

Notice of Privacy Practices



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Community Health Plan Notice of Privacy Practices

This notice describes how health care information about you may be used and given to others and how you can get this information. The information in this notice went into effect April 14, 2003, and will remain in effect until it is revised or replaced. This Notice of Privacy Practices is sent to you yearly.

Please review this section carefully. The privacy of your health care information is very important to us.

Protected health information (PHI) means any information about you, including information about your health care and treatment, your name, age, address, Social Security number, family, and employer.

Note: Information about Community Health Plan policies and procedures relating to protected health information is available on our web site, www.chpw.org.

Privacy and Security of Your Health Information

Community Health Plan has rules (policies and procedures) that protect the privacy and security of your health information. Any employer or plan sponsor who gets personal health information from us must follow the same rules.

These are some of the steps Community Health Plan takes to keep your protected health information safe:

We use technology to protect your health information. We monitor and evaluate our processes and systems to make sure your information is protected.

Access to your health information is only given to certain people. If by mistake your health information is shared with someone who shouldn't see it, we take steps to correct the mistake. We will tell you and the right government agencies if your information is accidentally shared with someone who is not required to protect it under the law.

Our office is physically secure. We control access to our office with security access procedures and require that all people who enter our facility wear identification.

Our staff is trained to protect the privacy and security of your health information. Our staff protects information about you in a number of ways:

We do not discuss your private health information where others can hear it or with anyone who does not need to know it.

We limit what we discuss on the phone.

We keep written health information locked in a drawer when we are not using it.

We send health information by email in a form that cannot be read if somebody else sees the email.

We keep our computers locked when we are not at our desks.

We check to make sure our staff follows these rules and correct those who violate them.

Privacy of Your Health Information — Authorizations

To protect your privacy, we will talk only to you about your health information, unless:

- You tell us that we can talk to someone else.
- We are required or it is legally okay to talk to someone else.

If you want us to talk about your health information to a family member or friend, you must give us a signed release form. The form you must use to authorize Community Health Plan to release your health information to someone else is on our website, www.chpw.org. You can also receive a copy of the form by calling our Community Health Plan Customer Service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

If you give us permission to share your health information with others, it is okay to change your mind later. You must tell us that you have changed your mind by sending a signed release form revoking your authorization so we know to stop sharing this information.

How We Use and Share Your Protected Health Information

Routine Use and Disclosures of PHI. Following are the reasons for which we might use or share your personal information without your permission.

- **Treatment.** To help you get the best medical care we might share health care records sent to us by your doctor with the hospital.

- **Payment.**
 - To pay your health care bills sent to us by doctors and hospitals.
 - To determine your eligibility or whether a service is covered under your policy.
 - To coordinate benefits if you have other health insurance coverage.

- **Operations.**
 - To make sure you and other members get quality health care.
 - For care coordination or case management.
 - To help with any complaints you have.

- **Appointment or service reminders.**
 - To remind you of an appointment, follow-up appointment, or a regular check-up.

- **Health-related products and services.**
 - To tell you about other health care treatments and programs.
 - To inform you about health-related products and services that you may be interested in like controlling asthma or diabetes.

- **Business associates.** These are businesses that help us, such as the business that helps us mail information to you about your coverage. We do not share your information with businesses unless they first agree to protect it.

- **Required by law.** We must share your protected health information if federal, state, or local law says so.

- **Legal proceedings.** We must share your information if a court or administrative agency orders us to give them information or if a court case requires the information.

- **Law enforcement.** In limited cases we must share your information with law enforcement officials, such as when it is needed to identify a witness or missing person.

- **National security and intelligence activities.** We might share your information with the federal government if it is needed to support national security activities that are allowed by law.

- **Military and veterans.** If you are a member of the armed forces, we must release your information when required by armed forces command authorities or the Department of State to see if you are fit for military duty or security clearance, or eligible for veteran's health services.

- **Public health and safety** when necessary to prevent or control disease, injury, or disability.

- **Abuse or neglect.** We must report to government agencies when we believe there has been child or elder abuse or neglect.

- **Oversight agencies** to help with activities such as audits, examinations, investigations, inspections, and licensures.
- **Organ donation.** If you are an organ donor, we share your information with organizations that get, transport, or transplant an organ, eye, or tissue.
- **Research.** We might release your information to be used in research without your permission when:
 - Any information that can identify you (such as name, date of birth, social security number, member identification number, addresses) has been removed from the PHI we share;
 - or
 - Researchers have (a) special permission from a research oversight committee to use PHI; and (b) the researchers have promised to keep your personal information private and safe.
- **Serious threat to health or safety.** We must release your information if it is needed to prevent a serious threat to your health and safety or the health and safety of others.
- **Worker's or victim's compensation.** We must share your information with Worker's or Victim's Compensation employees who ask us for it.
- **Correctional facilities.** By law, we must release your information if you are an inmate.

Protections for PHI Sent to Plan Sponsors

Community Health Plan will not share your personal health information with a Community Health Plan sponsor unless the sponsor's policies and procedures have these provisions:

- To not use or disclose your health information unless it is allowed by similar policies and procedures that protect your health information.
- Ensure that people or businesses that work with the plan sponsor agree to similar policies and procedures to protect your health information.
- Don't allow the use of your health information by a plan sponsor for employment or benefit-related decisions.
- Notify us of any use or disclosure of your health information that is against the rules.
- Allow you to access, amend, receive an accounting of disclosures, and restrict the use or disclosure of your own PHI.
- Identify the plan sponsor employees who have access to PHI.

Community Health Plan does not allow a plan sponsor or its employees to use or disclose PHI without following the rules. If a plan sponsor or the employees break the rules, we will not send PHI to them.

