WSHIP
WASHINGTON STATE HEALTH INSURANCE POOL

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.
The privacy of your personal health and financial information is very important to us.

I. OUR COMMITMENT TO PRIVACY

Washington State Health Insurance Pool ("WSHIP") is required by law to maintain the privacy of your personal health and financial information ("PHI") and to provide you with notice of its legal duties and privacy practices with respect to your PHI.

In the course of administering your health benefits, WSHIP collects PHI from you and your health care providers. These records are used and maintained by WSHIP, but the PHI contained in the records belongs to you.

II. HOW DO WE PROTECT YOUR INFORMATION?

We maintain physical and electronic security safeguards to protect your PHI against unauthorized access. We have policies and procedures in place to make certain we only share the minimum amount of PHI necessary and only with those parties who have a legitimate business need for the information. We have a privacy director who develops procedures to protect your PHI, educates our staff, and tests and enforces our privacy protection mechanisms.

We will not disclose PHI except as permitted by law.

III. TO WHOM IS YOUR PHI DISCLOSED AND WHY?

To effectively administer your health benefits, WSHIP must share some of your PHI. The law permits WSHIP to use or disclose your PHI for the following reasons:

- **For treatment:** WSHIP may use or disclose your PHI when requested by a doctor, hospital or other provider requiring the information to appropriately treat you.
- **For payment:** WSHIP may use or disclose your PHI to pay or deny your claims for provider services that may or may not be covered by your WSHIP benefits. This may include exchanging eligibility, benefits or prior authorization information with your health care providers or pharmacy benefits carrier or providing information to your other insurance carrier (if applicable).
- **For healthcare operations:** WSHIP may use or disclose your PHI as required to operate the WSHIP program. For example, PHI may be used in determining the cost of your premiums, to collect your premiums, to support grievance or quality review boards, for audit or accreditation programs or for necessary business purposes. However, WSHIP will not use your genetic information for underwriting purposes. WSHIP may disclose your PHI to the WSHIP care management contractor to enable the contractor to contact you to offer care management assistance, and WSHIP may contact you about treatment alternatives and other health benefits and services.
- **To business associates:** WSHIP contracts with qualified third parties ("business associates") to perform insurance-related functions on our behalf. For example, WSHIP business associates include the WSHIP administrator, pharmacy benefit manager, care management contractor, and network contractor. WSHIP may disclose PHI with these business associates in order to allow them to perform these functions. They also may

collect, create, maintain, transmit, use and/or disclose PHI on our behalf. We are required to have contracts with our business associates that require them to provide the same privacy protections that we provide for your PHI.

- **For the creation of data:** WSHIP may use your PHI for the creation of a historical database that is de-identified (not traceable back to you).
- **To you or to your designee upon your authorization:** WSHIP will release your PHI to you or someone who has the legal right to act for you (your personal representative). You retain the right to give us permission, by a written authorization, to use your PHI or release it to whomever you choose for any purpose. If you give us such an authorization, you have the right to cancel it at any time.

WSHIP considers the activities described above necessary for the proper administration of your health plan. There are also other limited circumstances in which WSHIP must release your PHI. These include:

- **As required by law:** WSHIP may use or disclose your PHI when required to do so by law. For example, we will disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (HHS), should HHS choose to ensure we are in compliance with federal law. Additionally, we may disclose your PHI for the purposes of law enforcement, to correctional institutions as allowed by law, or as otherwise required by state and local laws.
- **For public health purposes:** WSHIP may use or disclose your PHI to avert a serious threat to your health and safety or the health and safety of others such as reporting disease outbreaks to the department of health.
- **For emergency situations and disaster relief purposes:** If you are unavailable to agree to disclosure due to an emergency situation or one of disaster relief, WSHIP may use or disclose your PHI as reasonably indicated for your best interest.
- **For public safety:** WSHIP may disclose your medical information to appropriate authorities if we reasonably believe you to be a victim of abuse, neglect, domestic violence or other crimes.
- **For judicial and administrative proceedings:** WSHIP may disclose your PHI in the course of any administrative or judicial proceeding. Examples of this include: in response to a court order, subpoena or summons.
- **For health oversight activities:** WSHIP may disclose your PHI to a health oversight agency for activities authorized by law, including investigation of activities involving fraud and abuse, audits, inspections or licensure.
- **For research:** WSHIP may use or disclosure your PHI for limited research purposes as approved by the WSHIP Board.
- **For military and national security:** WSHIP may disclose PHI of enrollees who are armed forces personnel for activities deemed necessary by military command authorities. Furthermore, we may disclose to authorized federal officials, that PHI required for national security activities authorized by the national Security Act (50 U.S. C. 401, *et seq.*).
- **For change of ownership:** WSHIP may use or disclose your PHI to facilitate the change over or acquisition of WSHIP by another insurer.

IV. WHAT ARE YOUR INDIVIDUAL RIGHTS?

By law, WSHIP must have your written permission (an "authorization") to use or give out your PHI for any reason that is not described in this Privacy Notice. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. If you give us an authorization, you have the right to revoke (or cancel) it at any time. Revoking or changing an authorization must be done in writing and shall not affect any uses or disclosures of PHI already performed while the authorization was in effect.

