

SEATTLE CANCER CARE ALLIANCE

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 employee group health plans (collectively referred to herein as the "Plan") sponsored by the Seattle Cancer Care Alliance and covered by the Seattle Cancer Care Alliance Health and Welfare Plan. The Plan includes the following designated components of the SCCA-sponsored health plans and benefits:

- Medical
 - Premera Blue Cross– Self-Funded Health Plan
 - Kaiser Permanente Foundation Health Plan of WA Options, Inc. – Self-funded Health Plan
- 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.

This Notice summarizes the Plan's responsibilities and your rights concerning your Protected Health Information. Your Protected Health Information is information that identifies you and relates to your physical or mental health, medical treatment, and payment for health care services. These responsibilities and rights are more fully set forth in the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and their implementing regulations.

1. **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT THE PLAN MAY MAKE WITHOUT WRITTEN AUTHORIZATION.** Under applicable law, the Plan may use or disclose Protected Health Information about you, without your written authorization, for the purposes described below. The examples provided are not meant to be exhaustive. In most of these situations, the Plan will use and disclose only the minimum amount of Protected Health Information necessary to accomplish the intended purpose.
 - **Treatment.** The Plan may use or disclose Protected Health Information so that health care providers may provide treatment to you. For example, the Plan may disclose medical information about you to doctors, nurses, technicians, or other hospital or medical facility personnel who are involved in taking care of you.
 - **Payment.** The Plan may use or disclose Protected Health Information to determine or fulfill its responsibility for coverage and the provision of benefits under the Plan. Examples of payment activities include: determining eligibility or coverage for Plan benefits; facilitating payment for the treatment or health care services you receive from health care providers; coordinating benefits under the Plan; and facilitating the adjudication or subrogation of health care claims. The Plan also may use or disclose Protected Health Information to review health care services for medical necessity, appropriateness of care, or justification of charges and to facilitate utilization review activities, including pre-certification and preauthorization of services.
 - **Health Care Operations.** The Plan may use or disclose Protected Health Information for certain functions that are necessary to run the Plan. Examples of Plan health care operations include: underwriting or premium rating for purposes of creation, renewal, or replacement of Plan benefits; conducting quality assessment and improvement activities; evaluating one or more vendors who support the Plan; and coordinating or managing care.
 - **Health-Related Benefits and Services.** The Plan may use or disclose Protected Health Information to contact you to provide information: about treatment alternatives or other health-related benefits, products, and services that may be included in your plan of benefits or that otherwise may be of interest to you; for treatment; and for case management or case coordination. The Plan may send you newsletters about general health matters, Plan services, wellness programs, and similar opportunities. In certain circumstances, the Plan may receive remuneration in exchange for such communications.
 - **Employer.** The Plan may disclose Protected Health Information to certain designated employees of the SCCA, which is the plan sponsor of the Plan, solely for the purpose of administering the Plan. The SCCA makes certain certifications about how it will safeguard Protected Health Information.
 - **Required By Law.** The Plan may use or disclose Protected Health Information to the extent that such use or disclosure is required by law.

