



# Notice of Privacy Practices

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*Your Information. Your Rights. Our Responsibilities*

**THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL AND FINANCIAL INFORMATION IS VERY IMPORTANT TO US.**

At Community Health Plan of Washington (**CHPW**), **we** are committed to maintaining the confidentiality of your medical and financial information, which we refer to as your “personal information, regardless of format: oral, written, or electronic. This Notice of Privacy Practices informs you about how we may collect, use and disclose your personal information and your rights regarding that information.

**The start date of this Notice is December 16, 2019.** It will remain in effect until we replace it. This Notice pertains to you and your covered dependents. Please share it with your covered dependents.

## **OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL INFORMATION**

- Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), CHPW must take measures to protect the privacy of your personal information. In addition, other state and federal privacy laws may provide additional privacy protection. Examples of your personal information include your name, Social Security number, address, telephone number, race/ethnicity, language, account number, employment, medical history, health records, claims information, etc.

We protect your personal information in a variety of ways. For example, we authorize access to your personal information by our employees and business associates only to the extent necessary to conduct our business of serving you, such as paying your claims. We take steps to secure our buildings and electronic systems from unauthorized access. We train our employees on our written confidentiality policy and procedures and employees are subject to discipline if they violate them. Our privacy policy and practices apply equally to personal information about current and former members; we will protect the privacy of your information even if you no longer maintain coverage through us.

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We are required by law to:

- protect the privacy of your personal information;
- provide this Notice explaining our duties and privacy practices regarding your personal information;
- notify you following a breach of your unsecured personal information; and
- abide by the terms of this Notice.

## **HOW WE MAY COLLECT YOUR PERSONAL INFORMATION**

We collect most of your personal information directly from you. By submitting an application for coverage with us or being our member, we may also obtain your personal information from third parties without your specific authorization. These third parties may include producers, employers, health care providers, other health plans or insurers, and state and federal agencies.

## **HOW WE MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION**

We may use or disclose your personal health information without your specific authorization for the purposes described below. For other purposes, we will request your specific authorization in writing, which you may grant or reject. If granted, you can revoke the authorization at any time by letting us know in writing.

### **Treatment**

We may disclose personal information about you that your physician or other health care provider requests to help them with your medical treatment or services. For example, we may disclose what prescriptions you have filled to help your physician or other health care provider to prescribe the appropriate medication.

### **Payment**

We may use and disclose personal information so that we can process your medical claims. For example, we may need to disclose personal information to administer your health benefits, to coordinate benefits with other health plans, to determine coverage and to obtain premiums. However, state and federal laws prohibit us from disclosing certain types of sensitive personal information, including psychotherapy notes, about you without your specific authorization.

### **Health Care Operations**

We may use and disclose personal information for health plan operations. For example, we may disclose personal information to conduct quality assessment and improvement activities, to engage in care or case management. However, federal law prohibits us from using or disclosing genetic information for underwriting purposes. State laws may prohibit us from disclosing certain types of sensitive personal information about you to other members of your family without your specific authorization. For example, our care coordination nurse may not be

permitted to disclose case management information about an inpatient mental health admission without a specific authorization.

We will not use your personal demographic information for underwriting, or to deny you coverage and benefits. This means we will not use your race, ethnicity, or language preference to decide which services we will offer you or to deny you care.

### **Business Associates**

We may disclose your personal information to our Business Associates. These are entities or individuals that are not employed by us that perform health care operations or payment activities on our behalf which require that the Business Associate create, receive, maintain, or transmit your personal information. We must have contracts with our business associates that require them to maintain the confidentiality of your personal information. For example, we may contract with a pharmacy benefit manager to administer prescription drug benefits.

### **Appointment/Service Reminders**

We may use your personal information to contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related products or services that may be of interest to you and are provided by us, included in your plan of benefits or otherwise valuable products or services that are only available to current members.

### **As Required by law**

We may use or disclose your personal information when required by federal, state or local law. For example, we may disclose personal information to a health oversight agency, to include the Secretary of the Department of Health and Human Services or a state insurance department, for activities such as audits, investigations, or related to licensure. If you receive public benefits through a government program, we may disclose personal information about you to the state or federal agency administering that program or another government program, including workers' compensation programs.

### **Public Health**

We may disclose personal information about you to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

### **Research**

We may disclose your personal information as part of a limited data set for purposes of research, public health or health care operations. We also may disclose personal information to researchers when their research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the confidentiality of your personal information.

## **Legal or Administrative Proceedings**

We may disclose your personal information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

## **Law Enforcement**

We may disclose your personal information to law enforcement officials if we receive a court order, warrant, grand jury subpoena or an inquiry for purposes of identifying or locating a suspect, fugitive, material witness or missing person. If you are an inmate, we may disclose your personal information to correctional institutions as allowed by law.

## **Health and Safety**

We may disclose your personal information to prevent a serious threat to public health or safety.

## **Military and National Security**

Under certain circumstances, we may disclose to military authorities the personal information of armed forces personnel. We may also disclose to an authorized federal official personal information required for lawful intelligence, counterintelligence and other national security activities.

## **YOUR RIGHTS REGARDING PERSONAL INFORMATION**

CHPW needs your written authorization to disclose your personal information for a purpose other than those listed in this Notice.

### **What are your health information rights?**

You have the following rights regarding person information that we maintain about you:

**Restriction Request:** You have a right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment and health care operations activities or disclosures to individuals involved in your care.

**Confidential Communications:** If you believe that disclosure of all or part of your personal information may endanger you, you have the right to request that we communicate with you about health matters at an alternative location. For example, you may ask that we only contact you at your work address.

**Inspection:** you have the right to request inspection and to receive a copy of a record of your personal information. If we maintain the record electronically, you have the right to request the copy be in the electronic format of your choice. If we cannot readily provide your record in that format, we will provide your record in an electronic format that you and we have agreed to.

**Amendment:** If you feel the personal information that we maintain about you is incorrect or incomplete, you have the right to request amendment to your personal information.

**Accounting of Disclosures:**

You have the right to an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of copying, mailing, and supplies associated with your request. All of these requests must be made in writing.

Please contact us at the phone number below or visit our web site at <https://medicare.chpw.org/> for the applicable request form. Except for accounting of disclosures, we will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request. For example, we will not amend personal information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

**This Notice is Subject to Change**

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you that we maintain. If we make any changes to our privacy practices, we will provide you with a copy of the revised Notice. We will also post the revised Notice on our web site. If you need a copy of this Notice or want more information about our privacy practices, contact us as described below.

**ELECTRONIC NOTICE**

If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below

**REPORTING A PROBLEM**

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

## **CONTACT INFORMATION**

You may exercise any of your rights described in this Notice, or ask questions about these rights, by contacting us at:

- **By Phone:**
  - CHPW Customer Service department toll free at 1-800- 942-0247, 7 days a week, 8:00 a.m. to 8:00 p.m. (PST). (TTY Users Dial 7-1-1)
- **In Writing:**
  - Community Health Plan of Washington  
Attn: Appeals and Grievances Department  
1111 Third Avenue, Suite 400  
Seattle, WA 98101

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights  
U.S. Department of Health & Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201  
(877) 696-6775  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>