



## Important Disclosure Notices and Information

This document contains important information about your health plan, including our Privacy Practices and where you can find more detailed information on certain topics, such as your medical and pharmacy benefits.

In this document the terms “We,” “Us,” and “Our” refer to Community Health Plan of Washington (“CHPW”). When We use the term, “your health plan,” We are referring to the particular CHPW health plan you and your eligible dependents, if any, are enrolled in. When We use the terms “Member” or “Members,” We are referring to all persons enrolled in applicable CHPW health plans.

The information contained and referenced in this document is available for you to view or download through the CHPW Member portal at [individualandfamily.chpw.org/member-center](https://individualandfamily.chpw.org/member-center). If you have questions about this document or how to get more information, including using our website and requesting paper copies of this information, contact Customer Service toll free, Monday through Friday from 8 a.m. – 5 p.m. at 1-866-907-1906. If you have trouble hearing or speaking over the phone, dial 711 to reach the TTY Relay.



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-907-1906 (TTY: 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-907-1906 (TTY: 711).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-907-1906 (TTY: 711).

**繁體中文 (Chinese) 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-907-1906 (TTY: 711)。

**Af Soomaali (Somali) DIGTOONI:** Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqadda, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-866-907-1906. (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-907-1906 (телетайп: 711).

**(Arabic) العربية ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة المساعدة تتوافر لك بالمجان. اتصل برقم 1-866-907-1906 (TTY: 711).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-866-907-1906(መስማት ለተሳናቸው: 711)።

**توجه برای دری (Dari)** اگر به زبان دری صحبت می کنید، خدمات مساعدت زبان، طور رایگان برای شما موجود می باشد. با شماره 1-866-907-1906 (TTY: 711) تماس بگیرید.

**ትግርኛ (Tigrinya) ምልክታ:** ትግርኛ ትዘረብ ተኸይንካ ኣገልግሎት ኣገዝ ቋንቋ ንዓኻ ብናጻ ይርከብ። ደውል 1-866-907-1906 (TTY: 711)።

**(Burmese) ကြေးမုံ** သတိပြုရန် - အကယ့်၍ သင်္ချာ ဝုမန္တစကား ကို ဝေလျာပါက၊ ဘာသာစကား အကန့်

ညီ၊  
အခမဲ့၊ တကယ့် ဝေလျာပါမည့်။ ဝါတု 1-866-907-1906 (TTY: 711) သို့မဟုတ်  
သင်္ချာအ စီစဉ်ဝေဆာတစ်က ဖုန်းနံပါတ် ၀၉၀၇၁၉၀၆





## Information About Your Health Benefits.

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**INFORMATION ABOUT YOUR BENEFITS.** We provide Our members with important information about their health plans, such as a list of covered benefits including prescription drug benefits, and any exclusions or limitations that apply to those benefits. You will find this information in your Coverage Agreement. Members can also access this information through your member portal at [individualandfamily.chpw.org/member-center](https://individualandfamily.chpw.org/member-center). If you have any questions about your benefits, contact Customer Service toll free at 1-866-907-1906.

**MEMBER INVOLVEMENT IN PLAN BENEFIT DECISIONS.** You can be involved in making decisions about which benefits your health plan covers. To make recommendations or suggest changes, contact Customer Service toll free at 1-866-907-1906.

**INFORMATION ABOUT YOUR HEALTH PLAN'S ACCREDITATION STATUS.** CHPW provides numerous benefits including an accreditation by the National Committee for Quality Assurance, published information about its health care effectiveness and performance using the Healthcare Effectiveness Data and Information Set (HEDIS) measures, and a network of long-lasting relationships with the Washington community. Members and other interested parties can request this information by contacting Us toll free at 1-866-907-1906.

**PREMIUM AND COST-SHARING INFORMATION.** Your premium is the monthly payment you must make to maintain coverage under your health plan. Cost-sharing is the amount you owe for particular services covered by your health plan. If your health plan requires a copay when you visit your doctor's office, the amount of the copay is an example of cost-sharing. You will find information about your cost-sharing obligations in the Cost-Sharing section of the Schedule of Benefits. If you have any questions about premiums or cost-sharing, contact Customer Service toll free at 1-866-907-1906.