NOTICE OF PRIVACY PRACTICES

- **National Security.** The Plan may disclose Protected Health Information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities and for the provision of protective services to the President and other authorized officials.
- **Judicial and Administrative Proceedings.** The Plan may disclose Protected Health Information in response to an order of a court or administrative tribunal. The Plan also may disclose Protected Health Information in response to a subpoena, discovery request, or other lawful process if satisfactory assurances are provided showing efforts have been made to inform you of the request or to obtain a qualified protective order, which will provide certain confidentiality protections for the Protected Health Information. The Plan may use and disclose Protected Health Information for litigation to which it is a party.
- **Law Enforcement.** The Plan may disclose Protected Health Information, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law; to identify or locate a suspect, fugitive, material witness, or missing person; to provide requested information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; and to report a crime that has occurred on the Plan's premises.
- **Public Health Activities.** The Plan may use or disclose Protected Health Information for certain public health activities, including to report to the appropriate authority: information to prevent or control disease, injury, or disability; births and deaths; information concerning quality, safety, or effectiveness of projects or activities regulated by the Food and Drug Administration; and recalls of products that may be in use.
- **Abuse, Neglect, or Domestic Violence.** The Plan may disclose Protected Health Information to an appropriate government agency if it believes it is related to child abuse or neglect. The Plan also may disclose Protected Health Information to an appropriate government agency if it believes an individual has been a victim of abuse, neglect, or domestic violence: (a) to the extent (i) such disclosure is required by law, (ii) the individual agrees, or (iii) such disclosure is necessary to prevent serious harm to the individual or another victim; or (b) if the individual is unable to agree due to incapacity, it received assurances that the disclosure will not be used against the individual and is necessary for immediate law enforcement activities.
- **Health Oversight Activities.** The Plan may disclose Protected Health Information to governmental health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, and disciplinary actions or other proceedings, actions, or similar oversight activities. Health oversight activities do not include an investigation or other activity relating to you.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose Protected Health Information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or permit the coroner or medical examiner to fulfill other duties authorized by law. The Plan may disclose Protected Health Information to funeral directors as necessary to carry out their duties.
- **Organ Donation.** The Plan may use or disclose Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.
- **Research.** The Plan may use or disclose Protected Health Information for limited research purposes.
- **Threat to Health or Safety.** The Plan may use or disclose Protected Health Information to avert or lessen a serious threat to your health or safety or the health and safety of others.
- **Workers' Compensation.** The Plan may disclose Protected Health Information as authorized by and to comply with the laws and requirements of workers' compensation and other similar legally established programs that provide benefits for work-related injuries or illness.
- **Military.** If you are in the military, then the Plan may disclose Protected Health Information as required by military command authorities.
- **Custody of Law Enforcement.** The Plan may disclose Protected Health Information for the health and safety of an individual in the lawful custody of law enforcement or for the safety, security, or good order of the correctional institution.
- **Business Associates.** The Plan may disclose Protected Health Information to third party "business associates" who perform various activities involving Protected Health Information (such as claims payment or case management services) for the Plan. The Plan will require its business associates to sign written contracts in which the business associate agrees to appropriately safeguard the information, to limit their use or disclosure of Protected Health Information, and to respect your rights concerning Protected Health Information. Business Associates also have direct legal obligations to safeguard Protected Health Information.

NOTICE OF PRIVACY PRACTICES

- **Incidental Disclosures.** Certain incidental disclosures of your Protected Health Information may occur as a by-product of permitted uses and disclosures. For example, with only limited exceptions, the Plan will send correspondence to the enrolled employee, including communications (and denials of coverage) relating to the employee's spouse and other family members.
 - **De-Identified Information and Limited Data Sets.** The Plan may use and disclose health information that has been "de-identified" by removing certain identifiers (such as name and address), making it unlikely that you could be identified. The Plan 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 such information.
 - **Personal Representatives.** "Personal representatives" may be able to act on the individual's behalf and exercise the individual's privacy rights. For example, minors and incapacitated adults may have personal representatives.
2. **USES AND DISCLOSURES OF INFORMATION THAT THE PLAN MAY MAKE UNLESS YOU OBJECT.** The Plan may use and disclose Protected Health Information as described below without your written authorization, unless you object.
- **Persons Involved in Your Health Care/Payment for Health Care.** The Plan may disclose Protected Health Information to a family member, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. The Plan will limit the disclosure to the Protected Health Information relevant to that person's involvement in your health care or payment for your health care.
 - **Notification.** The Plan may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location, general condition, or death. Among other things, the Plan may disclose Protected Health Information to a disaster relief agency to assist in notifying family members.
3. **USES AND DISCLOSURES OF INFORMATION THAT THE PLAN MAY MAKE WITH YOUR WRITTEN AUTHORIZATION.** Other uses and disclosures of your Protected Health Information that are not described in this Notice will be made only with your written authorization. Generally, the Plan will need to obtain your authorization for uses and disclosures relating to psychotherapy notes, marketing, and receiving remuneration for your Protected Health Information. You may revoke your authorization at any time by submitting a written revocation to the privacy contact identified below ("Privacy Contact"), except to the extent that the Plan has taken action in reliance on your authorization.
4. **YOUR RIGHTS.** Your Protected Health Information that the Plan maintains in its records is the property of the Plan. You have the following rights concerning your Protected Health Information:
- **Right to Request Additional Restrictions.** You have the right to request additional restrictions on the use or disclosure of your Protected Health Information for treatment, payment, health care operations, or notification. You may request additional restrictions by submitting a written request to the Privacy Contact. In most cases, the Plan is not required to agree to a requested restriction. If the Plan agrees to a restriction in writing, then it will comply with the restriction until the restriction is terminated, except if the information is needed to treat you in an emergency. Except as otherwise required by law, the Plan will comply if you request that your Protected Health Information not be disclosed to a health plan for purposes of payment or health care operations (but not treatment) if the Protected Health Information pertains solely to a health care item or service for which you have paid for out of pocket and in full.
 - **Right to Receive Communications by Alternative Means.** You have the right to request the Plan to use alternative means or alternative locations for communications involving your Protected Health Information. You must submit your written request to the Privacy Contact. The Plan will accommodate the request if you clearly state that the disclosure of all or part of the Protected Health Information by the usual means could endanger you. The Plan may condition the accommodation on information as to how payment will be handled or specification of an alternate address or other method of contact.
 - **Right to Inspect and Copy Records.** You have the right to inspect and obtain an electronic or paper copy, in a mutually agreeable format, of your Protected Health Information that the Plan uses to make decisions about you. You may receive access to your Protected Health Information by submitting a written request to the Privacy Contact. As permitted by law, the Plan may charge you a reasonable cost-based fee for providing this Protected Health Information to you. The Plan may deny your request in writing in certain circumstances. In many but not all cases, if access is denied, then you have the right to have the denial reviewed.
 - **Right to Request Amendment to Records.** You have a right to request that your incomplete or inaccurate Protected Health Information be amended. You may request the amendment by submitting a written request to the

