

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 notification about our legal duties and privacy practices. We must follow the practices described in the 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 and are committed to using your health information consistent with State and Federal law. Throughout our organization, WHA protects your electronic, written and oral health information. WHA takes reasonable precautions safeguard your information so it is not shared with unauthorized persons.

Protected Health Information (PHI)

For the purposes of this Notice, “health information” or “medical information” or “information” refers to PHI. PHI is defined as information that WHA maintains, 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 for the purpose of provision or payment of health care. Examples include but is not limited to:

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

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you, except for psychotherapy notes and information to be used in a lawsuit or administrative proceedings.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your 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 and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request, but we 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, if possible, to be contacted by a different method. This right includes all correspondence for healthcare services for yourself, including but not limited to, sensitive services. We will honor all requests for confidential communications.
- Without a confidential communication request on file, correspondence will be directed to the address or telephone number on file.
- The confidential communication request will apply until you submit a revocation of the request or a new confidential communication request is submitted.

Confidential communications may be requested by contacting WHA's Member Services at the bottom of this Notice or going to westernhealth.com and downloading the Confidential Communication Request Form.

Ask us to limit what we use or share

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

Get a list of those with whom we have shared information

- You can ask for an accounting (a list) of the times we’ve shared your health information, with whom and why it was shared. This will apply to six years prior to the date of your request.
- We will include all the disclosures other than those regarding treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). 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 westernhealth.com/legal/privacy.

Choose someone to act for you

- If you have given someone power of attorney or if someone is your legal guardian or personal representative, that person can exercise the same rights you have and make choices about your health information.

- We will make sure the person has authority and authorization to act on your behalf before we take any 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 listed 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.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

You have both the right to authorize us to:

- Share information with your family, close friends, or others involved in payment for your care.
- We never share your information in certain situations unless you give us permission. For example: we will get your authorization for:
 - Marketing purposes
 - Sale of your information

OUR USES AND DISCLOSURES

We must disclose your PHI (not limited to):

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

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

Help manage the health care treatment you receive

We can use your health information and share it with professionals 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 go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage or the cost of that coverage.

- We can send you communications regarding our fundraising activities. You have the right to not receive such communications.

Example: We use health information about you including member satisfaction surveys, compliance and regulatory activities, and grievance and appeals activities, to develop better services.

Pay for your health services

We can use and disclose your health information as we pay for claims for your health services.

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

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

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

Example: WHA shares your information with contracted providers (e.g., medical groups, hospitals, pharmacy benefit manager, social service providers, etc.) that provide health care services, or business associates that administer your benefits.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are permitted or even required to share your information in other ways. Usually in ways that contribute to the public good, such as public health and research. We have to meet many 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 anyone's 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 information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you 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 special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

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

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected 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 that may have compromised the privacy or security of your information occurs.
- 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. You have the right to change your mind and revoke your authorization. The revocation must be provided to us in writing.

For more information see: hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

IMPORTANT

WHA does not have complete copies of your medical records. If you want to look at, get a copy of, or change 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, including Medicare Advantage.

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 March 15, 2024 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 Officer

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

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