

HIPAA Privacy Notice

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 applies to the health plans and programs sponsored by The Port of Seattle, referred to collectively in this Notice as “the Plan.” The Plan includes the following Port-sponsored plans and benefits: Deductible Plan, High Deductible Health Plan, Delta Dental Plans, Spirit and Wellness Program, Employee Assistance Program, Healthcare Flexible Spending Account plan, and the Health Savings Account plan. This Notice also sets out the Plan’s legal obligations concerning your protected health information and describes your rights to access and control your protected health information. This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

Questions and Further Information. All inquiries to the Privacy Officer should be directed to the Port of Seattle HIPAA Privacy Officer, using the contact information provided at the end of this Notice.

If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the HIPAA Privacy Officer.

The Plan’s Responsibilities

The Plan is required by law to maintain the privacy of your protected health information. It is obligated to provide you with a copy of this Notice setting forth the Plan’s legal duties and its privacy practices with respect to your protected health information. The Plan must abide by the terms of this Notice.

If your protected health information is used or disclosed in a manner that is inconsistent with the permitted uses and disclosures set out in this Notice, and there is a breach, we will notify you as required under HIPAA.

Uses and Disclosures of Protected Health Information

The following is a description of when the Plan is permitted or required to use or disclose your protected health information.

Payment and Health Care Operations. The Plan has the right to use and disclose your protected health information for all activities that are included within the definitions of “payment” and “health care operations” as defined in the HIPAA Privacy Rule.

Payment. The Plan will use or disclose your protected health information to fulfill its responsibilities for coverage and providing benefits as established under the Plan. For example, the Plan may disclose your protected health information when a healthcare provider requests information regarding your eligibility for benefits under the Plan, or it may use your information to determine if a treatment that you received was medically necessary.

Health Care Operations. The Plan will use or disclose your protected health information to support the Plan's business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning, and business development. For example, the Plan may use or disclose your protected health information: (i) to provide you with information about a disease management program; (ii) to respond to a customer service inquiry from you; (iii) in connection with fraud and abuse detection and compliance programs; or (iv) to survey you concerning how effectively the Plan is providing services, among other issues.

The Plan is prohibited from using or disclosing protected health information that is genetic information for underwriting purposes.

Services. The Group Health Plan may use or disclose protected health information to contact you to provide information about treatment alternatives or other health-related benefits and services that may be included in your plan of benefits or that otherwise may be of interest to you; for treatment; for case management or case coordination.

Business Associates. The Plan may disclose protected health information to third party service providers – called business associates – that perform various functions on its behalf that involved protected health information. For example, the Plan may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after the Plan and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

Other Covered Entities. The Plan may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, the Plan may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and the Plan may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing. This also means that the Plan may disclose or share your protected health information with other health care programs or insurance carriers (such as Medicare) in order to coordinate benefits, if you or your family members have other health insurance or coverage.

Required by Law. The Plan may use or disclose your protected health information to the extent such use or disclosure is required by federal, state, or local law.

Public Health Activities. The Plan may use or disclose your protected health information for public health activities that are permitted or required by law. For example, it may use or disclose information for the purpose of preventing or controlling disease, injury, or disability; or to report births or deaths. The Plan also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities. The Plan may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions, provided such investigation or activity relates to the receipt of healthcare, claim for public benefits related to health or qualification for public benefits based on your health. "Health oversight activities" does not include an investigation of other activity relating to you.

Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings. The Plan may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). The Plan may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process if satisfactory assurances are provided showing efforts have been made to inform you of the request.

Law Enforcement. Under certain conditions, the Plan also may disclose your protected health information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (3) as relating to the victim of a crime.

National Security and Protective Services. The Plan may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Workers' Compensation. The Plan may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs that provide benefits for work-related injuries or illnesses.

Disclosures to the Plan Sponsor. The Plan (or its health insurance issuers or HMOs) may disclose your protected health information to the Port of Seattle, which is the sponsor of the Plan, solely for purposes of administering the Plan.

Others Involved in Your Health Care. The Plan may disclose your protected health information to a friend, family member, or other person identified by you who is involved in your health care or payment for your health care, unless you object or request a restriction (in

accordance with the process described below under “Right to Request Restrictions”). The Plan also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, the Plan may determine whether the disclosure is in your best interest.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. The Plan is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plan’s compliance with the HIPAA Privacy Rule.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide the Plan with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that the Plan has used or disclosed in reliance on the authorization.

Your Rights

The following is a description of your rights with respect to your protected health information.

Right to Request a Restriction. You have the right to request a restriction on the use or disclosure of your protected health information for treatment, payment or health care operations. You also have a right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your care. You may request such a restriction by contacting the Privacy Officer. The Plan is generally not required to agree to any restriction that you request. If the Plan agrees to the restriction, it can stop complying with the restriction upon providing notice to you. Your request must include the protected health information you wish to limit, whether you want to limit the Plan’s use, disclosure, or both, and (if applicable), to whom you want the limitations to apply (for example, disclosures to your spouse).

Right to Request Alternate Communications. You may request that the Plan communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request alternate communication regarding your protected health information by contacting the Privacy Officer. Your request must be in writing and must specify the alternative means or location for communication with you. The Plan will not ask you to explain the reason for your request, and will accommodate all reasonable requests.

Right to Inspect and Copy Records. You have the right to inspect and obtain a copy of protected health information that may be used to make decisions about your benefits. You must submit your request in writing. You may make this request by contacting the Privacy Officer. If

you request copies, the Plan will charge you copying fees and, if you request that the records are sent to you, postage fees.

Note that under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a legal proceeding; and information that protected by law. You may have a right to have a decision to deny access reviewed.

Right to Request an Amendment. You have the right to request an amendment of your protected health information held by the Plan if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing to the Privacy Officer and must set forth a reason(s) in support of the proposed amendment.

In certain cases, the Plan may deny your request for an amendment. For example, the Plan may deny your request if the information you want to amend was not created by the Plan. If the Plan denies your request, you have the right to file a statement of disagreement.

Right to Request an Accounting. You have the right to request an accounting of certain disclosures the Plan has made of your protected health information. You may request more information about what type of accounting of disclosures you may receive by contacting the Privacy Officer. You can request an accounting of disclosures made up to six years prior to the date of your request, except that the Plan is not required to account for disclosures made prior to April 14, 2003. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Plan's costs for additional requests within that twelve-month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain such a copy, please contact the Privacy Officer.

Complaints

If you believe the Plan has violated your privacy rights, you may complain to the Privacy Officer, whose contact information is at the end of this Notice. In addition, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. If your complaint relates directly to actions on the part of the Privacy Officer, you may file a written complaint to the Port's Legal Department. The Plan will not penalize or retaliate against you for filing a complaint.

Changes to this Notice

The Plan reserves the right to change the provisions of this Notice and make the new provisions effective for all protected health information that it maintains. If the Plan makes a material change to this Notice, it will provide a revised Notice to you at the address that the Plan has on record for the participant enrolled in the Plan or, if you agreed to receive revised Notices

electronically, at the e-mail address you provided to the Plan.

Effective Date

This Notice of Privacy Practices is effective January 1, 2017.

Contact Information

If you have any questions about this Notice, you need more information, you wish to file a complaint or you wish to exercise any of the rights described in this Notice, please contact:

Port of Seattle Privacy Officer
Human Resources Department
2711 Alaskan Way
Seattle, WA 98121
206-787-3846
portbenefits@portseattle.org