

# HIPAA notice of health information privacy practices

## **Your Information. Your Rights. Our Responsibilities.**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This version of the notice is effective September 1, 2015. Please review it carefully.**

This notice is required by the Health Insurance Portability and Accountability Act ("HIPAA") and is intended to describe to the extent applicable to you how the Pacific Gas and Electric Company Health Care Plan for Active Employees, the Pacific Gas and Electric Company Health Care Plan for Retirees and Surviving Dependents, and the Pacific Gas and Electric Company Health Care Flexible Spending Account Plan (collectively, "Health Plans"), and the various health plan vendors that administer these Health Plans (for example, Anthem Blue Cross) will protect your health information. This notice also describes your rights to access and control your protected health information.

"Health information" for this purpose means information that identifies you and either relates to your physical or mental health condition or the provision of health care to you, or relates to the payment of your health care expenses. This individually identifiable health information is known as "protected health information" ("PHI"). Your PHI will not be used or disclosed by the Health Plans without a written authorization from you, except as described in this notice or as otherwise permitted by federal or state health information privacy laws. Please note that your personal physician or other health care facilities (for example, hospitals or health clinics) where you may receive health care or treatment may have different policies, procedures or notices regarding the physician's or health care facility's use or disclosure of PHI that they may have created. These health care providers and any health plan insurer will separately notify you regarding their health information policies or procedures.



## **SUMMARY**

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask the Health Plans to limit the information shared
- Get a list of those with whom the Health Plans have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that the Health Plans use and share information to:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market Health Plan services and sell your information

### **Our Uses and Disclosures**

The Health Plans may use and share your information to:

- Help manage the health care treatment you receive
- Run the Health Plans' organizations
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## DETAILS

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of the Health Plans' responsibilities to help you.

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information the Health Plans have about you—except for psychotherapy notes; information intended for use in a civil, criminal or administrative proceeding; or any information to which access is otherwise prohibited by law. Contact the PG&E Benefits Service Center to request this information. Ask your health plan(s) how to do this.
- The Health Plans will provide a copy or a summary of your health and claims records, usually within 30 days of your request. A single, 30-day extension is allowed if the Health Plans cannot comply by the initial deadline. In limited situations, the Health Plans may say “no” to your request, but will tell you why in writing and may charge a reasonable, cost-based fee.

#### Ask the Health Plans to correct health and claims records

- You can ask your health plan(s) to correct your health and claims records if you think they are incorrect or incomplete. Ask your health plan(s) how to do this.
- The Health Plans may say “no” to your request, but will tell you why in writing within 60 days. A single, 30-day extension is allowed if the Health Plans cannot comply by the initial deadline.

#### Request confidential communications

- You can ask to be contacted in a specific way (for example, home or office phone) or to send mail to a different address.
- The Health Plans will consider all reasonable requests, and must say “yes” if you tell your health plan(s) you would be in danger otherwise.
- To request confidential communications, make your request in writing to:
  - Pacific Gas and Electric Company
  - HIPAA Privacy Official
  - 77 Beale Street, Mail Code B23H
  - San Francisco, CA 94105
- The Health Plans will make every attempt to accommodate all reasonable requests. Your request must specify how or where you want to be contacted.

#### State privacy rights

You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.

### **Ask the Health Plans to limit what the Health Plans use or share**

- You can ask the Health Plans not to use or share certain health information for treatment, payment, or Health Plans' operations.
- The Health Plans are not required to agree to your request, and may say "no" if it would affect your care.

### **Get a list of those with whom the Health Plans have shared information**

- You can ask for a list (accounting) of the times the Health Plans have shared your health information for six years prior to the date you ask, who the Health Plans shared it with, and why.
- The Health Plans will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Health Plans to make). The Health Plans will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time by calling the PG&E Benefits Service Center at **1-866-271-8144**, even if you have agreed to receive the notice electronically. The Health Plans will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- The Health Plans will make sure the person has this authority and can act for you before taking any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel the Health Plans have violated your rights by contacting:
  - HIPAA Privacy Official
  - 77 Beale Street, Mail Code B23H
  - San Francisco, CA 94105
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
  - Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
  - Calling **1-877-696-6775**; or
  - Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- The Health Plans will not retaliate against you for filing a complaint. The complaint should generally be filed within 180 days of when the act or omission complained of occurred.

## Your Choices

**For certain health information, you can tell the Health Plans your choices about what the Health Plans share.**

If you have a clear preference for how the Health Plans share your information in the situations described below, talk to the Health Plans. Tell the Health Plans what you want done, and the Health Plans will follow your instructions.

In these cases, you have both the right and choice to tell the Health Plans to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell the Health Plans your preference—for example if you are unconscious—the Health Plans may go ahead and share your information if the Health Plans believe it is in your best interest. The Health Plans may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases the Health Plans *never* share your information unless you give the Health Plans written permission:

- Marketing purposes
- Sale of your information

## The Health Plans' Uses and Disclosures

### How do the Health Plans typically use or share your health information?

The Health Plans typically use or share your health information in the following ways:

#### Help manage the health care treatment you receive

The Health Plans can use your health information and share it with professionals who are treating you.

*Example: A doctor sends your health plan(s) information about your diagnosis and treatment plan so your health plan(s) can arrange additional services.*

#### Run the Health Plans' organizations

- The Health Plans can use and disclose your information to run the Health Plans' organizations and contact you when necessary.
- The Health Plans are not allowed to use genetic information to decide whether the Health Plans will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: The Health Plans use health information about you to develop better services for you.*

#### Pay for your health services

The Health Plans can use and disclose your health information as the Health Plans pay for your health services.

*Example: The Health Plans share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

The Health Plans may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with the Health Plans to provide health benefits, and the Health Plans provide your company with certain statistics to explain the premiums the Health Plans charge.*

### **How else can the Health Plans use or share your health information?**

The Health Plans are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. The Health Plans have to meet many conditions in the law before your information can be shared for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### **Help with public health and safety issues**

The Health Plans can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Do research**

The Health Plans can use or share your information for health research.

### **Comply with the law**

The Health Plans will share information about you if local, state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Health Plans are complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- The Health Plans can share health information about you with organ procurement organizations.
- The Health Plans can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers’ compensation, law enforcement, and other government requests**

The Health Plans can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

The Health Plans can share health information about you in response to a court or administrative order, or in response to a subpoena, warrant, discovery request, or other forms of lawful due process.

## **The Health Plans' Responsibilities**

- The Health Plans are required by law to maintain the privacy and security of your protected health information.
- The Health Plans will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- The Health Plans must follow the duties and privacy practices described in this notice and give you a copy of it.
- The Health Plans will not use or share your information other than as described here unless you tell a Health Plan it can in writing. If you tell a Health Plan it can use or share your information, you may change your mind at any time. Let the Health Plans know in writing if you change your mind.

For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## **Changes to the Terms of this Notice**

The Health Plans can change the terms of this notice, and the changes will apply to all information the Health Plans have about you. The new notice will be available upon request on the Health Plans' websites, and a copy will be mailed to you unless you had agreed to receive the notice electronically, or unless you are able to receive electronic information at your worksite.