



**COMMUNITY HEALTH PLAN**  
of Washington

*Committed to your health.*

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL 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 INFORMATION IS IMPORTANT TO US.**

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

Protected health information means any information that is identifiable to you as your personal information, including information on your health care and treatment, your name, age, address and social security number.

**This notice takes effect January 1, 2007, and will remain in effect until we replace it.**

### **How We Use and Disclose Protected Health Information**

We use and disclose protected health information about you for your treatment, payment for your treatment, and our business operations. The following are examples of how we may use or disclose information about you:

- **Treatment.** We may share your information with doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to medical records sent to us by your doctor.
- **Payment.** We may use and disclose your information to pay your medical bills that have been submitted to us by doctors and hospitals for payment, to determine your eligibility for benefits or whether a service is covered under your policy, or to coordinate benefits if you have other health insurance coverage.
- **Operations.** We may use and disclose your information to make sure you and other members get quality health care, to provide customer services to you, for care coordination or case management, or to help with any complaints you may have.



We may also use or disclose information about you to:

- **Family or Friends.** To a family member, friend or other person if you are not able or not present to agree, when the situation, such as a medical emergency or disaster relief, indicates that disclosure would be in your best interest.
- **Marketing.** We may use your information to send you a reminder if you have an appointment, to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in. For example, we sometimes send out our newsletter that lets you know about healthy living alternatives such as quitting smoking or weight loss programs.
- **Business Associates.** To business associates, such as an attorney, accountants, or others, who help us conduct our business. We will not share your information with these business associates unless they first agree to protect it.
- **Treatment Alternatives and Plan Description.** To tell you about treatment services, options or alternatives, as well as health-related benefits or services that you might be interested in, or to explain our health plan or providers to you.
- **De-identify Information.** To “de-identify” information by removing information from your protected health information that could be used to identify you.

We may be required to provide your information to others for legal and/or governmental purposes:

- **Required by Law.** When we are required to do so by state or federal law, including workers’ compensation laws.
- **Public Health and Safety.** When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, or to prevent or control disease.
- **Abuse or Neglect.** To government agencies authorized to receive reports when we believe there has been child abuse or neglect, or domestic violence.
- **Oversight Agencies.** To help oversight agencies for certain activities such as audits, examinations, investigations, inspections and licensures.
- **Legal Proceedings.** In response to an order of a court or administrative agency, and in certain instances, in response to a subpoena, discovery request, or other lawful purposes.



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- **Law Enforcement.** To law enforcement officials in limited circumstances for law enforcement purposes. For example, to identify a witness or missing person.
- **Deceased Person Information.** To coroners, medical examiners and funeral directors in order to carry out their duties.
- **Organ Donation.** If you are an organ donor, to organizations involved in procuring, banking or transplanting organs and tissues.
- **Specialized Government Functions.** For national security and intelligence activities authorized by law, and as required by military authorities if you are a member of the armed forces.

If we use or disclose your protected health information for any reason other than those set forth above, we will first get your written authorization. If you give us your written authorization, and then change your mind, you may revoke your written authorization at any time. We will honor that revocation except to the extent we have already relied on your authorization.

### **Your Rights Regarding Your Protected Health Information**

**Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Customer Service Department at 1-800-942-0247 or TTY/TDD 1-866-816-2479.**

With respect to your protected health information, you have the right to:

- **Access.** Look at and obtain a copy of your information we maintain, except that we may not permit you to look at or obtain a copy of your information that is:
  - Contained in psychotherapy notes;
  - Compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; or
  - Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provisions of access to the individual would be prohibited by law or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

*Additionally*, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and will provide you with a right to have the denial reviewed.

We may charge you a reasonable fee based on copying and other costs.



- **Amendment.** Ask us to amend information we maintain about you. Your request must be in writing, identify the information you think is not correct or missing, and explain why you want to amend it. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

- **Accounting of Disclosures.** Receive a listing of instances when we or a business associate disclosed your information to another person or organization. The listing will not include your information that was given to you or your personal representative that was used for your treatment, to pay for your healthcare, for our healthcare operations, or for certain other purposes. You are entitled to such an accounting for the 6-year period prior to your request, though not for disclosure made prior to April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information.

We will act on your request for a listing within 60 days. We may need additional time to act on your request, and therefore may take up an additional 30 days. Your first listing will be free, and we will continue to provide to you one free listing upon request every 12 months. However, if you request an additional listing within 12-months of receiving your free listing, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

- **Restriction Requests.** Restrict how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information we may give to persons involved in your care. While we may honor your request for restrictions, *we are not required to agree to these restrictions.*



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- **Confidential Communication.** Request that we communicate with you about your information in confidence in a different manner or at a different location (for example, by sending material to a P.O. Box instead of your home address). If you inform us that disclosure of all or part of your information could endanger you, we must comply with any reasonable request to provide you information in a different manner or at a different location.

### **Can I "Opt Out" of Certain Disclosures?**

You may have received notices from other organizations that allow you to "opt out" of certain disclosures. The most common type of disclosure that applies to "opt outs" is the disclosure of personal information to a non-affiliated company so that company can market its products or services to you. As a health plan, we must follow many federal and state laws that prohibit us from making these types of disclosures. *Because we do not make disclosures that apply to "opt outs," it is not necessary for you to complete an "opt out" form or take any action to restrict such disclosures.*

### **What if We Change Our Privacy Practices?**

Should any of our privacy practices change, we reserve the right to change the terms of this notice and to provide a new notice effective for all medical information that we maintain. We will notify you of any such change through both your member newsletter and by posting the notice on our web site at <http://www.chpw.org>. At that time you may also request that a revised notice be mailed to you.

### **Exercising Your Rights**

**You have a right to receive a paper copy of this notice upon request at any time.** You can also view a copy of the notice on our web site at <http://www.chpw.org>.

If you have any questions about this notice or about how we use or share information, please contact our Customer Service Department at 1-800-942-0247 or TTY/TDD 1-866-816-2479. Customer Service is open 7 days a week, from 8:00 a.m. to 8:00 p.m.



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If you believe your privacy rights have been violated, you may file a complaint with us at the following address or phone number:

Community Health Plan  
ATTN: Privacy Officer  
720 Olive Way, Suite 300  
Seattle, WA 98101  
Customer Service 1-800-942-0247  
TTY/TDD 1-866-816-2479

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

**Your privacy is one of our greatest concerns and we will not penalize you in any way if you choose to file a complaint.**