**YOUR HEALTH PLAN IS AN "EXCLUSIVE PROVIDER ORGANIZATION" (EPO) PLAN** and does not provide a "Point of Service" option, which means that services are covered only when received from Network Providers, with limited exceptions such as Emergency Care. This plan makes available to you a comprehensive network of high-quality primary care and specialty Providers, Hospitals, and other health care providers. Except in the limited circumstances described in your coverage agreement, or as required by law, if you receive care from an Out-of-Network Provider, you are responsible for all costs associated with the Out-of-Network services received. Your health plan is designed to make sure you have both the flexibility to see the provider of your choice, and the ability to plan ahead and manage your out-of-pocket costs, including cost-sharing amounts. The Accessing Care section of your Coverage Agreement contains detailed information about how this works. If you have questions, contact Customer Service toll free at 1-866-907-1906.



**INFORMATION ABOUT YOUR PLAN'S NETWORK OF PROVIDERS.** We maintain a regularly updated list of Providers included in the CHPW Cascade Care Affiliates Network. We will send you a copy of this list when you enroll in a Community Health Plan of Washington Cascade Select plan, and you can access this list at any time online at [individualandfamily.chpw.org/find-a-doctor/](https://individualandfamily.chpw.org/find-a-doctor/). You can also contact Customer Service toll free at 1-866-907-1906 to see if a particular provider is included in the CHPW Cascade Care Affiliates Network.

**INFORMATION REFERENCED IN YOUR COVERAGE AGREEMENT.** Your Coverage Agreement may refer to other documents or sources of information. You can request copies of any of the information referenced in your Coverage Agreement by contacting Customer Service toll free at 1-866-907-1906.

**INFORMATION ABOUT SEEING DIFFERENT PROVIDERS.** You do not need a referral to see an in-network provider other than your primary care physician, including for specialty care. You can find more information about how to access different types of providers in the Accessing Care section of your Coverage Agreement. If you have questions, contact Customer Service toll free at 1-866-907-1906.

**INFORMATION ABOUT AUTHORIZATIONS.** Some services require authorization before your health plan will pay for them. You can find information about when you need to request prior authorization for a service, and how the approval process works, in the Pre-Authorizations section of your Coverage Agreement. For Pre-Authorizations of medical services, call 1-866-907-1906. For Pre-Authorizations related to mental health or substance abuse services, call 1-866-907-1906. If you have questions, contact Customer Service toll free at 1-866-907-1906.

**INFORMATION ABOUT YOUR HEALTH PLAN'S GRIEVANCE AND APPEALS PROCESS.** You may disagree with a decision your health plan makes regarding your benefits. The Questions, Complaints, Grievances and Appeals section of your Coverage Agreement contains detailed information about how to appeal a decision you disagree with, and how to file complaints with your health plan. This information is also available online at [individualandfamily.chpw.org/member-center/member-rights/grievances-appeals/](https://individualandfamily.chpw.org/member-center/member-rights/grievances-appeals/). If you have questions about these processes, contact Customer Service toll free at 1-866-907-1906.

**INFORMATION ABOUT PROVIDER COMPENSATION.** Our goal is to fairly compensate doctors, facilities and other health care providers for furnishing high-quality and effective health care services to Our Members. Community Health Plan of Washington Cascade Select plans utilize the CHPW Cascade Care Affiliates Network to help Us meet this goal. The amount a provider or facility is able to receive for providing services or supplies to Our Members varies. Payments to providers depend on whether the Provider is an In-Network Provider and may be determined by contract. Providers not included in the CHPW Cascade Care Affiliates Network are "Out-of-Network Providers" and are not covered. If you have questions about how We compensate Our providers, contact Customer Service toll free at 1-866-907-1906.



**ANNUAL ACCOUNTING OF PAYMENTS WE MAKE TO YOUR PROVIDERS.** You can request an annual accounting of payments that count against payment or other limitations applicable to your benefits, made by your health plan to your health care providers. Contact Customer Service toll free at 1-866-907-1906 for more information about your annual accounting statement and how to request a copy.

## Information About Your Pharmacy Benefits

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This information concerns the pharmacy benefits covered under your health plan. Prescription drug coverage is an important part of the benefits your health plan offers. If you have any questions about your pharmacy benefits, contact Customer Service Monday through Friday from 8:00 am – 5:00 pm, toll free at 1-866-907-1906. If you have trouble hearing or speaking over the phone, dial 711 to reach the TTY Relay.

Your health plan can also provide you with more information concerning your pharmacy benefits, including: a copy of your health plan's drug formulary and information on how medical necessity or other criteria are used to determine coverage for prescription drugs; how your provider can request that your health plan cover a prescription drug that is not listed on the health plan's formulary; your health plan's policies regarding coverage of prescription drugs, such as how a drug is approved or taken off the formulary; and how you or your provider can appeal any of your health plan's coverage decisions that you disagree with.

Contact Customer Service at 1-866-907-1906 to request more information, or visit online at [individualandfamily.chpw.org/member-center/member-resources/prescription-drug-coverage/](https://individualandfamily.chpw.org/member-center/member-resources/prescription-drug-coverage/).

