Effective September 23, 2009, the Wells Fargo group health plans are obligated to, consistent with HIPAA, notify you if your unsecured protected health information is breached. If your complaint relates to breach notification procedures of the Wells Fargo group health plans or compliance with the policies and procedures of the Wells Fargo group health plans in general, please notify the Privacy Official at the address listed above.

## Your Choices

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### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

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### How do we typically use or share your health information?

We typically use and share your information in the following ways.

**We must** use and disclose your protected 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 share your protected health information in the following ways.

### Pay your claims for health services

We can use and disclose your health information:

- To pay for health services received by you and processed by the claims administrators for the Wells Fargo group health plans in which you are enrolled
- For coordination of benefits with other health plans

*Example:* We share information about you with your dental plan to coordinate payment for your dental work.

### Help manage health care treatment you receive

- We can use your health information and share it with health care providers so they can provide you with treatment you may need.
- In addition, the claims administrator might talk to your doctor about health-related products and services, or to suggest an alternative medical treatment or program.

*Example:* A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

### Run health care operations and administer the Wells Fargo group health plans

- We can use and disclose your information to run health care operations and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

*Example:* We use health information about you to develop better services for you.

- We may disclose your health information to Wells Fargo, which sponsors the health plans, for plan administration purposes.

*Example:* The Wells Fargo group health plans may use your protected health information in connection with:

- A disease management or wellness program to improve your health
- Underwriting, including but not limited to, soliciting bids from potential insurance carriers (genetic information shall not be used for underwriting purposes)
- Merger and acquisition activities
- Determining participant contributions
- Submitting claims to the plans' stop-loss (or excess loss) carrier
- Conducting or arranging for medical review
- Legal services
- Audit services
- Fraud and abuse detection programs

• The Wells Fargo group health plans also may use your protected health information for other administrative activities, such as business planning and development, cost management, business management, and conducting quality assessment and improvement activities.

• We may also disclose information to other Wells Fargo employees who are responsible for administering the Wells Fargo Group health plans, as described below. We can also disclose information to other Wells Fargo employees for purposes of enrolling or disenrolling you and your dependents (enrollment and disenrollment information is employment information rather than Plan information protected by HIPAA).

### Plan administrator and health plan separation

Wells Fargo employees, classes of employees, and other workforce employees listed below will have access to protected health information only to perform the plan administrative functions required of the plan administrator to administer the Wells Fargo group health plans:

- Benefits
- Corporate Finance
- External Audit
- HR Advisory Services
- HR Compliance
- HR Control
- HR Operations
- HR Technology
- Independent Risk Management
- Internal Audit
- Legal Counsel
- The plan administrator or its delegates

This list includes every employee, class of employee, or other workforce employee under the control of the individual who may receive protected health information relating to the ordinary course of business.

The employees, classes of employees, and other workforce employees identified above (and any individual under the control of these employees) may be subject to disciplinary action and sanctions for any use or disclosure of protected health information that is in violation of these provisions. Any violations will promptly be reported to plan representatives, and the plan administrator will cooperate to correct the problem. The plan administrator will impose appropriate disciplinary actions on such violators and will take reasonable measures to reduce any harmful effects of the violation.

### **How else can we use or share your health information?**

We are allowed or required to share your protected health information in other ways as described below, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

We cannot, however, guarantee that the person or entity to which the information is provided will not disclose your information. The Privacy Official and the Wells Fargo group health plans are not liable for any such disclosures by other individuals or entities.

**Disclose to persons involved with your care**, such as a family member, if, in our professional judgement you are incapacitated, in an emergency, or when permitted by law, if under the circumstances you do not object or you cannot object.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting victims of abuse, neglect, or domestic violence to government authorities, including a social service or protective service agency
- Preventing or reducing a serious threat to health or safety, such as disclosing information to public health agencies

### **Do research**

We can use or share your information for health research. HIPAA allows covered entities, such as the Wells Fargo group health plans, to disclose PHI without an individual's consent for research purposes, such as research related to the prevention of disease or disability, but only if the research study meets all privacy law requirements.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. If a use or disclosure of protected 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.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

We can share health information about you:

- With organ procurement organizations, for organ procurement purposes such as banking or transplantation of organs, eyes, or tissue\*
- With a coroner, medical examiner, or funeral director when an individual dies, such as for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law, or to funeral directors as necessary to carry out their duties