NOTICE OF PRIVACY PRACTICES

Privacy Contact. The Plan may deny your written request in certain situations. If the Plan denies your request, then you have a right to submit a statement of disagreement (of a reasonable length) and to have the statement attached to your record. The Plan then has the right to add a rebuttal statement.

- **Right to an Accounting of Certain Disclosures.** You have the right to request and receive an accounting of disclosures the Plan has made of your Protected Health Information for certain purposes within the previous six years. An accounting of disclosures will not include disclosures: made to you; for treatment, payment, or health care operations; to family members or others involved in your health care or payment for your health care; for notification purposes; that were incidental disclosures; that were part of a limited data set; for national security or intelligence purposes; for certain correctional institution or law enforcement purposes; as part of a clinical data set of a research study; or pursuant to an authorization. You may request an accounting of disclosures by submitting a written request to the Privacy Contact. In certain circumstances, the Plan may suspend temporarily your right to an accounting of disclosures. You have a right to receive the first accounting within a 12-month period free of charge. The Plan may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
 - **Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan discovers a breach, which are certain unauthorized uses or disclosures as defined under HIPAA, involving your unsecured Protected Health Information.
 - **Right to a Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request to the Privacy Contact. You have this right even if you have agreed to receive the Notice electronically.
5. **LEGAL REQUIREMENTS.** The Plan is required by law to: maintain the privacy of your Protected Health Information; give you this Notice of its legal duties and privacy practices with respect to the information the Plan collects and maintains about you; and follow the terms of the Notice that is currently in effect.
6. **CHANGES TO THIS NOTICE.** The Plan reserves the right to change the terms of this Notice at anytime. This Notice and any new Notice will be effective for all Protected Health Information that the Plan maintains as well as that created or received by the Plan after the effective date of the Notice. If the Plan materially changes its privacy practices, then you will be provided with a revised Notice, which shall be effective for all Protected Health Information that the Plan maintains or later creates or receives. Unless otherwise required by law, any revised Notice will be effective on its effective date.
7. **COMPLAINTS AND QUESTIONS.** Please bring any questions or concerns to the Plan's Privacy Contact identified below. You also may complain to the Plan, through the Privacy Contact, or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Plan. *The Plan will not retaliate against you for exercising your rights or for filing a complaint.*
8. **PRIVACY CONTACT.** The Privacy Contact is the HIPAA Privacy Official for the Plan. You may contact the HIPAA Privacy Official at:

Address: Jonathan Sheppard
Director, Compensation & Benefits
Fred Hutchinson Cancer Research Center
1100 Fairview Ave N, J1-105
Seattle, WA 98109

Telephone: 206-667-5109

Email: jsheppar@fhcrc.org

Initial Effective Date: 04/01/03

Amendment Effective Date: 07/01/13