Your Personal Information and the Web

When you visit the Community Health Plan web site (www.chpw.org), the web site automatically records some information. The web site records the IP address of the computer you are using. If another site referred you, our web site records the IP address of the site that referred you. The web site also records the number of people who look at each page on our site, but it does not tell us who saw which page. None of this information is collected in a way that can be used to identify you personally, to contact you, or to store information about you.

The information we collect is used only to:

- Tell us which pages are visited most often.
- Show which organizations and domains send the most visitors to our web site.

If you are asked to enter information in a form on any page of the web site, that page will tell you exactly how we will use that information. You can refuse to enter the information, if you want to.

Your Rights About Your Protected Health Information

You have certain rights concerning your health information. Your rights include the following.

Right to access. You may look at and get a copy of your information that is kept by Community Health Plan. This may include any records used to make decisions about you as a member. For information about how to get your health information, see the "How Do I Use My Rights?" section in this notice. In certain cases, Community Health Plan may deny this request. If we deny your request, we will tell you in writing and let you know if and how you can appeal our decision. We may charge you a reasonable fee for copying and mailing this information.

Right to request changes. You may ask us to change information we have in our records about you if you think it is wrong or not complete. Your written request:

- Must tell us the information you think is wrong or missing.
- Must explain why you want us to change it.

If we deny your request, you can send us a letter telling us that you disagree with our decision. We will include your letter whenever we share the information you asked us to change.

For information about how to request a change or disagree with a denial, see the "How Do I Use My Rights?" section in this notice.

Right to an accounting of disclosures. You may ask for a list of the times over the past six years when we shared your protected health information with another person or organization.

The list will not include the times when such information:

- Was shared with you or your personal representative.
- Was shared with your authorization.
- Was shared for your treatment.
- Was shared to pay for your health care.
- Was shared for our health care operations.
- Was shared for national security or intelligence purposes.
- Was shared with correctional institutions or law enforcement.
- Was shared as part of a limited data set for research or public health activities.
- Was shared before April 14, 2003.

If you ask for it more often than once every 12 months, we may charge you a fee for copying and mailing. When a fee applies, we will tell you how much it will be so that you can decide if you want to change or cancel your request.

For information about how to ask for this list, see the "How Do I Use My Rights?" section in this notice.

Right to request restrictions. You may ask that we not share your information for treatment, payment, or health care operations. You also have the right to ask us to not share your information with family, friends, or other persons involved in your health care.

If you ask us to restrict how we share your health information with others, it is okay to change your mind later. You must tell us that you have changed your mind so we know to change how we share your information by writing a letter to:

Community Health Plan
Attn: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

We are not required to agree with your request. If we do agree, we will follow your wishes, unless you have a medical emergency and we believe we need to share your information to help you get better.

For information about how to ask us to restrict how we share your information, see the "How Do I Use My Rights?" section in this notice.

Right to confidential communications. If you believe that sharing your information will put you in danger, you may ask Community Health Plan to communicate with you in a certain way in a certain place. All reasonable requests will be followed. Your request should tell us how you want Community Health Plan to communicate with you. For example, you may ask that we send mail to a post office box instead of to your home address or to call you on your cell phone instead of your home phone.

To change how we communicate with you, you can do one of the two things below:

- Call our Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.
- Write a letter to:
Community Health Plan
Attn: Customer Service
720 Olive Way, Suite 300
Seattle, WA 98101

If you are a Healthy Options, Children's Health Insurance Program (CHIP), GA-U, or Basic Health member, you must also change this information with the State of Washington.

Healthy Options, CHIP, and GA-U members can change their contact information with the State of Washington by calling DSHS at 1-800-562-3022 Monday through Friday, 7 a.m. to 6 p.m. If you are hearing or speech impaired, call TTY 1-800-848-5429.

Basic Health members can change their contact information with the State of Washington by calling 1-800-660-9840. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Right to get a copy of this notice. You have the right to get a printed copy of this notice. You can get a copy of this notice by calling our Community Health Plan Customer Service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

You can also view the notice on our web site, www.chpw.org.

How Do I Use My Rights?

To use your rights you must fill out the right form and mail it to the Privacy Officer at:

Community Health Plan
Attn: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

You can download the right form at the Community Health Plan web site, www.chpw.org, or you may request the form be sent to you by calling our Community Health Plan Customer Service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Can I 'Opt Out' of Certain Disclosures?

You may have received notices from other organizations that allow you to "opt out" of certain disclosures (giving out information). The most common is so that a company can market its products or services to you. Because we do not make the types of disclosures that apply to "opt out," you do not need to complete an "opt out" form or take any action to restrict such disclosures.

What if We Change Our Privacy Practices?

If any of our privacy practices change, we may change the terms of this notice and will give you a new notice about all health care information that we collect. We will tell you of any such change by letter and put the notice on our web site at www.chpw.org.

How Do I Ask Questions?

If you have questions about this notice or about how we use or share information, call the Community Health Plan Customer Service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or 206-613-8875.

How Do I Report a Problem?

If you believe your privacy rights have been violated, you may file a complaint with us by phone at 206-521-8830 (local) or 1-800-440-1561 (toll free) or mail at:

Community Health Plan
Attn: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

You may also send a complaint to the U.S. Department of Health and Human Services (HHS). To mail or fax a complaint to HHS, send it to:

ATTN: Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Voice Phone 206-615-2290 or TDD 206-615-2296
Fax 206-615-2297

To email your complaint to HHS, send it to:
OCRComplaint@hhs.gov

For more information about filing complaints with HHS, please see the web site:
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Your care and the privacy of your health information are our greatest concerns. We will not penalize you in any way if you choose to file a complaint.