



## **APWU Health Plan Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**By law, the APWU Health Plan is required to protect the privacy of your personal health information. The APWU Health Plan is also required to give you this Notice to tell you how the APWU Health Plan may use or share your personal health information.** If you have questions about this Notice, please contact the APWU Health Plan's HIPAA Privacy Office by calling (800) 222-APWU (2798).

The APWU Health Plan appreciates that your health information is confidential. We want you to conduct business with us knowing that we respect your privacy, and that we take care to protect your personal health information. When the APWU Health Plan must use or share your personal health information, we make every reasonable effort to use or share only what is needed.

This Notice tells you:

- How the APWU Health Plan may use or share your health information.
- Your rights concerning your health information and how to exercise them.
- The APWU Health Plan's responsibilities in protecting your health information.

### **How The APWU Health Plan May Use Or Share Your Health Information**

In order for the APWU Health Plan to conduct business, your personal health information must be used within the APWU Health Plan and shared with some of our Business Associates. Business Associates include companies and consultants who perform a wide variety of functions on behalf of the APWU Health Plan. For example, we work with companies to provide prescription benefits management, Preferred Provider Organizations, a 24-hour nurse line, precertification for hospital stays, authorization for treatment, case management, legal services, actuarial services, auditing services, transplant services, fraud and abuse investigations, and other contracted functions. The APWU Health Plan makes reasonable efforts to safeguard the information we send to our Business Associates, and we work with them to assure compliance with federal privacy laws.

The APWU Health Plan will not sell your personal health information or use or disclose your personal health information for paid marketing without your authorization. Additionally, uses and disclosures of psychotherapy notes for purposes other than for claims payment or disputed claims as described in this Notice will be made only with your authorization.

Absent your written consent or a court order, the APWU Health Plan will not use or disclose your personal health information relating to substance use disorder (SUD) treatment records protected by part 2 of title 42 of the Code of Federal Regulations (42 CFR part 2), or testimony about the content of SUD records, in civil, criminal, administrative or legislative proceedings against you.

Any personal health information potentially related to reproductive healthcare may not be used or disclosed without a signed attestation that the requested use or disclosure is not for prohibited purposes such as health oversight activities, judicial or administrative proceedings, law enforcement purposes, or to coroners and medical examiners to identify a deceased person, determine cause of death, or other duties authorized by law. For example, when processing an insurance claim containing your personal health information potentially





relating to reproductive healthcare, the APWU Health Plan must receive an attestation from other insurance plans that your personal health information will not be used for law enforcement purposes or in any judicial or administrative proceedings.

The following paragraphs explain the ways the APWU Health Plan may use and share personal health information about you or a member of your family *without* your authorization. Please be aware that other uses and disclosures not described in this Notice will be made only with your authorization.

### **1. Payment (Enrollment, Benefits, Premium Billing, and Claims Processing)**

Access to your health information is necessary for the APWU Health Plan and our Business Associates to enroll you as a member of the Health Plan, pay claims to you or your provider, and bill premiums for your coverage. For example, a doctor, hospital or other provider submits claims to the APWU Health Plan with your personal health information related to the services they rendered. The provider may submit your claim through a claims clearinghouse (a Business Associate who collects claims from many providers and submits them to the Health Plan all at one time). The claim may be sent to our Preferred Provider Organizations (also Business Associates) for pricing. The APWU Health Plan and our Business Associates' staff must obtain and use this information in order to process claims in accordance with your Health Plan benefits.

The APWU Health Plan and some of our Business Associates coordinate benefit coverage with other health insurance plans, for example Medicare A and B, or other insurance coverage you may have. In order to coordinate and process these claims correctly, we may share enrollment, benefit and claim information about you. The APWU Health Plan may also share personal health information if you are involved in a workers' compensation case. If you are involved in an auto accident, the APWU Health Plan will coordinate payment and liability with the responsible party's insurance.

The APWU Health Plan may share enrollment information about you with the American Postal Workers Union, AFL-CIO for associate membership fee billing.

### **2. Healthcare Operations**

The APWU Health Plan shares your personal health information with our Business Associates to enable them to provide services to you such as precertification of hospital stays, 24-hour nurse line, patient safety initiatives, etc.

In order to operate our business effectively, our Customer Service Representatives may review of your personal health information during calls. For example, you may call Customer Service for questions regarding precertification, treatment authorization, claim questions, eligibility, benefits, etc. Providers (doctors, hospitals, etc.) also may call Customer Service to inquire about claim status and eligibility.