\* The disclosure of PHI for organ procurement allows the Wells Fargo group health plans to share your PHI in response to requests related to organ or tissue donation. This would occur if for example, you, or your family, agreed to organ donation. This disclosure of information for organ procurement purposes does not constitute your consent or agreement to organ donation.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims, including disclosures required by state workers' compensation laws for job-related injuries
- For law enforcement purposes or with a law enforcement official, such as providing limited information to locate a missing person
- With health oversight agencies for activities authorized by law, such as governmental audits, fraud, or abuse investigations
- For special government functions such as military, national security, and presidential protective services, including veteran activities and intelligence activities

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

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Wells Fargo (the plan sponsor for the Wells Fargo group health plans) may not use or disclose protected health information for employment-related actions or decisions. Wells Fargo may only use or further disclose protected health information as permitted or required by law and will report any use or disclosure of protected health information that is inconsistent with the permitted uses and disclosures.

- HIPAA requires us to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know (in writing) if you change your mind. See the “Choose someone to act for you” section of this Notice.

For more information, see [hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

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The effective date of this Notice is January 1, 2022. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will mail a copy to you if there are material changes. You may also request a current copy of the Notice by submitting a written request to the Privacy Official (see the contact information at the end of this Notice).

## This Notice of Privacy Practices applies to the following organizations

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### Wells Fargo group health plans

Address: Corporate Benefits Department  
Attn: Privacy Official  
Wells Fargo Group Health Plans  
MAC D1107-029  
8740 Research Drive  
Charlotte, NC 28262

Email: [CorporateBenefitsCompliance@wellsfargo.com](mailto:CorporateBenefitsCompliance@wellsfargo.com)

Website: Online at the HR Services & Support site

Phone: 1-877-HRWELLS (1-877-479-3557)  
option 2 via Employee Care

## Claims administrators for the Wells Fargo group health plans

To reach the claims administrator for the Wells Fargo group health plan self-insured coverage options in which you are enrolled, please call the applicable number listed below:

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**Copay Plan with HRA, Higher Use Plan with HSA, Lower Use Plan with HSA, Narrow Network Plan with HSA, Narrow Network Copay Plan, and Flexible High Deductible Health Plan**  
administered by UnitedHealthcare

UnitedHealthcare  
1-800-842-9722

Express Scripts (prescription drug benefit)  
1-855-388-0352

HealthEquity (HRA claims, Copay Plan with HRA only)  
1-877-924-3967

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**Copay Plan with HRA, Higher Use Plan with HSA, Lower Use Plan with HSA, Narrow Network Plan with HSA, Narrow Network Copay Plan, and Flexible High Deductible Health Plan**  
administered by Aetna

Aetna  
1-877-320-4577

Express Scripts (prescription drug benefit)  
1-855-388-0352

HealthEquity (HRA claims, Copay Plan with HRA only)  
1-877-924-3967

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**Copay Plan with HRA, Higher Use Plan with HSA, Lower Use Plan with HSA, Narrow Network Plan with HSA, Narrow Network Copay Plan, and Flexible High Deductible Health Plan**  
administered by Anthem Blue Cross Blue Shield

Anthem Blue Cross Blue Shield  
1-866-418-7749

Express Scripts (prescription drug benefit)  
1-855-388-0352

HealthEquity (HRA claims, Copay Plan with HRA only)  
1-877-924-3967

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**Pre-Medicare Retiree HSA-Based Medical Plan and Pre-Medicare Retiree HRA-Based Medical Plan**  
administered by UnitedHealthcare

UnitedHealthcare  
1-800-842-9722

Express Scripts (prescription drug benefit)  
1-855-388-0352

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**UnitedHealthcare Temporary Medicare Supplement Plan**

UnitedHealthcare  
**1-800-842-9722**

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**Retirement Medical Allowance Account**  
administered by HealthEquity

HealthEquity  
1-877-924-3967

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**Prudential Securities Inc. Retirement Medical Allowance**  
administered by HealthEquity

HealthEquity  
1-877-924-3967

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**Vision plan coverage** administered by Vision Service Plan

Vision Service Plan  
1-877-861-8352

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**Dental plan coverage options** administered by Delta Dental

Delta Dental of Minnesota  
1-877-598-5342

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**Wells Fargo & Company Health Care Flexible Spending Account Plan**

Full-Purpose Health Care FSA and Limited Dental/Vision FSA

HealthEquity  
1-877-924-3967

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