

# **NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF WASHINGTON, INC.**

**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.**

Molina Healthcare of Washington, Inc. (“Molina Healthcare” or “we”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private. We have policies in place to obey the law. The effective date of this notice is January 1, 2008.

**PHI** stands for *protected health information*. PHI means health information such as medical records that include your name, member number or other identifiers, and is used or shared by Molina Healthcare.

## **Why does Molina Healthcare use or share your PHI?**

**We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment and health care operations.**

### **For Treatment**

Molina Healthcare may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your PCP and other health care providers. For example, Molina Healthcare may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your PCP.

### **For Payment**

Molina Healthcare may use or share PHI to make decisions on payment. This may include claims, approvals for treatment and decisions about medical needs. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a provider know that you have our benefits. We would also tell the provider the amount of the bill that we would pay.

### **For Health Care Operations**

Molina Healthcare may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. They include, but not limited, to the following:

- Improving quality
- Actions in health programs to help members with certain conditions (such as asthma)
- Conducting or arranging for medical review
- Legal services, including fraud and abuse programs
- Actions to help us obey laws
- Addressing member needs, including solving complaints and grievances.

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We will share your PHI with other companies (“business associates”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

## **When can Molina Healthcare use or share your PHI without getting written authorization (approval) from you?**

### **Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:**

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.

The law allows or requires Molina Healthcare to use and share your PHI for the following other purposes:

### **Required by law**

Molina Healthcare will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (DHHS).

### **Public Health**

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

### **Health Care Oversight**

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

### **Research**

Your PHI may be used or shared for research in certain cases, when approved by a privacy or institutional review board.

### **Legal or Administrative Proceedings**

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

### **Law Enforcement**

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

### **Health and Safety**

PHI may be shared to prevent a serious threat to public health or safety.

### **Government Functions**

Your PHI may be shared with the government for special functions, such as national security activities.

## **Victims of Abuse, Neglect or Domestic Violence**

Your PHI may be shared with legal authorities, if we believe that a person is a victim of abuse or neglect.

## **Workers Compensation**

Your PHI may be used or shared to obey Workers Compensation laws.

## **Other Disclosures**

PHI may be shared with funeral directors or coroners to help them do their jobs.

## **When does Molina Healthcare need your written authorization (approval) to use or share your PHI?**

Molina Healthcare needs your written approval to use or share your PHI for a purpose other than those listed in this notice. You may cancel a written approval that you have given to Molina Healthcare. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

## **What are your health information rights?**

You have the right to:

### **❖ Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask Molina Healthcare not to share your PHI to carry out treatment, payment or health care operations. You may also ask us to not share your PHI with family, friends or other persons you name who are involved in your health care. However, Molina Healthcare is not required to agree to your request. You will need to fill out a form to make your request.

### **❖ Request Confidential Communications of PHI**

You may ask Molina Healthcare to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to fill out a form to make your request.

### **❖ Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Healthcare member. You will need to fill out a form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. *Important Note: We do not have complete copies of your medical records. Please contact your PCP to get a copy of your medical chart.*

### **❖ Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by Molina Healthcare about you as a member. You will need to fill out a form to make your request. You may file a letter disagreeing with us if we deny the request.

### **❖ Receive an Accounting of PHI Disclosures (Sharing of your PHI)**

You may ask that Molina Healthcare give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations

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- to persons about their own PHI
- sharing done with your authorization
- incident to a use or disclosure otherwise permitted or required under applicable law;
- as part of a limited data set for research or public health activities;
- PHI released in the interest of national security or for intelligence purposes;
- to correctional institutions having custody of an inmate; or
- shared prior to April 14, 2003

You must fill out a form to request a list of PHI disclosures. We may charge a reasonable fee if you ask for this list more than once in a 12-month period.

**You may make any of the requests listed above. Please call the Manager of Member Services at 1-800-869-7165.**

### **What can you do if your rights have not been protected?**

You may complain to Molina Healthcare and to the Department of Health and Human Services, if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care will not change in any way.

You may complain to us at:

Molina Healthcare of Washington, Inc.  
 Manager of Member Services  
 21540 30<sup>th</sup> Dr. SE  
 Ste. 400  
 Bothell, WA 98021  
 Phone: 1 (800) 869-7165

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 2201 Sixth Avenue – Mail Stop RX-11  
 Seattle, WA 98121

### **What are the duties of Molina Healthcare?**

Molina Healthcare is required to:

- Keep your PHI private
- Give you written information such as this on our duties and privacy practices about your PHI
- Follow the terms of this Notice

### **This Notice is Subject to Change**

**Molina Healthcare reserves the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, a new notice will be sent to you by US Mail.**

## **Contact Information**

If you have any questions, please contact the following office:

Molina Healthcare of Washington, Inc.  
Manager of Member Services  
21540 30<sup>th</sup> Dr. SE  
Ste. 400  
Bothell, WA 98021  
Phone: 1 (800) 869-7165