The APWU Health Plan and our Business Associates may use or share personal health information about all of our participants to ensure that you receive the best quality care at the lowest possible cost, to keep premiums as low as possible, for internal operations, and to identify opportunities for improving our service. For example, we may use personal health information to review treatment and services, and to evaluate the performance of Preferred Provider Organizations and providers. The APWU Health Plan and our Business Associates may combine personal health information about many APWU Health Plan participants to determine types of services to cover, whether new treatments are effective, and services that are unnecessary.

### **3. OPM and Employing Agency**

The APWU Health Plan receives enrollment information from the U.S. Office of Personnel Management (OPM), the U.S. Postal Service, and federal agency payroll offices, and shares enrollment information with them to reconcile enrollment discrepancies. Additional information is shared between OPM and the APWU





Health Plan as part of fraud and abuse investigations, Health Plan financial performance activities, provider debarment and suspension, and other operational activities required by OPM.

#### **4. Disputed Claims**

The APWU Health Plan or our Business Associates will disclose your personal health information to OPM as required by the disputed claims process. The disputed claim process is described in the APWU Health Plan's Brochure, OPM Federal Brochure RI 71-004.

#### **5. Newsletters, Health Promotion, and Disease Prevention**

The APWU Health Plan uses your name and address to send you our newsletter, *The HealthConnection*. We may use your personal health information for periodic mailings and communications related to your health, benefits and coverage. The APWU Health Plan or our Business Associates may use your personal health information to contact you regarding health promotion, disease management, and other population-specific health programs.

#### **6. Patient Not the Enrollee or Personal Representative**

If you are not the APWU Health Plan enrollee or member, the APWU Health Plan and our Business Associates may give information about you to the enrollee or other individuals involved in your care unless you instruct us not to do so. In most cases, the information shared will be limited to information about payment of claims.

You may authorize someone to be your personal representative and act on your behalf for all aspects of your business with us, including providing and receiving personal health information about you. We will require proper documentation that you have designated and authorized the individual to act on your behalf as your personal representative.

#### **7. Overpayments and Subrogation**

The APWU Health Plan may share your personal health information with our Business Associates to collect an overpayment of a claim or pursue a subrogation lien. If there is an overpayment, the APWU Health Plan may provide limited information about your claims to external companies or to providers to assist in recovering the overpayment. If your claims can be subrogated to a third-party payor, the Health Plan may provide limited information about you and your claims to its Business Associates to aid in the Health Plan in recovering the subrogated payments.

#### **8. Judicial and Administrative Proceeding**

The APWU Health Plan or our Business Associates may disclose personal health information about you in response to a court or administrative order. The APWU Health Plan or our Business Associates may disclose personal health information about you in response to a subpoena, discovery request, or other lawful processes in a judicial or administrative proceeding.

The APWU Health Plan will not use or disclose your personal health information that is potentially related to reproductive health care for judicial or administrative hearings or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive healthcare.

#### **9. Law Enforcement**

The APWU Health Plan and our Business Associates may release personal health information about you to law enforcement officials. The APWU Health Plan will disclose personal health information about you at when required or permitted to do so by law.





The APWU Health Plan will not use or disclose your personal health information for the purpose of conducting criminal, civil, or administrative investigations into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive healthcare. Your information will not be used or disclosed to identify any person for any such criminal, civil, or administrative investigation. For example, the APWU Health Plan is prohibited from disclosing your personal health information potentially relating to reproductive healthcare to a law enforcement agency investigating the mere act of facilitating lawful reproductive healthcare.

#### **10. Enforcement by the Secretary of Health and Human Services**

The APWU Health Plan may release personal health information about you to the U.S. Secretary of Health and Human Services as required by law and/or to demonstrate our compliance with the law.

#### **11. Other Disclosures Allowed by Law**

As permitted in the Health Insurance Portability and Accountability Act (“HIPAA”), the APWU Health Plan and our Business Associates may release personal health information about you as allowed by law. Examples of this are disaster relief efforts; to public health authorities; health oversight activities; to avert a serious threat to health or safety; for military and veterans activities; national security and intelligence activities; protective services for the President and others; for medical suitability determinations; or for correctional and other law enforcement custodial situations.

#### **Automatic Notice of a Breach of Your Personal Health Information**

The APWU Health Plan will automatically notify you if there is a breach of your health information. We will send you a written notice within 60 days of discovering the breach that will detail for you the information involved, the nature and duration of the breach, and what has been done to respond to the breach. A breach for these purposes is the acquisition, access, use or disclosure of personal health information in a manner that is not permitted by the law or the Health Plan’s policies, and which compromises the security or privacy of your protected health information.

#### **Your Rights Regarding Personal Health Information About You**

You and your dependents have the following rights regarding personal health information the APWU Health Plan maintains. To exercise these rights, please submit your written request to:

APWU Health Plan  
HIPAA Privacy Office  
6514 Meadowridge Rd  
Suite 195  
Elkridge, MD 21075

Please call Customer Service at (800) 222-APWU (2798) or go to [www.apwuhp.com](http://www.apwuhp.com) for more information.