In addition to the right to authorize any specific use or disclosure, you also have the following individual rights (listed below):

- **You have the right to request a copy of our current notice of privacy practices.** Under the law, we are required to provide you with a written copy of this Privacy Notice. You may request a copy of our current Privacy Notice at any time. You may obtain this Privacy Notice on our web site at www.wship.org or you may request a paper copy by contacting our Customer Service department by using the information at the end of this notice.
- **You have the right to request a restriction.** If you have paid for a health care item or service out of pocket in full, you may request WSHIP to restrict the disclosure of your PHI if the PHI pertains solely to that health care item or service. WSHIP must agree to limit the disclosure of your PHI if the disclosure is to a health plan for the purposes of carrying out payment or health care operations as described in this notice. WSHIP is not required to agree to limit the disclosure of your PHI if the disclosure is for treatment. For all other health care items and services which you have not paid for out of pocket in full, you may submit a written request that WSHIP place restrictions and limit the use or disclosure of your PHI. WSHIP may not be able to agree to all requested restrictions, but we will review your request and notify you in writing.
- **You have the right to request a copy of or access to your records.** WSHIP must provide you, or your personal representative, with access to your PHI maintained by WSHIP, except for psychotherapy notes and information we compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding. You also have the right to request we provide copies to you or your personal representative. You must make this request in writing. WSHIP will respond to your request within 30 days unless you have agreed upon an alternative time period. If you have requested copies, a fee for materials, staff time and postage will be charged. Should you prefer, WSHIP can prepare a summary report of your PHI for a fee. WSHIP may limit the information that you can inspect or copy if we have reason to believe that it is necessary to protect you or another person from harm. If we limit your right to inspect or copy, you can ask for a review of that decision. To request copies of records, or information regarding any applicable fees, or to request that a denial to a request for access be reviewed, please contact us by using the information at the end of this notice.
- **You have the right to request and obtain an accounting of disclosures.** You have the right to request a list of those third parties who received a disclosure of your PHI from WSHIP within six (6) years of the date of your request. WSHIP will provide you this information within 30 days of receiving your written request. This list will not include any disclosures that were made to you or your personal representative, disclosures you authorized, disclosures made for treatment, payment or health care operations activities as described in this notice, incidental disclosures, disclosures made for law enforcement purposes, disclosures to a correctional institution, disclosures made for national security or intelligence purposes, or disclosures made prior to the mandatory effective date of this requirement: April 14, 2003. This service may be subject to a fee. To request an accounting of disclosures, or information regarding any applicable fees, please contact us by using the information at the end of this notice.
- **You have the right to be notified of a breach involving your records.** WSHIP is required to notify you in the event that your unsecured PHI is acquired, accessed, used or disclosed. WSHIP must provide you this notification within 60 days after we discover the breach, unless we are instructed to delay the notification by law enforcement. We may not be required to notify you of unintentional or inadvertent disclosures of your PHI.
- **You have the right to request an amendment.** You have the right to request that WSHIP amend your medical records that you feel are incorrect or incomplete. You must submit your request in writing to the address listed at the end of this notice. This request must include the reason for the requested amendment. WSHIP may accept or deny your request for amendment and will provide you with a written explanation. If WSHIP denies your request, you may respond with a written statement of disagreement and request the statement be appended to the medical record.
- **You have the right to request confidential communications.** If you would like to request that WSHIP communicate with you in confidence, in a different manner or at an alternative location, (for example: you may request that we send materials to a P.O. Box instead of your home address), please submit your request, including the reason for the request, in writing to the address listed at the end of this notice. WSHIP will accommodate all reasonable requests if we are able.
- **You have the right to submit a complaint.** In the event that an accidental or inappropriate disclosure of your PHI occurs, you have the right to expect WSHIP to mitigate or correct any loss or damage you may suffer. If you feel that WSHIP has violated your privacy rights set out in this notice, you or your personal representative may complain directly to WSHIP by using the information at the end of this notice, or to the

Office for Civil Rights of the U.S. Department of Health & Human Services (HHS). A Customer Service Representative will provide you with the address to HHS upon request and assist you in filing your complaint. Filing a complaint with WSHIP or HHS will not affect your benefits or services provided by WSHIP. We shall not retaliate in any way if you choose to file a complaint.

For more information regarding filing a complaint, exercising any of the above-described rights or any questions relating to our Privacy Notice, please contact our privacy director or a Customer Service Representative using the information at the end of this notice.

V. CHANGES TO THIS NOTICE OR THE PRIVACY PRACTICES OF WSHIP

All rights and privacy practices described in this Privacy Notice will take effect on January 1, 2014 and remain in effect until replaced by an updated Privacy Notice. WSHIP is required by law to follow the privacy practices described in this notice for as long as it is in effect.

WSHIP reserves the right to change the way we use or disclose your PHI. If WSHIP makes any changes to the privacy practices described in this notice, WSHIP will provide an updated notice via www.wship.org. Upon its effective date, the new notice provisions will be effective for any uses or disclosures by WSHIP.

VI. CONTACT INFORMATION

Address:	WSHIP Administrator Attn: Privacy Director PO Box 21548 Eagan, MN 55121
Customer Service:	If you have any questions regarding this Privacy Notice or about our privacy practices, please call the toll-free Customer Service number at 1-888-277-9135 or Email WSHIP_Eligibility.T8@90degreebenefits.com.