**COMMONLY USED PHARMACY TERMS.** Please take a moment to familiarize yourself with the following common pharmacy terms and their meanings:

- A **Drug Formulary** is a list of the prescription drugs that are covered by your health plan. We develop Our drug formulary with the help of pharmacists and physicians to ensure quality and encourage efficiency in prescribing medications. Included on Our Formulary are both preferred and non-preferred drugs.
- **Nonformulary drugs** are any drugs not listed on Our drug formulary. Nonformulary drugs are not covered without approval by your health plan. Nonformulary drugs may be approved when they are medically necessary. If approved, nonformulary drugs may be subject to higher cost-sharing than those included on Our formulary. We review and update Our drug formulary regularly.
- **Generic drugs** are non-brand name drugs that are pharmaceutically equivalent to a brand name drug or drugs. Generic drugs are approved by the U.S. Food and Drug Administration as meeting the same standards of effectiveness, safety, purity and strength as their brand name equivalent(s). Generic drugs will be dispensed unless a generic is not available. Not all generic drugs are included on Our Formulary.



- **Brand name drugs** are prescription drugs that are sold by only one manufacturer, who holds a patent on the drug. If you decide you want to take a brand name drug when your provider prescribes a generic version, you may be responsible for an additional cost in excess of your regular out-of-pocket pharmacy costs. Not all brand name drugs are included on Our Formulary.

**YOUR RIGHT TO SAFE AND EFFECTIVE PHARMACY SERVICES.** State and federal laws establish standards to ensure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under this plan, or if you have a question or a concern about your pharmacy benefit, please contact us at 1-866-907-1906.

If you would like more information about your rights under the law, or if you think information you have received from your health plan does not conform to the terms of your Coverage Agreement, contact the Washington State Office of the Insurance Commissioner at **1-800-562- 6900**. If you have a concern about the pharmacist or pharmacies serving you, contact the Washington State Department of Health at **1-800-525-0127**.

**COMMONLY ASKED PHARMACY QUESTIONS.** The following information is provided to you upon enrollment, and is available upon request at any time.

- ⇒ **Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?**

Your health plan has worked closely with pharmacists and care providers to develop its drug formulary. As noted above, nonformulary drugs are not covered unless approved by your health plan. When a nonformulary drug is approved you may be required to pay a higher cost than for formulary drugs, depending on the benefits of your plan.

As described above, generic drugs will be dispensed unless a suitable generic is not available. If you decide you would prefer a brand name drug instead of its generic equivalent, you will have to pay the difference in cost between the brand name and generic drugs in addition to any cost-sharing amounts applicable to your health plan's pharmacy benefits.

Please be aware that a number of drugs are excluded from coverage. These include: drugs that are not approved by the FDA; experimental drugs; weight loss drugs; drugs to treat sexual dysfunction; and drugs to treat cosmetic issues. A full list of exclusions can be found in your Coverage Agreement or by calling Customer Service at 1-866-907-1906.



⇒ **When can my plan change the approved drug list (Drug Formulary)? If a change occurs, will I have to pay more to use a drug I have been using?**

Your health plan reviews and updates its drug formulary regularly. We have a Pharmacy and Therapeutics Committee that makes changes to the formulary based on the results of medical research regarding drug effectiveness which is typically published in health care journals. These results are reviewed by unbiased national experts to make sure they are accurate, valid and reliable. If We decide to remove a medication from our formulary, you will be notified by your provider or by your pharmacist when you discuss refilling your prescription.

Drugs that are removed from the formulary are not covered by the health plan, which means that you will likely have to pay more out of pocket if you want to get a drug that is not covered. For brand name drugs that have been taken off the formulary, the health plan will usually make generic drugs available and you typically will not have to pay more for generic drugs.

⇒ **What should I do if I want a change from limitations, exclusion, substitutions or cost increases for drugs specified in this plan?**

If you would like to discuss making a change to the drug benefits We offer, you should call our Customer Service at 1-866-907-1906. With input from our clinical pharmacists and from your health care provider, We will be able to determine whether or not the change you would like to make is possible. If We decide that the change you want is not medically necessary, you do have the option of appealing that decision so that your request can be reviewed by a second group of pharmacists and medical providers.

⇒ **How much do I have to pay to get a prescription filled?**

The amount of your out-of-pocket expense depends on your particular health plan and the medication that has been prescribed for you. In general, the prescription copay or coinsurance applies to a 30-day or 90-day supply of each prescription you have filled. In the event that the actual charge for a medication is less than your copay or coinsurance obligation, you will pay only the actual charge for the drug. Generally, you can expect to pay lower copays and coinsurance for generic drugs, and higher amounts for brand-name drugs.



