

## **HANFORD EMPLOYEE WELFARE TRUST**

### **PRIVACY PRACTICES NOTICE**

**THE ATTACHED 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.**

#### **Notice Applies to Hanford Employee Welfare Trust**

The Hanford Employee Welfare Trust (the “HEWT” or the “Health Plan”), which provides health coverage to eligible employees, retirees and enrolled family members, is required by law to protect the privacy of certain health information and provide you with notice describing its legal duties, your legal rights, and its privacy practices with respect to your health information. Benefits provided through the Health Plan that are covered by this notice include your Medical/Vision, Prescription Drug, Dental, Employee Assistance Program benefits, and your Health Flexible Spending Account.

This notice is intended to satisfy the notice requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) with respect to health information created, received, or maintained by the Health Plan. Please keep this copy of the notice for your records.

#### **What Is Included in this Notice**

This notice outlines how the Health Plan may use or disclose your health information, your rights with respect to your health information, and its duties. For the most part, your health information is handled by third-party administrators, such as United Healthcare, Inc. For example, United Healthcare, Inc. uses your information to facilitate payment for health services that you receive from your doctor. You have certain rights with respect to this health information.

#### **Health Information Not Covered by this Notice**

The notice only covers health information collected, created, maintained by the Health Plan, or on behalf of the Health Plan by third-party administrators. It does not cover health information collected, created, or maintained by your health care providers, such as your doctor’s office or a hospital where you receive treatment, or health insurance issuers or Group Health Cooperative. It also does not apply to health information your Employer receives with respect to employment functions, such as workers compensation or job suitability testing. And, it does not apply to information that you voluntarily disclose to your coworkers, supervisor, or manager.

You should receive separate notices from your doctors, insurers and Group Health Cooperative.

#### **Questions**

If you have questions regarding this information, please review the attached notice. You may contact the HEWT Privacy Officer at the address and phone number listed in the notice with additional questions.

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.**

**HANFORD EMPLOYEE WELFARE TRUST  
NOTICE OF PRIVACY PRACTICES**

**Effective Date: April 13, 2006, Updated Effective: January 1, 2017**

**INTRODUCTION:**

This notice describes the privacy practices of the Hanford Employee Welfare Trust (the "HEWT" or the "Health Plan") with respect to the health information collected, received, created and maintained by, or through the Health Plan, or on behalf of the Health Plan by third-party administrators, such as United Healthcare, Inc. Most of the health information is handled on behalf of the Health Plan by third-party administrators, such as United Healthcare, Inc. Only a very limited amount of health information is handled by Mission Support Alliance, LLC or the Trustees.

More information about the Health Plan is available in the Hanford Employee Welfare Benefit Plans Plan Document, Summary Plan Description and Administrative Wrapper, which is a document that is available on the Hanford Intranet at <http://www2.rl.gov/rapidweb?phmc/hrweb/index.cfm?PageNum=11>. Employees who do not have access to the intranet can send a written request to the Privacy Officer requesting a paper copy of this document.

**QUESTIONS:**

If you have any questions regarding this Notice or the HIPAA privacy requirements as pertaining to the Health Plan, please contact: Rhonda Renz, HEWT HIPAA Privacy Officer at 509-372-8284, or at Mission Support Alliance, LLC, MSIN H2-23, P.O. Box 650, Richland, WA 99352-1000.

**YOUR HEALTH INFORMATION:**

The Health Plan has access to and maintains certain limited health information about you and your dependents. For the most part, this information is handled by third-party administrators, such as United Healthcare, Inc. This health information is needed to assure that you receive your benefits under the Plans and to comply with certain legal requirements.

**USE AND DISCLOSURE**

The following categories describe different ways in which the Health Plan uses and discloses health information. Not every use or disclosure in a category will be listed. All of the ways the Health Plan is permitted to use and disclose information will fall within one of the categories. For the most part, neither Mission Support Alliance, LLC, nor the Board of Trustees actually receive, use or disclose health information. Most health

information is received, used and disclosed only by third-party administrators, such as United Healthcare, Inc.

**Treatment:** Your health information may be disclosed by the Health Plan to health care providers including doctors, nurses and other health care personnel involved in your health care treatment. For example, the Health Plan may disclose your prescription medication information to a pharmacy to identify potential adverse drug reactions.

**Payment:** Your health information may be disclosed by the Health Plan in order to facilitate payment of benefits to you, to pay insurance premiums, or to pay a third party payor for the services you received. This is almost exclusively handled by third-party administrators or insurance providers, such as United Healthcare, Inc. For example, when you get treated by your doctor, United Healthcare, Inc. may receive information from the doctor in order for the doctor to receive payment for his or her services.

**Health Care Operations:** Your health information may be disclosed to enable the Health Plan to operate or operate more efficiently. For example, the Health Plan may use health information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities related to Plan coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs. The Health Plan is prohibited from using or disclosing health information that is genetic information for underwriting purposes.

**Plan Sponsor:** The Health Plan may disclose your health information to the HEWT Trustees so they can carry out their Health Plan-related administrative functions, including the uses and disclosures in this notice. As a practical matter, the HEWT Trustees rarely receive health information, mostly in connection with claims appeals. When they do receive your health information, they are required to safeguard it.

