

# Notice of Privacy Practices



## Table of Contents

Community Health Plan Notice of Privacy Practices.....	1
How We Use and Share Your Protected Health Information.....	2
Your Rights About Your Protected Health Information .....	4
How Do I Use My Rights? .....	6
Can I 'Opt Out' of Certain Disclosures? .....	6
What if We Change Our Privacy Practices? .....	6
How Do I Ask Questions? .....	7
How Do I Report a Problem? .....	7
Privacy of Your Health Information — Authorizations .....	8
Your Personal Information and the Web .....	8

## Community Health Plan Notice of Privacy Practices

The privacy of your health care information is important to us. 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.

**Note:** Information about Community Health Plan policies and procedures relating to protected health information is also available on our web site, [www.chpw.org](http://www.chpw.org).

Community Health Plan is required by a federal law called the Health Information Portability and Accountability Act of 1996 (HIPAA) to keep your protected health information private and to give you this notice of our legal duties and privacy practices.

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

The Community Health Plan staff is trained to protect the privacy of your health information. Our staff protects information about you in a number of ways, including:

- 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 PHI locked in a drawer when we are not using it.
- We send PHI by email in a form that cannot be read if somebody else sees the email.

Every member of our staff is required to complete training in how to protect the privacy of your health information. We check to make sure our staff is following these rules.

## **How We Use and Share Your Protected Health Information**

Under the law, we might be required to use and share your protected health information (PHI) with others for certain reasons without your permission. If we want to use or share your information for other reasons, we will ask you first.

We will not share your PHI with plan sponsors or employers unless they agree to follow our rules about how it may be used.

If you give us permission to share your PHI with others, it is okay to change your mind later. You must tell us that you have changed your mind by calling our customer service team so we know to stop sharing this 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 your doctor or hospital give you the best medical care. For example, if you are in the hospital, we might share health care records sent to us by your doctor with the hospital.
- **Payment.**
  - To pay your health care bills, which have been sent to us by doctors and hospitals for payment.
  - 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.
  - To let you know that it is time for a follow-up appointment or 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.

For example, we sometimes send out information about healthy living such as help with controlling asthma or weight loss.

- **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.

## 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 by calling our customer service team so we know to change how we share your information.

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 to:  
Community Health Plan  
Attn: Privacy Officer  
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 another printed copy of this notice if you call us and ask for one. You can also view the notice on our web site, [www.chpw.org](http://www.chpw.org).

## How Do I Use My Rights?

**To use your rights you must do one of the two things below:**

- Write to:  
Community Health Plan  
Attn: Privacy Officer  
720 Olive Way, Suite 300  
Seattle, WA 98101
- Fill out a form. You can download the form at the Community Health Plan web site, [www.chpw.org](http://www.chpw.org), and mail it to the Privacy Officer at the address above.

## 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.

As a health plan, we must follow many federal and state laws that stop us from making these types of disclosures. *Because we do not make the types of disclosures that apply to "opt outs," 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](http://www.chpw.org).

## How Do I Ask Questions?

If you have any questions about this notice or about how we use or share information, please 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 local 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 mail or phone at:

Community Health Plan  
Attn: Privacy Officer  
720 Olive Way, Suite 300  
Seattle, WA 98101  
206-521-8830 (local) or 1-800-440-1561 (toll free)

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  
Fax 206-615-2297  
TDD 206-615-2296

To email your complaint to HHS, send it to:

[OCRComplaint@hhs.gov](mailto: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](http://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.**

## 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.

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 calling our customer service team so we know to stop sharing this information.

For more information, see "How We Use and Share Your Protected Health Information" in this notice.

## Your Personal Information and the Web

When you visit the Community Health Plan web site ([www.chpw.org](http://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.

If you have any questions or concerns about how your information is collected or about how information you enter in a form is used, please contact 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 local 206-613-8875.