

## Health Resources Northwest

### Notice of Privacy Practices for Protected Health Information

#### **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**

Effective Date: April 14, 2003

Dear Northwest Hospital Employee and Eligible Covered Dependents:

You have received this notice because you are, or may be participating in, any, or all, of one of the following: Medical Insurance, Dental Insurance, Vision Insurance, Health Care Reimbursement Account (HCRA) or Employee Assistance Referral Network ("EARN") plans ("the Plans") through Health Resources Northwest (HRN), the plan sponsor of your benefit plans offered by Northwest Hospital & Medical Center (NWHMC). NWHMC and HRN strongly believe in protecting the confidentiality and security of information we collect about you.

This notice describes how we protect the health information we have about you which relates to your coverage in the Plans, and how we may use and disclose this information. This notice also describes your rights with respect to the Protected Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The notice will be posted on the Benefits page of the Human Resources intranet site <http://nwhweb> with an effective date of April 14, 2003. You may also contact John Pabarcus, Human Resources Supervisor, Benefits at (206) 368-1106.

We are required by law to:

- Maintain the privacy of your Protected Health Information;
- Provide you this notice of our legal duties and privacy practices with respect to your Protected Health Information; and
- Follow the terms of this notice.

We **protect** your Protected Health Information from inappropriate use or disclosure. Our employees, and employees of companies that help us provide our insurance, are required to comply with our requirements that protect the confidentiality of Protected Health Information. They may look at your Protected Health Information only when there is an appropriate reason to do so, such as to administer our Plans.

We will **not disclose** your Protected Health Information to any other company for their use in marketing their products to you. However, as described below, in order to effectively administer your benefits and claims, we will use and disclose Protected Health Information about you for business purposes relating to your coverage under the Plans.

The main reasons for which we may use and disclose your Protected Health Information are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures, together with some examples.

- **For Payment:** We may use and disclose Protected Health Information to pay for benefits under the Plans. For example, we may review Protected Health Information contained on claims to reimburse providers for services rendered. Additionally we may disclose Protected Health Information to a Plan for various payment related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- **For Health Care Operations:** We may also use and disclose Protected Health Information for HRN benefit plans operations. These purposes include evaluating a request for coverage or services, administering

that coverage or service, and processing transactions requested by you. We may also disclose Protected Health Information to affiliates, and to business associates outside of NWHMC and HRN if they need to receive Protected Health Information to provide a service to us and have agreed to abide by specific HIPAA rules relating to the protection of Protected Health Information. Examples of business associates are billing companies, data processing companies, or companies that provide general administrative services. Protected Health Information may be disclosed to reinsurers for underwriting, audit or claim review reasons. Protected Health Information may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

- **For Treatment:** We may also use and disclose Protected Health Information so that health care providers may provide treatment to you. For example, HRN may disclose medical information about you to doctors, nurses, technicians or other hospital or medical facility personnel who are involved in taking care of you.

In accordance with the terms of the Plans, the Plans may use or disclose Protected Health Information to HRN, which is the sponsor of the Plans offered by NWHMC, solely for the purpose of administering the plan.

Additionally the law allows PHI to be disclosed in the following circumstances. Please contact us for more information:

- **Where Required by Law or for Public Health Activities**
- **To Avert a Serious Threat to Health or Safety**
- **For Health Related Benefits or Services**
- **For Law Enforcement or Specific Government Functions**
- **When Requested as Part of a Regulatory or Legal Proceeding**
- **Military and Veterans**
- **Workers' Compensation**
- **Health Oversight Activities**

**Other Uses of Protected Health Information:** Other uses and disclosures of Protected Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Protected Health Information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time. You should understand that we will not be able to take back any disclosures we have already made with authorization.

### **Your Rights Regarding Protected Health Information We Maintain About You**

The following are your rights as a consumer under HIPAA concerning your Protected Health Information. Should you have questions about a specific right, please contact the NWHMC Benefits Department.

- **Right to Inspect and Copy your Protected Health Information:** In most cases, you have the right to inspect and obtain a copy of the Protected Health Information that we maintain about you. To inspect and copy Protected Health Information, you must submit a request in writing to the Benefits Department in Human Resources. To receive a copy of your Protected Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with the request. However, certain types of Protected Health Information will not be made available for inspection and copying. This includes Protected Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your Protected Health Information. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

- **Right to Amend your Protected Health Information:** If you believe that your Protected Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Protected Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to the Benefits Department in Human Resources. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Protected Health Information that:

- Is accurate and complete;
- Was not created by us, unless the person or entity that created the Protected Health Information is no longer available to make the amendment;
- is not part of the Protected Health Information kept by or for us; or
- Is not part of the Protected Health Information which you would be permitted to inspect and copy.

- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of Protected Health Information about you that may fall outside the scope of permitted uses and disclosures described above. To request this list, you must submit your request in writing to the Benefits Department in Human Resources. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Protected Health Information we use or disclose about you for payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to the Benefits Department in Human Resources. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Protected Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about Protected Health Information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Benefits Department in Human Resources and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the Benefits Department in Human Resources. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint, please contact the NWHMC Benefits Department in Human Resources.

## **ADDITIONAL INFORMATION**

**Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Protected Health Information we already have about you as well as any Protected Health Information we receive in the future. You will receive a copy of any revised notice from HRN by mail or by email, but only if email delivery is available and you agree to such delivery. At any time you may request a paper copy of this notice.

**Further Information:** You may have additional rights under other applicable laws. For additional information, please contact John Pabarcus, Human Resources Supervisor, Benefits at 206-368-1106.