**Business Associates:** The Health Plan may disclose health information to third party administrators and other third party service providers, known as business associates. Business associates provide most of the administrative services to the Health Plan, including claims administration, cost containment, billing administration and payment of claims. The Health Plan requires that all business associates implement appropriate safeguards to protect your health information.

**Treatment Alternatives and Health-Related Benefits and Services:** The Health Plan may use and disclose your health information to tell you about possible treatment options or alternatives and health-related benefits that may be of interest to you.

**Individuals Involved in Your Care or Payment of Your Care:** The Health Plan may disclose your health information to a close friend or family member whom has been identified by you as closely involved in your health care or assisting in the payment of your health care. The Health Plan may advise a family member or close friend about the status of payment for a claim for benefits under the plan, for example.

## **OTHER USES AND DISCLOSURES:**

The Health Plan may also use or disclose your health information, in accordance with the law, as follows.

**As Required by Law:** The Health Plan will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** The Health Plan may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Organ and Tissue Donation:** The Health Plan may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Public Health Activities:** The Health Plan may disclose health information about you to public health agencies for public health activities, including: prevention or control of disease, injury, or disability; reporting of births and deaths; reporting of reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; medical surveillance of the workplace; reporting of workplace illness or injury; and public health surveillance, investigations, and interventions.

**Victims of abuse, neglect or domestic violence:** The Health Plan may disclose health information about victims of abuse, neglect or domestic violence to a social service or protective services agency authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight:** The Health Plan may disclose health information to a health oversight agency for activities authorized by law, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes:** The Health Plan may disclose health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

**Law Enforcement Activities:** The Health Plan may disclose health information if asked to do so by a law enforcement official for law enforcement purposes such as to identify or locate a suspect, fugitive, material witness, or missing person, or about the victim of a crime.

**Worker's Compensation:** The Health Plan may disclose health information about you for workers' compensation or similar programs.

**National Security and Intelligence Activities:** The Health Plan may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, or to provide protection to certain individuals or to perform other national security activities authorized by law.

**Military Personnel:** The Health Plan may disclose health information about you as required by your military command authorities.

**Inmates:** The Health Plan may disclose health information about you to a correctional institution or law enforcement official.

**Research:** The Health Plan may disclose your health information for research purposes in certain limited circumstances.

**Other:** Other uses and disclosures will be made only with your authorization. Generally, if you authorize the Health Plan to use or disclose your health information, you may revoke the authorization in writing at any time.

### **SPECIALLY PROTECTED HEALTH INFORMATION:**

Unless otherwise required or permitted under law, disclosure of the following protected health information may require your specific consent: positive AIDS/HIV information; mental health and mental illness records; drug addiction, alcoholism and other substance abuse treatment records; developmental disabilities records.

### **YOUR RIGHTS:**

You have rights with respect to your health information. If you wish to exercise these rights, please contact the Privacy Officer.

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of health information that may be used to make decisions about your care. The Health Plan may deny your request to inspect and copy your records in certain very limited circumstances.

**Right to Amend:** If you feel that your health information is incorrect or incomplete, you may ask to amend this information. In certain circumstances, the Health Plan may deny your request for an amendment.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information made by the Health Plan after April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information that the Health Plan uses about you for treatment, payment, or health care operations, or to those involved in your care or the payment of your care. For example, you may request that the Health Plan not use or disclose information about a specific surgery that you had. The Health Plan is not required to agree to your request, unless the restriction you request relates to a disclosure of health information that is for

the purpose of carrying out payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you, or someone on your behalf, have paid out-of-pocket in full.

**Right to Request Confidential Communications:** You have the right to request that the Health Plan communicate with you about health matters in a certain way or at a certain location. For example, you may request to be contacted only at work or by email regarding claims under the Health Plan. The Health Plan will attempt to accommodate all reasonable requests.

**Right to a Copy of this Notice:** You have the right to receive a paper copy of this notice.

### **HEALTH PLAN DUTIES:**

The Health Plan is required by law to maintain the privacy of your health information, give you this notice of legal duties and privacy practices with respect to the health information the Health Plan collects and maintains about you, and to follow the terms of the notice that is currently in effect. The Health Plan is also required to notify you if your health information is used or disclosed in a manner that is inconsistent with the privacy and security protections provided under HIPAA.

### **CHANGES TO THIS NOTICE:**

The Health Plan reserves the right to change this notice. The revised notice will be effective for information that the Health Plan already has about you as well as any information received in the future. Until such time, the Health Plan will comply with this notice. A copy of the current notice is available on the Hanford Intranet.

### **COMPLAINTS:**

If you believe that your privacy rights have been violated, you may file a complaint with the Health Plan by contacting Rhonda Renz, HEWT HIPAA Privacy Officer at 509-372-8284 or at Mission Support Alliance, LLC, MSIN H2-23, P.O. Box 650, Richland, WA 99352-1000. In addition, you may file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. ***You will not be penalized for filing a complaint.***