**1. Right to Access.** You have the right to inspect and obtain a copy of your health information maintained by the APWU Health Plan. We do not maintain a central file of all your health information. If you would like access to your health information we will act upon your written request within 30 days of receipt for information maintained on-site, and within 60 days of receipt for information maintained off-site. We may require a 30-day extension, and you will be notified if necessary. Please be advised there may be a fee to cover the costs associated with responding to your request.

The APWU Health Plan has the right to deny you access to all or part of the information we maintain (for example, psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action proceeding). We will provide you with a written statement that describes





generally the information at issue, the reason for the denial, and how you may appeal the denial if you are not satisfied with our response.

**2. Right to Amend.** If you believe the health information the APWU Health Plan has about you is incorrect or incomplete, you may ask to have that information amended.

To request an amendment, you must submit your request in writing and include the reasons why you believe an amendment is necessary. Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. The APWU Health Plan will act on your request within 60 days of receipt and provide further information regarding the amendment process requirements. If your request is approved, we may contact you to determine if others need to be notified of the amendment and to obtain your authorization to do so.

We will deny your request if you ask us to amend information that:

- Was not created by the APWU Health Plan (if, for example, your physician created the information, we will advise you to contact your physician);
- Is not part of the information you are permitted to inspect and copy; or
- The APWU Health Plan believes the information to be accurate and complete.

If your request is denied, the APWU Health Plan will provide you with a written statement that describes the basis for the denial and a description of how you can submit a statement disagreeing with the denial to be added to your records or submit a complaint.

**3. Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of external persons or organizations with whom the APWU Health Plan has shared personal health information about you that is not included as part of our payment and healthcare operations described earlier. It is possible there will be no disclosures to report or that, in accordance with law, the APWU Health Plan is required to suspend your right to receive an Accounting of Disclosures.

The APWU Health Plan will provide the accounting within 60 days of receipt of the request or notify you in writing if we are unable to meet that deadline or provide the accounting. You are allowed one (1) free accounting in a 12-month period. Please be advised there may be a fee for additional accountings in the same 12-month period. Any request for an accounting must be made in writing, and must state beginning and end dates for the period in which you seek an accounting, but may not include any dates that are more than six years prior to the date of your request.

**4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your personal health information. The APWU Health Plan is not required to agree to your request.

Any request for restrictions must be made in writing. Your request must include: (1) what information you want to restrict; (2) how you would like the information restricted; and (3) to whom you want the limits to apply.

**5. Right to Request Confidential Communications.** You have the right to request that the APWU Health Plan communicate with you about your personal health information in a certain way or at a certain location, for example, at an alternative address. If you are not the member or enrollee, this may include making payment directly to you for your care as well as mailing of any explanation of benefits. We will accommodate, to the best of our abilities, all requests for such confidential communication.





To request confidential communication changes, submit your request in writing to the APWU Health Plan. We may refuse to accommodate your request if you have not provided specific information about the location at which you wish to be contacted.

**Other Disclosures of Your Health Information**

Other disclosures of your health information not covered by applicable laws or this Notice will be made only with your written authorization. If you provide the APWU Health Plan authorization to disclose personal health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the APWU Health Plan will no longer disclose personal health information about you for the reasons stated in your written authorization. Please understand that the APWU Health Plan is unable to rescind any disclosures that have already been made with your permission and information permissibly disclosed may be redisclosed without HIPAA protection.

**Complaints About Your Privacy**

If you believe your privacy rights have been violated by the APWU Health Plan or its Business Associates, you may file a complaint with the APWU Health Plan or the U.S. Secretary of the Department of Health and Human Services. To file a complaint with the APWU Health Plan, submit your complaint in writing to:

HIPAA Privacy Office  
APWU Health Plan  
6514 Meadowridge Rd  
Suite 195  
Elkridge, MD 21075

Complaints should outline why you believe your privacy rights have been violated. All complaints will be addressed and you cannot be penalized for filing a complaint.

**Changes to This Notice**

The APWU Health Plan reserves the right to change the terms of this Notice. We reserve the right to make the revised Notice effective for personal health information we already maintain, as well as any information we receive in the future. The APWU Health Plan will notify you by mail of material changes to the uses or disclosures of your information, your legal rights, the APWU Health Plan's legal duties, or other privacy practices in this Notice, and will post a revised Notice on our website at [www.apwuhp.com](http://www.apwuhp.com). You will be able to download the most current Notice from the website. You may also contact Customer Service during normal business hours, Monday through Friday 8:30am to 8:00pm eastern time, by calling 1-800-222-2798 to request a copy of this Notice.

