

# Privacy Notice

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

## **Notice of Privacy Practices (“Notice”) for the Use and Disclosure of Protected Health Information (“PHI”)**

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

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### **PROTECTING YOUR PRIVACY**

At WHA, we understand the importance of keeping your health information confidential and we are committed to using your health information consistent with State and Federal law. WHA protects your electronic, written and oral health information throughout our organization.

#### **Protected Health Information (PHI)**

For the purposes of this Notice, “health information” or “information” refers to Protected Health Information. Protected Health Information is defined as information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care, or payment for health care. The information we receive, use and share includes, but is not limited to:

- Your name, address and other demographic information
- Personal information about your circumstances (example: medical information for purposes of diagnosis or treatment with or from physicians, nurses and facilities)

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### **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 psychotherapy notes and information to be used in a lawsuit or administrative proceedings. You can ask us how to do this.
- We will provide a copy or, upon your request, a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**WHA Member Services:** 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

888.563.2250 or CalPERS Members: 888.942.7377 | TTY: 711

### **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. You can ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and will say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to 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 a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about 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 but 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 provide you with a paper copy promptly. You can also find this Notice on our website at [mywha.org/privacy](http://mywha.org/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 your rights and make choices about your health information.
- We will make sure the person has authority to act for you 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 by contacting us using the information listed at the end of this Notice.
- You can also file a complaint with the federal government, by writing or calling or online, using the information listed at the end of this Notice.
- We will not retaliate against you for filing a complaint.

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## **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to authorize us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, 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 health or safety.*

In all situations other than those described in the next section, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization for:

- Marketing purposes
- Sale of your information

In the case of sensitive information, like HIV test results or psychotherapy notes, your written authorization will be secured in most situations.

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## **OUR USES AND DISCLOSURES**

We must disclose your PHI:

- To you or your personal representative; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

You have the right to authorize or deny the release of PHI for purposes beyond treatment, payment, and health care operations. We may use and disclose your health information without your authorization as permitted or required by Federal, State, or local law. In instances where your health information is not used for such purposes, we would secure your written authorization prior to sharing it.

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## **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.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **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 and the price of that coverage.

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

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

### **Pay for your health services**

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

*Example: We share information about you with a hospital or other health care provider to coordinate payment for health services provided to you. We may also provide information to the subscriber of a family policy or another individual for the purpose of handling or understanding medical bills, managing claims, reconciling your deductibles or out of pocket maximum payments.*

### **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 plan, and we provide your company/employer with certain information (excluding medical information) to explain the premiums we charge.*

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## **HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?**

We are allowed or required to share your information, without your written authorization, 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.

### **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

### **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 when an individual dies.

## **Address 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 with a law enforcement official
- With health oversight agencies for activities authorized by law such as licensing and quality of care
- 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.

For more information see:

[www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html)

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## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you authorize us in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

As part of normal business, WHA shares your information with contracted providers (e.g. medical groups, hospitals, pharmacy benefit management companies, social service providers, etc.) or business associates that perform functions on our behalf or with whom we have organized health care arrangements. We may share your contact information (such as your phone number or email) with contracted providers or business associates for communications on your health, or health-related products or services provided by, or included in a plan of benefits of WHA, its business associates or its contracted providers. In all cases where your PHI is shared with providers, plan sponsors and business associates, including those who may have databases stored or accessed outside of the United States, we have a written contract that contains language designed to protect the privacy and security of your health information. All of these entities are required to keep your health information confidential and protect the privacy and security of your information in accordance with State and Federal laws.

For more information see: [www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

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## **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 enrollees in all Western Health Advantage health plans, including Medicare Advantage.**

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## **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](https://mywha.org/privacy), or upon request, we will mail a copy to you. **This Notice is effective January 1, 2021** and remains in effect until changed.

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## **IF YOU WANT TO FILE A COMPLAINT**

### **You can write to us at:**

Western Health Advantage  
Attn: Privacy Officer  
2349 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

### **You can also call or email us at:**

916.563.2250 or 888.563.2250 or CalPERS Member: 888.942.7377; TTY: 711  
[privacy@westernhealth.com](mailto: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  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)