

# THE CALIFORNIA ASSOCIATION OF HIGHWAY PATROLMEN'S NOTICE OF PRIVACY PRACTICES

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

The California Association of Highway Patrolmen are dedicated to protecting your health information. We are required by law to maintain and protect the privacy of your health information and provide this notice of our legal duties and privacy practices. The CAHP Health and Dental Trusts are required by law to abide by the terms of this notice.

## **HOW YOUR HEALTH INFORMATION WILL BE USED AND DISCLOSED.**

As administrator of the Health and Dental Trusts, we will use your health information in the following ways.

### **As Required By Law**

We will disclose health information about you when required to do so by federal, state or local law or regulation.

### **Business Associates**

We may disclose your health information to a business associate with whom we contact to provide services on our behalf. For your protection, we required our business associates to appropriately safeguard all members' health information.

### **Health Oversight Activities**

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure, and are necessary in order for the government to monitor the health care system and ensure compliance with civil rights laws.

### **Health Plan Operations**

We may use and disclose health information about you for Health and Dental Trust operations. These uses and disclosures are necessary to manage the Trust plans. For example, we may use and disclose health information about you to confirm your eligibility or to resolve an appeal, complaint or grievance.

We also may combine health information about many Trust plan members to evaluate health plan performance, assist in rate-setting, measure quality of care provided, or for other health care operations. In some cases, we may obtain health information about you from a provider or third-party administrator.

### **Health-Related Benefits and Services**

We may use and disclose health information to tell you about health-related benefits or services such as treatment alternatives, disease management or wellness programs that may be of interest to you.

## **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have been given proper notice and an opportunity to object.

## **Law Enforcement**

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.

## **Policy Holder**

If you are enrolled in the Trust plans as a dependent, we may release health information about you to the policyholder.

## **Relations**

Unless you object, we may disclose your health information to family members, or other relative or close personal friends, when the health information is directly relevant to that person's involvement with your care.

## **Serious Threat to Health or Safety**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Workers' Compensation**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **AUTHORIZATIONS**

We will not use and disclose your health information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

To request a Revocation of Authorization form, you may contact:

The California Association of Highway Patrolmen's Dental Trust  
2030 V Street  
Sacramento, CA 95818  
Attn: Privacy Officer

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding your health information:

### **Right to Inspect, Copy and Amend**

You have the right to inspect and copy protected health information about you that is maintained by the Health and Dental Trust. In most cases, this consists solely of information concerning your health plan enrollment or an appeal, complaint or grievance.

If you are denied access to health information, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.

If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and you must provide a reason that supports your request.

Any request to inspect, copy or appeal any of your protected health information must be submitted in writing to the DENTAL TRUST at 2030 V Street, Sacramento, CA 95818. Attn: Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made about your health information.

To obtain an accounting of disclosures, you must submit your request in writing to either the Health or Dental Trust. Your request must include a specific period, within a maximum six-year time frame, and may not include dates before April 14, 2003.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health-care procedures. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with our request unless the information is needed to provide emergency treatment for you. You must make any request in writing to either the Health or Dental Trust at 2030 V Street, Sacramento, CA 95818, Attn: Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. (For example, disclosures to your spouse.)

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a specific manner or location. For example, you can ask that we only contact you at work or by mail to a specific address.

To request confidential communications, you must make your request in writing to either the Health or Dental Trust at 2030 V Street, Sacramento, CA 95818, Attn: Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice and you may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice contact the CAHP office.

### **Right to Complain**

If you believe your privacy rights have been violated, you may file a complaint with either the Health or Dental Trust or with the Secretary of the Department of Health and Human Services. If you choose to file a complaint, **you will not be retaliated against in any way.** To complain to us, please contact the Privacy Officer at 2030 V Street, Sacramento, CA 95818, Attn: Privacy Officer. All complaints must be submitted in writing.

**THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003.**

### **REVISION OF NOTICE OF PRIVACY PRACTICES**

We reserve the right to change this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised Notice at the California Association of Highway Patrolmen's on the CAHP Web site at [www.theca hp.org](http://www.theca hp.org). Paper copies of the revised Notice to Privacy Practices will be available upon request.

If you would like further information regarding your rights or regarding the uses and disclosures of your health information, you may contact:

The California Association of Highway Patrolmen's Dental Trust  
2030 V Street, Sacramento, CA 95818  
(800) 734-2247