⇒ **Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?**

Yes. When you get your prescription filled at any of our many Participating pharmacies, you will be responsible for paying only the applicable cost-sharing amounts, as described in your Coverage Agreement. Your health plan does not pay for prescriptions filled at pharmacies that do not participate in our network. If you get a prescription filled at a non-Participating pharmacy, you will be responsible for the entire cost of the prescription. For a list of all of our Participating pharmacies, contact Customer Service at 1-866-907-1906.

⇒ **How many days' supply of a most medications can I get without paying another copay or other repeating charge?**

Your health plan provides coverage for up to a 90-day supply of many prescriptions through retail and mail pharmacies. The applicable copay or coinsurance is applied to each 30-day or 90-day prescription or refill you have filled.

⇒ **What other pharmacy services does my health plan cover?**

The Pharmacy Department at CHPW is actively involved in developing clinical guidelines for the use of a number of medications, especially medications for treating complex or chronic illnesses. We also work carefully with our Case Management and Disease Management teams to ensure that members with complex or chronic medical conditions receive appropriate medications in addition to other aspects of their care plan. Such medical conditions include diabetes, HIV/AIDS, cardiac conditions, asthma, depression and other mental health conditions, and chronic pain.

## Information About Health Care Benefit Managers.

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CHPW contracts with certain Health Care Benefit Managers (HCBMs) to perform certain plan functions. A "Health Care Benefit Manager" is a person or entity providing services to or acting on behalf of a health carrier, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies. Please visit Our website at [individualandfamily.chpw.org/member-center/health-care-benefit-managers-for-chpw/](https://individualandfamily.chpw.org/member-center/health-care-benefit-managers-for-chpw/) to view an updated list of HCBMs that perform functions or services related to your health plan.



# Notice of Privacy Practices

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*Your Information. Your Rights. Our Responsibilities*

**THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL AND FINANCIAL INFORMATION IS VERY IMPORTANT TO US.**

At Community Health Plan of Washington (CHPW), we are committed to maintaining the confidentiality of your medical and financial information, which we refer to as your “personal information,” regardless of format: oral, written, or electronic. This Notice of Privacy Practices informs you about how we may collect, use and disclose your personal information and your rights regarding that information.

**The start date of this Notice is February 15, 2021.** It will remain in effect until we replace it. This Notice pertains to you and your covered dependents. Please share it with your covered dependents.

## **OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL INFORMATION**

- Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), CHPW must take measures to protect the privacy of your personal information. In addition, other state and federal privacy laws may provide additional privacy protection. Examples of your personal information include your name, Social Security number, address, telephone number, race/ethnicity, language, account number, employment, medical history, health records, claims information, etc.

We protect your personal information in a variety of ways. For example, we authorize access to your personal information by our employees and business associates only to the extent necessary to conduct our business of serving you, such as paying your claims. We take steps to secure our buildings and electronic systems from unauthorized access. We train our employees on our written confidentiality policy and procedures and employees are subject to discipline if they violate them. Our privacy policy and practices apply equally to personal information about current and former members; we will protect the privacy of your information even if you no longer maintain coverage through us.

We are required by law to:

- protect the privacy of your personal information;
- provide this Notice explaining our duties and privacy practices regarding your personal information;
- notify you following a breach of your unsecured personal information; and
- abide by the terms of this Notice.



## **HOW WE MAY COLLECT YOUR PERSONAL INFORMATION**

We collect most of your personal information directly from you. By submitting an application for coverage with us or being our member, we may also obtain your personal information from third parties without your specific authorization. These third parties may include producers, employers, health care providers, other health plans or insurers, and state and federal agencies.

## **HOW WE MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION**

We may use or disclose your personal health information without your specific authorization for the purposes described below. For other purposes, we will request your specific authorization in writing, which you may grant or reject. If granted, you can revoke the authorization at any time by letting us know in writing.

### **Treatment**

We may disclose personal information about you that your physician or other health care provider requests to help them with your medical treatment or services. For example, we may disclose what prescriptions you have filled to help your physician or other health care provider to prescribe the appropriate medication.

### **Payment**

We may use and disclose personal information so that we can process your medical claims. For example, we may need to disclose personal information to administer your health benefits, to coordinate benefits with other health plans, to determine coverage and to obtain premiums. However, state and federal laws prohibit us from disclosing certain types of sensitive personal information, including psychotherapy notes, about you without your specific authorization.

