

Privacy Notice



Notice of Privacy Practices (Notice) for the Use and Disclosure of Protected Health Information (PHI)

Western Health Advantage (WHA) is required by law to maintain the privacy of your health information and provide you Notice about your rights, our legal duties, and privacy practices. We must follow the practices described in this Notice while it is in effect.

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PROTECTING YOUR PRIVACY

At WHA, we understand the importance of keeping your health information confidential. We are committed to using your health information consistent with federal, state, and other applicable laws. We protect information in electronic, written, and oral form, by taking reasonable precautions to safeguard your information so it is not shared with unauthorized persons.

Protected Health Information (PHI)

PHI refers to "health information" or "medical information." PHI is defined as information that identifies who you are and relates to your past, present, or future physical, mental health or condition, reproductive or sexual health information. This information is used by WHA for the purpose of treatment, payment and healthcare operations. Examples include but not limited to:

- Demographic information
- Name, address, phone number
- Race/ethnicity, language, gender identity, and sexual orientation
- Claims data
- Financial information

YOUR RIGHTS

You have certain rights. This section explains those rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can request a copy of health information we have about you, except for psychotherapy notes or information to be used in a lawsuit or administrative proceedings.
- We will provide a copy or a summary of your health information, usually within 30 days of request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health information if you think it is incorrect or incomplete.
- We may say "no," and will tell you why, in writing, within 60 days.

Request Confidential Communications

You have a right to request that correspondence be sent to an alternative address or to be contacted by a different method. This right includes all correspondence for healthcare services for yourself, including

sensitive services. We will honor all requests for confidential communications. You must fill out a confidential communications request form. Contact WHA's Member Services (address is at the bottom of this Notice) for assistance or by going to <https://www.westernhealth.com/legal/privacy> and downloading the Confidential Communication Request Form.

- Without a confidential communication request in place, correspondence will be sent to the address or telephone number on file.
- The confidential communication request will remain in effect until you submit a revocation or a new confidential communication request is submitted.

Ask us to restrict what we use or share

- You can ask us to not use or share certain health information for treatment, payment, or our health care operations.
- We are not required to agree and may say “no” if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for an accounting (a list) of when we've shared your health information, with whom, and why it was shared. The accounting will be for the six years prior to the request date.
- We will include disclosures other than those for treatment, payment, and health care operations, and disclosures you requested. We'll provide one accounting a year for free, and will charge a reasonable cost-based fee, if you ask for another one within 12 months.

Get a copy of this Privacy Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Contact WHA Member Services. We will promptly provide you with a paper copy. You can also find this Notice on our website at <https://www.westernhealth.com/legal/privacy>.

Choose someone to act for you

- If you choose to have someone act on your behalf, you must have a health care power of attorney or designate a personal representative. That person can exercise the same rights you have. We will make sure the person has authority and authorization to act on your behalf before we take action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights. Contact us using the information at the bottom of this Notice. WHA cannot ask you to waive your right to file a complaint or grievance.
- You can also file a complaint with the federal government using the contact information at the bottom of this Notice.
- WHA cannot retaliate against you for filing a complaint.

YOUR CHOICES

You have the right to authorize us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Requesting WHA to share your information creates the potential that the recipient may share your information without your authorization.
- We never share your information under certain situations unless you provide authorization.

Example: Marketing purposes or sale of your information

OUR USES AND DISCLOSURES

We must disclose your PHI:

- To you or your personal representative
- To the Secretary of the Department of Health and Human Services

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

Help manage your health care treatment

We can use your health information and share it with providers who are treating you, or others involved in your care.

Example: A doctor may send us information about your diagnosis and treatment plan so we can arrange for additional services.

Example: If you are unconscious and not able to tell us your preference, we may share your information with the provider if we believe it is in your best interest. We may also share your information to lessen a serious and imminent threat to your health or safety.

Pay for your health services

We can use and disclose your health information to pay for claims.

Example: We may share information with a hospital or other health care provider to coordinate payment for health services provided to you.

Healthcare Operations

We can use and disclose your information to run our organization. We may disclose your health information to your health plan sponsor for plan administration.

Example: Your employer contracts with us to provide a health care service plan. We may provide certain information (excluding medical information) to the Plan and your employer.

Example: We use health information to conduct audits and measure our performance to identify improvement opportunities and to develop better services.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are permitted or required to share your information for public health activities and research. We have to meet conditions in the law before we can share your information for these purposes. For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to your health or safety

- Disaster relief or declaration of a Public Health Emergency

Do research

We can use or share your information for health research.

Comply with the law

We will share your information if federal, state, and other applicable laws, including with the Department of Health and Human Services, to confirm that we're complying with federal privacy laws.

Respond to organ and tissue donation requests

- We can share health information with organ procurement organizations.
- We can share health information with a coroner, medical examiner, funeral director, or forensic pathologist.

Respond to workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or to a law enforcement official
- With health oversight agencies (example: licensing and quality of care activities)
- For government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information in response to a court or administrative order or subpoena.

Fundraising activities

We can send you communications regarding our fundraising activities. You have the right to opt-out and not receive these communications.

PROHIBITED DISCLOSURES

We may not use or disclose your reproductive PHI for any of the following activities:

- To conduct, impose or identify any person for the purpose of a criminal, civil, or administrative investigation or liability.

Example: WHA receives a request for information for use in an investigation or for the purpose of imposing a liability in regards to a reproductive health care treatment you received.

We are not allowed to use genetic information to decide whether we will give you coverage or the cost of that coverage.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We do not use race, ethnicity, language, sexual orientation, or gender identity to decide whether we will give you coverage, the type of coverage, or the price of that coverage.
- We will notify you within the required timeframes if a breach has compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and provide you a copy.

- We will not use or share your information other than as described in this Notice, or permitted by law, unless we received your written authorization.

IMPORTANT

WHA does not have complete copies of your medical records. To obtain a copy of your medical records, please contact your doctor or medical group.

THIS NOTICE APPLIES TO MEMBERS ENROLLED IN ALL OF WESTERN HEALTH ADVANTAGE HEALTH CARE SERVICES PLANS.CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available on our web site at mywha.org/privacy, upon request, and we will mail a copy to you. This Notice is effective September 5, 2025 and remains in effect until changed.

IF YOU WANT TO FILE A COMPLAINT

Contact Information (excluding Privacy complaints)

Western Health Advantage

Attn: Member Services

2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

916.563.2250 or 888.563.2250 – CalPERS Member: 888.942.7377 – TTY: 711

Contact Information for Privacy Complaints

Western Health Advantage

Attn: Privacy Office

2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

privacy@westernhealth.com

For Complaints to the Federal Government

Go to the web address below or call or write to:

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, S.W., Washington, D.C. 20201

877.696.6775 or hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html