

# First Choice Health Network, Inc.

## HIPAA Commitment

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### THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

First Choice Health Network, Inc. (First Choice Health) is a Business Associate, as defined by the Health Insurance Portability and Accountability Act (HIPAA), of clients, employers, and providers that are covered entities under HIPAA. As a result, First Choice Health is required by law to maintain the privacy of your protected health information. Protected health information means individually identifiable health information created, received, maintained, or transmitted by First Choice Health on behalf of a covered entity, such as a group health plan or a health care provider, which relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of health care to you.

### How First Choice Health Uses and Discloses Protected Health Information

First Choice Health is allowed by law, under certain circumstances, to use and disclose protected health information about you without your permission. The following are examples of how we may use or disclose information about you:

- **Treatment.** We may share your protected health information with doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to medical records sent to us by your doctor.
- **Payment.** We may use and disclose your protected health information to pay your medical bills (claims) that have been submitted to us by doctors and hospitals for payment, to determine your eligibility for benefits or whether a service is covered under your policy, or to coordinate benefits.
- **Operations.** We may use and disclose your protected health information to make sure you get quality health care, to provide customer services to you, for care coordination or case management, or to help with any complaints you may have. For example, we may use your protected health information to conduct quality assessment and improvement activities, perform analyses required to improve overall health of a certain population or the reduction of healthcare costs, and in auditing functions.
- **Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

## **First Choice Health may use your protected health information for Medical Management.**

First Choice Health Medical Management and clinical staff use protected health information to help with the coordination of your care such as referrals, case management, disease management, and benefit determination.

We may also use or disclose protected health information about you to:

- **Family or Friends.** To a family member, friend or other person if you are unable or unavailable to agree, when the situation, such as a medical emergency or disaster relief, indicates that disclosure would be in your best interest.
- **Plan Sponsor.** To a plan sponsor to permit it to perform plan administration functions. Please see your employer provided plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration functions for your group health plan.
- **Underwriting.** We may use your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. However, we will not use or disclose your protected health information that is genetic information for underwriting purposes.
- **Data Aggregation.** We may combine your protected health information with the protected health information of others to permit data analyses that relate to the health care operations of the covered entities for whom we act as business associates.
- **Our Business Associates or Subcontractors.** We may disclose protected health information to individuals and entities that help us conduct our business, such as attorneys, accountants, health and disease management partners, or others. We will not share your information with these business associates or subcontractors unless they first agree in writing to protect it.

First Choice Health may be required to provide your information to others for legal and/or governmental purposes:

- **Required by Law.** When we are required to do so by state or federal law, including workers compensation laws.
- **Public Health and Safety.** When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, or to prevent or control disease.
- **Abuse or Neglect.** To government agencies authorized to receive reports when we believe there is possible child abuse or neglect, or domestic violence.
- **Oversight Agencies.** To help oversight agencies for certain activities such as audits, examinations, investigations, inspections and licensures.
- **Legal Proceedings.** In response to an order of a court or administrative agency, and in certain instances, in response to a subpoena, discovery request, or other lawful purposes.
- **Law Enforcement.** To law enforcement officials in limited circumstances for law enforcement purposes. For example, to identify a witness or missing person.
- **Deceased Person Information.** To coroners, medical examiners and funeral directors.

- **Organ Donation.** If you are an organ donor, to organizations involved in procuring, banking or transplanting organs and tissues.
- **Specialized Government Functions.** For national security and intelligence activities authorized by law, and as required by military authorities if you are a member of the armed forces.
- **Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our or a covered entity's compliance with the HIPAA Privacy Rule.
- **Disclosures to You.** When you request, we are required to disclose to you, or to the covered entity on whose behalf we are performing services, the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions about your health care benefits. We are also required, when requested, to provide you, or the covered entity on whose behalf we are performing services, with an accounting of most disclosures of your PHI if the disclosure for reasons other than payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

If we use or disclose your protected health information for any reason that does not fall into one of the categories listed above, we will first get your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes, we will not use or disclose your protected health information for marketing, and we will not sell your protected health information, unless you give us written authorization.

If you give us your written authorization, and then change your mind, you may revoke your written authorization at any time. We will honor that revocation except to the extent we have already relied on your authorization to share your information.

**First Choice Health does not sell or disclose protected health information for fundraising, research, or indirect marketing, such as telemarketing, of products not offered by First Choice Health. Neither First Choice Health nor our subcontractors share your protected health information with drug manufacturers for trials or samples.**

### **Your Rights Regarding Your Protected Health Information**

You have certain rights about how you can access your protected health information, amend your health information, and obtain an accounting of disclosures of your protected health information. You also have certain rights to request restrictions on disclosures of your protected health information or to receive confidential communications. We will comply with the terms of our business associate agreements which describe whether we, or the covered entity, such as your group health plan, on whose behalf we are providing services, are responsible for enabling you to exercise those rights.

## Frequently Asked Questions

- **Can I “Opt Out” of Certain Disclosures?**

You may have received notices from other organizations that allow you to “opt out” of certain disclosures. The most common type of disclosure that applies to “opt outs” is the disclosure of personal information to a non-affiliated company so that company can market its products or services to you. We must follow many federal and state laws that prohibit us from making these types of disclosures. Because we do not make disclosures that apply to “opt outs,” it is not necessary for you to complete an “opt out” form or take any action to restrict such disclosures.

- **What if First Choice Health Changes Our Privacy Practices?**

Should any of our privacy practices change, we reserve the right to change the terms of this notice and to provide a new notice effective for all medical information that we maintain. We will notify you of any such change by posting the notice on our web site at [www.fchn.com](http://www.fchn.com).

## Questions about your Rights

If you have any questions about this notice or about how we use or share information, please contact First Choice Health Member Services at (800) 517-4078. That office is open Monday through Friday from 8 AM to 5 PM You can also send us questions by e-mail at [www.fchn.com](http://www.fchn.com).

If you believe your privacy rights have been violated, you may file a complaint with us at the following address:

First Choice Health  
Attention: Privacy Complaints/Compliance Department  
600 University Street, Suite 1400  
Seattle, WA 98101-3129

Your written complaint should explain how you believe your privacy rights were violated and include a return address so that we may send you our response.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

**Your privacy is one of our greatest concerns and we will not penalize you in any way if you choose to file a complaint.**