### **Health Care Operations**

We may use and disclose personal information for health plan operations. For example, we may disclose personal information to conduct quality assessment and improvement activities, to engage in care or case management. However, federal law prohibits us from using or disclosing genetic information for underwriting purposes. State laws may prohibit us from disclosing certain types of sensitive personal information about you to other members of your family without your specific authorization. For example, our care coordination nurse may not be permitted to disclose case management information about an inpatient mental health admission without a specific authorization.

We will not use your personal demographic information for underwriting, or to deny you coverage and benefits. This means we will not use your race, ethnicity, or language preference to decide which services we will offer you or to deny you care.



## **Business Associates**

We may disclose your personal information to our Business Associates. These are entities or individuals that are not employed by us that perform health care operations or payment activities on our behalf which require that the Business Associate create, receive, maintain, or transmit your personal information. We must have contracts with our business associates that require them to maintain the confidentiality of your personal information. For example, we may contract with a pharmacy benefit manager to administer prescription drug benefits.

## **Appointment/Service Reminders**

We may use your personal information to contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related products or services that may be of interest to you and are provided by us, included in your plan of benefits or otherwise valuable products or services that are only available to current members.

## **As Required by Law**

We may use or disclose your personal information when required by federal, state or local law. For example, we may disclose personal information to a health oversight agency, to include the Secretary of the Department of Health and Human Services or a state insurance department, for activities such as audits, investigations, or related to licensure. If you receive public benefits through a government program, we may disclose personal information about you to the state or federal agency administering that program or another government program, including workers' compensation programs.

## **Public Health**

We may disclose personal information about you to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

## **Research**

We may disclose your personal information as part of a limited data set for purposes of research, public health or health care operations. We also may disclose personal information to researchers when their research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the confidentiality of your personal information.

## **Legal or Administrative Proceedings**

We may disclose your personal information in response to a court or administrative order, subpoena, discovery request, or other lawful process.



## Law Enforcement

We may disclose your personal information to law enforcement officials if we receive a court order, warrant, grand jury subpoena or an inquiry for purposes of identifying or locating a suspect, fugitive, material witness or missing person. If you are an inmate, we may disclose your personal information to correctional institutions as allowed by law.

## Health and Safety

We may disclose your personal information to prevent a serious threat to public health or safety.

## Military and National Security

Under certain circumstances, we may disclose to military authorities the personal information of armed forces personnel. We may also disclose to an authorized federal officials personal information required for lawful intelligence, counterintelligence and other national security activities.

## YOUR RIGHTS REGARDING PERSONAL INFORMATION

CHPW needs your written authorization to disclose your personal information for a purpose other than those listed in this Notice.

### What are your health information rights?

You have the following rights regarding personal information that we maintain about you:

**Restriction Request:** you have a right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment and health care operations activities or disclosures to individuals involved in your care.

**Confidential Communications:** if you believe that disclosure of all or part of your personal information may endanger you, you have the right to request that we communicate with you about health matters at an alternative location. For example, you may ask that we only contact you at your work address.

**Inspection:** you have the right to request inspection and to receive a copy of a record of your personal information. If we maintain the record electronically, you have the right to request the copy be in the electronic format of your choice. If we cannot readily provide your record in that format, we will provide your record in an electronic format that you and we have agreed to.

**Amendment:** if you feel the personal information that we maintain about you is incorrect or incomplete, you have the right to request amendment to your personal information.



**Accounting of Disclosures:** you have the right to an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you a reasonable fee for the costs of copying, mailing, and supplies associated with your request. All of these requests must be made in writing.

Please contact us at the phone number below or visit our website at [individualandfamily.chpw.org/member-center/member-rights/](https://individualandfamily.chpw.org/member-center/member-rights/) for the applicable request form. Except for accounting of disclosures, we will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request. For example, we will not amend personal information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

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

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you that we maintain. If we make any changes to our privacy practices, we will provide you with a copy of the revised Notice. We will also post the revised Notice on our web site. If you need a copy of this Notice or want more information about our privacy practices, contact us as described below.

### **ELECTRONIC NOTICE**

If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below.

### **REPORTING A PROBLEM**

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

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 & Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201  
(800) 368-1019  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/)



## **CONTACT INFORMATION**

You may exercise any of your rights described in this Notice, or ask questions about these rights, by contacting us at:

- **By Phone:**
  - CHPW Customer Service department toll free at 1-866-907-1906, Monday through Friday, from 8 a.m. to 5 p.m. (PST). (TTY Users Dial 711)
- **In Writing:**
  - Community Health Plan of Washington  
Attn: Customer Service  
1111 3<sup>rd</sup> Avenue, Suite 400  
Seattle, WA 98101