

THIS 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.**

## FRED HUTCHINSON CANCER CENTER

### Notice of Privacy Practices

THIS 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.

This Notice of Privacy Practices (this “Notice”) applies to the designated covered health plan component of the Fred Hutchinson Cancer Center Health and Welfare Plan (“we” or “us”) sponsored by the Fred Hutchinson Cancer Center (the “FHCC”), which include:

- Medical
  - o Premera Blue Cross– Self-Funded Health Plan
  - o Kaiser Permanente Foundation Health Plan of WA Options, Inc. – Self-funded Health Plan
  - o Kaiser Permanente Hawaii
- Dental, through Delta Dental of Washington
- The Health Clinic, operated by Premise Health
- Health Flexible Spending Account, and
- Any other benefit that provides medical care, including items and services paid for as medical care, to participants, as defined under federal law as being part of a covered health plan.

**1. OUR USES AND DISCLOSURES.** We typically use or share health information about you, called protected health information (“PHI”), in the following ways without your written authorization. Federal and state law impose requirements or conditions on these various uses and disclosures. The descriptions and examples provided are not meant to be exhaustive.

• **Pay for your health services.** We may use and disclose PHI about you as we pay for your health services.  
Example: We share information about you with your dental plan to coordinate payment for your dental work.

• **Help manage the treatment you receive.** We may use and share PHI about you with doctors and other health care professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

- **Carry out our operations.** We can use and disclose PHI to carry out our operations and contact you when necessary. Note: We are not allowed to use genetic information to decide whether we will give you coverage or to determine the price of that coverage. Example: We use PHI to develop better services for you.

- **Administration.** We may disclose PHI about you to the FHCC, as plan sponsor, for our administration. Example: We provide the FHCC certain statistics to help the FHCC determine which coverage to make available to you at the next open enrollment period.

- **Comply with the law.** We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

- **Respond to lawsuits and legal actions.** We may share information about you in response to a court or administrative order or in response to a subpoena.

- **Workers' compensation.** We may use or share PHI about you for workers' compensation purposes.

- **Respond to oversight, law enforcement, and other government requests.** We may use or share PHI about you:

- o For health care oversight.

- o For law enforcement purposes or with a law enforcement official.

- o For special government functions, such as military and national security purposes.

- **Help with public health and safety issues.** We may share PHI about you for certain situations such as:

- o Preventing disease.

- o Reporting suspected abuse, neglect, or domestic violence.

- o Preventing or reducing a serious threat to anyone's health or safety.

- **Business associates.** We may share PHI about you with our "business associates" to perform certain activities for us (such as claims payment or case management services). We will require business associates to sign written contracts in which the business associates agree to appropriately safeguard PHI, limit their use and disclosure of PHI, and respect your privacy rights. Business associates are also legally obligated to safeguard PHI about you.

- **About decedents.** We may share PHI with organ procurement organizations and with a coroner, medical examiner, or funeral director when an individual dies.

- **Do research.** We may use or share information about you for limited health research.

- **Incidental disclosures.** Some PHI about you may be disclosed as a byproduct of other permitted uses and disclosures. For example, we will send to the person who is the named insured correspondence about that may include PHI about the named insured's your spouse and other family members.

- **De-Identified information and limited data sets.** We may use and disclose PHI about you that has been "de-identified" by removing certain identifiers (such as name and address), making it unlikely that you could be identified. We also may disclose limited health information, contained in a "limited data set," as allowed by law, if the recipient signs a "data use agreement" agreeing to protect the information.

- **Persons Involved in your health care/payment for health care.** We may disclose PHI about you to a family member, close friend, or other person who is involved in your health care or the payment for your health care. We will limit the disclosure to the PHI relevant to that person's involvement in your health care or payment for your health care.

**2. USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT.** In certain cases, you may tell us your choices about what we share. If you have a clear preference for how we share PHI in the situations described below, then tell our privacy contact ("Privacy Contact") what you want us to do (using the contact information provided below).

- **Notification.** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or a person responsible for your care of your location and general condition, such as providing information to a disaster relief agency.

- **Ask us to limit what we share.** You may ask us not to use or share certain PHI about you for treatment, payment, or our operations. We are not required to agree to your request unless you ask us not to disclose to a health plan PHI solely about a health care item or service for which you paid out of pocket and in full.

- **Ask for alternative communications.** You may ask us to contact you in a specific way (for example, to call a different phone number or to send mail to a different address). We will consider all reasonable requests and must agree if you tell us you would be in danger if we do not.

- **See or get copies of health and claims records.** You may ask to see or get a copy of health and claims records and other health information we have about you. Please contact our Privacy Contact (using the contact information below) for information on how to do this. We may charge a reasonable, cost-based fee. In certain circumstances, we may decline your request, in which case you may have the right to appeal the denial.

- **Ask us to correct health and claims records.** You may ask us to correct health and claims records about you if you think they are incorrect or incomplete. Please contact our Privacy Contact (using the contact information below) for information on how to do this. We may say no in certain situations, but we will tell you why in writing. If you disagree with our decision, then you may have the right to have the denial reviewed and to have a statement of disagreement added to the record.

- **Get a list of those with whom we have shared information.** You may ask us for a list (accounting) of certain times we have shared PHI about you for the last six years, who we shared it with, and why. Your first accounting within a 12-month period will be free, but we may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

• **Right to a Copy of this Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive the Notice electronically.

• **Actions on Your Behalf.** You have the right to have a personal representative exercise your rights or take other actions on your behalf.

**3. USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITH YOUR WRITTEN AUTHORIZATION.**

We will make other uses and disclosures of PHI about you that are not described in this Notice only with your written authorization. Generally, we will need to obtain your authorization for uses and disclosures relating to psychotherapy notes, marketing, and sale of PHI. You may revoke your authorization at any time by submitting a written revocation to the Privacy Contact identified below, except to the extent that we have taken action in reliance on your authorization.

**4. YOUR RIGHTS.** When it comes to PHI about you, your rights are described below.

**5. OUR RESPONSIBILITIES.** We are required by law to: maintain the privacy and security of PHI; give you this Notice and comply with this Notice; and notify you if unsecured PHI about you has been affected by a data breach.

**6. CHANGES TO THIS NOTICE.** We reserve the right to change the terms of this Notice at any time. This Notice and any new Notice will be effective for all PHI that we maintain as well as PHI we create or receive after the effective date of the Notice. Unless otherwise required by law, any revised Notice will be effective on its effective date.

**7. QUESTIONS AND COMPLAINTS.** Please bring any questions or concerns to our Privacy Contact identified below. You also may complain to us, through our Privacy Contact, or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for exercising your rights or for filing a complaint.

**8. PRIVACY CONTACT.** The Privacy Contact is our HIPAA Privacy Official and can be reached at:

Jonathan Sheppard  
Compensation & Benefits Director  
Fred Hutchinson Cancer Center  
1100 Fairview Ave N, J1-105  
Seattle, WA 98109  
Telephone: 206-667-5109 | Email: jsheppar@fredhutch.org  
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