

## **Seattle Police Relief Association NOTICE OF PRIVACY PRACTICES**

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

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The *Seattle Police Relief Association Supplemental Medical Plans -- B, C, D, and D2* (“the Plan”) is committed to protecting the privacy of your health information. We are required by applicable federal and state laws to maintain the privacy of your Protected Health Information. This Notice explains our privacy practices, our legal duties, and your rights concerning your Protected Health Information (referred to in this Notice as “PHI”). The term “PHI” includes any information that is personally identifiable to you and that is transmitted or maintained by the Plan, regardless of form (oral, written, electronic). This includes information regarding your health care and treatment, and identifiable factors such as your name, age, and address. The Plan will follow the privacy practices described in this Notice while it is in effect. The effective date of this notice is September 23, 2013.

### **How SPRA Collects Your Protected Health Information**

We collect PHI from you, your health care providers, and our Business Associates. For example, Healthcare Management Administrators (HMA), a Business Associate of SPRA, receives PHI from your primary carrier’s explanation of benefits, and from your health care providers for the payment of claims for benefits. We will have written agreements to protect the privacy of your PHI with these associates.

### **How SPRA Safeguards Your Protected Health Information**

We protect your PHI by:

- Treating all of your PHI that is collected as confidential;
- Stating confidentiality policies and practices in our operations and privacy manuals;
- Restricting access to your PHI to those employees who need to know your personal information in order to provide services to you, such as paying a claim for a covered benefit;
- Only disclosing your PHI that is necessary for a service company to perform its function on our behalf, and the company agrees to protect and maintain the confidentiality of your PHI; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

### **How SPRA May Use and Disclose Your PHI**

We will not disclose your PHI unless we are allowed or required by law to make the disclosure, or if you (or your authorized representative) give us permission. Uses and disclosures, other than those listed below require your authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your PHI, we will comply with those legal requirements as well. Following are the types of disclosure we may make as allowed or required by law:

**Treatment:** We may use and disclose your PHI for the treatment activities of a health care provider, including consultations and referrals between your providers. We would do this to facilitate payment of your benefits.

## NOTICE OF PRIVACY PRACTICES (continued)

**Payment:** We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider or other related entities subject to the federal privacy rules. Payment activities may include: claims processing, determining eligibility for coverage, address changes, plan and status changes, claims management, utilization review, subrogation and plan reimbursement.

**Health Plan Operations:** We may use and disclose your medical information for our internal operations, including our customer service activities, responding to complaints and appeals, auditing functions, administrative activities, and conducting reviews of claims processing and other quality assessments.

**Your Family and Friends:** If you are unable to consent to the disclosure of your PHI, such as in a medical emergency, we may disclose your PHI to a family member or friend to the extent necessary to help with your health care or with payment for your health care. We will only do so if we determine that the disclosure is in your best interest.

**Emergency Situations:** We may disclose your PHI in an emergency situation, or if you are unable to respond or not present. This includes a family member, friend, authorized disaster relief agency, or any other person you have told us about.

**Required by Law:** We must disclose your PHI when we are required to do so by law.

**Process and Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose limited information to law enforcement officials.

**Military and National Security:** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.

### **Verbal Agreements and Disclosures of your PHI**

We can use your verbal agreement to use your PHI or disclose it to other people. This includes family members, friends or any other person you identify. We will limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

### **Written Agreement for other Uses and Disclosures of Your PHI**

Uses and disclosures of your PHI not described in this Notice will be made only with your written approval. Once you give approval, you may rescind it at any time. The request to rescind approval must be in writing, and it will go into effect as soon as you request it.

**Breach Notification:** We will notify you promptly, as required by law, if a breach occurs that may have compromised the privacy or security of your PHI.

## **Your Rights Regarding SPRA's Use and Disclosure of Your Protected Health Information**

**You have a right to:**

## NOTICE OF PRIVACY PRACTICES (continued)

**Access and Receive Copies of Your PHI:** You have the right, with limited exceptions, to get a copy of your PHI. You may ask that we give you an electronic copy or a photocopy, and we will use the format you ask for unless we cannot practicably do so.

**Request Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. We may decline your request for certain reasons, including if you ask us to change information that we did not create.

**Request an Accounting of Disclosures:** You have the right to receive a report of instances in which our business associates or we disclosed your PHI for purposes other than for treatment, payment, health care operations, and certain other activities. You are entitled to such an accounting for the 6 years prior to your request. We will provide you with the date on which we made a disclosure, the name of the entity or person to whom we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and other applicable information.

**Request Restrictions:** You have the right to request that we place restrictions on our use or disclosure of your PHI for treatment, payment, health care operations or to persons you identify. This includes disclosures to your primary health plan when you have paid for medical treatment or items in full out-of-pocket. Your request should state the restrictions you are asking for and to whom they apply. We may be unable to agree to your requested restrictions. If we do, we will abide by our agreement (except in an emergency).

**Confidential Communication:** You have the right to request that we communicate in confidence with you about your PHI by alternative means or to an alternative location. If you advise us that disclosure of all or any part of your PHI could endanger you, we will comply with any reasonable request provided you specify an alternative means of communication.

**Have Someone Act for You:** You have the right to have someone act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your PHI.

**Receive a Copy of this Notice:** If you receive this Notice on our website or by e-mail, you are entitled to receive this Notice in written form. Please contact us using the information shown below to obtain a paper copy of this Notice.

**File a Complaint:** If you want additional information regarding our Privacy Practices, or if you believe we have violated any of your rights listed in this Notice, please contact our Privacy Officer at the address below. There will not be any penalty to you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

For your convenience, a copy of our current notice of privacy practices is always available on our Web site at <http://www.reliefassociation.org>, and you may request a copy at any time by contacting us at the number listed below.

## **NOTICE OF PRIVACY PRACTICES (continued)**

*Administrator*  
*Seattle Police Relief Association*  
*2517 Eastlake Avenue East Suite 101, Seattle Washington 98102,*  
*(206) 726-9095*  
***SPRA@reliefassociation.org***

If you have a complaint, you also may submit a written complaint to the Region X, Office for Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue-Suite 900, Seattle, Washington 98121-1831. (206) 615-2287. FAX (206) 615-2297. TDD (206) 615-2296. Or see the contact information on the HHS website at [www.hhs.gov/ocr](http://www.hhs.gov/ocr). For all complaints filed by e-mail send to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

Your privacy has always been a priority to the trustees and staff of the Seattle Police Relief Association.