



# NOTICE OF PRIVACY PRACTICES

**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.**

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At Community Health Plan of Washington (CHPW), we are committed to maintaining the confidentiality of your health and financial information. This Notice of Privacy Practices informs you about how we collect, use, and disclose your health information and your rights regarding that information.

**The effective date of this Notice is March 1, 2024.** It will remain in effect until we replace it. This Notice pertains to you and 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 protected 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, sexual orientation, gender identity, account number, employment, medical history, health records, claims information.

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.

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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.

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

We collect your personal information directly from you. By submitting an application for coverage or as our member, we obtain personal information from third parties without a 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 can use your health information and share it with professionals who are treating you. Example: A doctor provides us information about your diagnosis and treatment plan so we can arrange additional health care services.

### **Payment**

We can use and disclose your health information since we cover your health care services. For example, we share information about you to administer your health care benefits, coordination of benefits with another health plan, and to determine coverage. However, state, and federal laws prohibit us from disclosing certain types of sensitive personal information, including psychotherapy notes, without your specific authorization.

### **Health Plan Operations**

We can 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 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 authorization. For example, the Care Coordination Nurse may not 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 coverage and benefits. This means we will not use your sexual orientation, gender identity, race, ethnicity, or language preference to decide which services we will offer or to deny care.

### **Business Associate**

We can disclose your personal information to a business associate. A business associate is an individual or entity not employed by us that performs health care operations or payment activities on our behalf which require the business associate create, receive, maintain, or transmit your personal information. We have contracts with our business associates that

require them to maintain the confidentiality of your personal information. For example, we contract with a pharmacy benefit manager to administer your prescription drug benefits.

### **Appointment/Service Reminder**

We may use your personal information to contact you to remind you to obtain preventive health care services or to inform you of treatment alternatives and/or health-related products or services that may be of interest to you, 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 can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Public Health**

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

### **Research**

We can share your personal information as part of a limited data set for purposes of research, public health, or health care operations.

### **Legal or Administrative Proceedings**

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

### **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.

### **Sales and Marketing**

We will not sell your personal information or use or disclose it for marketing purposes without obtaining your written authorization.

### **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 personal 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.

**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 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.

**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.

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

### **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes apply to all information we have about you. The new notice is available upon request, on our web site, and a copy will be mailed to you.

### **ELECTRONIC NOTICE**

You are also entitled to receive the Notice in paper form if you obtain it from our website or by email. To obtain a paper copy of this Notice, contact us as described below.

### **REPORTING A PROBLEM**

File a complaint if you feel your rights have been violated. You can file a complaint by contacting us toll free at 1-800-942-0247, 7 days a week, 8 a.m. to 8 p.m. (PST), (TTY: 711) or in writing at Community Health Plan of Washington, Attn: Customer Service at 1111 3<sup>rd</sup> Avenue, Suite 400, Seattle WA 98101.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.