### Protecting Privacy- Alternative Communication Requests to Insurance Companies Frequently Asked Questions (FAQ)

Effective January 1, 2020, Washington health insurance companies are required, by law<sup>1</sup>, to communicate directly with the patient, not the policy holder, subscriber, or parent/guardian that has primary responsibility for the policy. This FAQ provides information about these requirements.

#### Background

Prior to this law, individuals seeking confidential sexual and reproductive health, behavioral health, and other sensitive health care services would not use their health insurance coverage out of fear that the insurance company would share information about services received with policy holders. Ways that information can be shared are through explanation of benefit statements, claim inquiries, and other written, oral, or electronic communication. When this happens, the information can contain protected health information without the patient's consent or knowledge. Requiring health insurance companies to personalize communication based on instructions from the person receiving care is intended to address privacy and confidentiality-related barriers that prevent some members from using health insurance coverage.

#### What Does the Law Require Insurance Companies to Do?

Health insurance companies in Washington are required to ensure that confidential or sensitive information go directly to the member receiving the services. They are also required to:

- Provide the confidential information directly to the member using one of the approved methods (online portal, email, phone, mail);
- Clearly post the request form with clear instructions on their websites;
- Process the request within 3 business days from receipt;
- Maintain the request until the enrollee revokes or modifies it;
- Notify members how to file appeals and how they will provide information and notifications to the member and the provider, clinic, or facility.

#### Why Is My Information Not Coming Directly to Me?

Health insurers will send information to the address that is on file by default. Individuals will need to complete and submit an authorization form to define what information should be sent and where to send it. This universal <u>Confidentiality Request Form (wa.gov)</u> Confidentiality Request form should be accepted by all health insurance companies in Washington.

#### Are Minors (under 18 years old) Protected by this Law?

Yes. Minors are authorized to restrict who sees their information and where it is sent. Under this law, mail and other correspondence is addressed to the minor patient but will continue to be sent to the

#### policy holder's mailing address unless the insurance company is directed to send it somewhere else.

This applies to heath care services and age restrictions defined in <a href="RCW 26.28.010">RCW 26.28.010</a>.

#### What is the Difference between Confidential or Sensitive Services?

Requests to restrict disclosure (or request confidential communications) requires individuals to choose what type of health care service information to restrict; confidential or sensitive.

<u>Confidential services</u> means **ALL** information about an individual's health care including services provided, by law, to minors without parental/guardian consent or knowledge. This may be preferred by individuals with safety or harm related concerns or with a non-permanent physical or mailing address.

<u>Sensitive health care services</u> means health care services and protected health information (PHI) related to sensitive health services. Sensitive health services are reproductive health services and products, gender-related services, sexually transmitted diseases, HIV/AIDS, alcohol or chemical dependency, substance use disorder, domestic violence, mental health, and genetic information.

# Will individuals who access these confidential or sensitive services be required to obtain policy holder or other covered person's authorization to use their insurance coverage?

No. The individual that receives care may use their health insurance coverage without the policy holder, parent, or guardian consent or knowledge. The individual is required to make payment arrangements with the provider or clinic for all out-of-pocket costs associated with the services.<sup>1</sup>

#### What type of correspondence does the law apply to?

- Bills and attempts to collect payment;
- A notice of adverse benefit determination;
- An explanation of benefits notice;
- A carrier's request for additional information regarding a claim;
- A notice of contested claim;
- The name and address of a provider, a description of services provided, and other visit information; and
- Any written, oral, or electronic communication from a carrier that contains protected health
- Information;
- Mailing appointment notices or calling the home to confirm appointments.

## How do I provide instructions for handling my confidential and sensitive health information to my insurance company?

Insurers use a "Authorization to Use and Disclose Health Information" form to collect this information. (e.g. <u>Coordinated Care</u> The form should be posted on their website; usually on the "forms" or "member resources" page).

Company / Address	Link to Disclosure Instruction Forms and
	Information

Aetna US Healthcare	https://www.aetna.com/individuals-
413 Pine St. Suite 200 M/S F980	families/member-rights-
Seattle WA 98101	resources/rights/disclosure-information.html
CIGNA HealthCare	https://www.cigna.com/assets/docs/Cigna%20no
701 -5th Ave. Suite 1900	tices-of-privacy-practices/privacy-
Seattle WA 98104	forms/authorization-for-disclosure-of-phi-eng.pdf
	https://www.cigna.com/static/www-cigna-
	com/docs/medicare/plans-
	services/2021/authorization-disclosure.pdf
First Choice Health Network	Requires member sign in
One Union Square	
600 University Street,	
Suite 1400	
Seattle WA 98101	
Kaiser Permanente Washington (formerly Group	https://wa.kaiserpermanente.org/static/pdf/publ
Health Cooperative	ic/customer-service/disclose-health-plan-
of Puget Sound)	information.pdf
320 Westlake Ave. N. Suite 100	
Seattle WA 98109-5233	
Premera Blue Cross	Non-disclosure request - employer or another
7001 – 220 <sup>th</sup> Street SW	group plan
Mountlake Terrace WA 98043-2124	https://www.premera.com/documents/011710.p
	<u>df</u>
	Non-disclosure request - individual plan
	https://www.premera.com/documents/051360.p
	<u>df</u>
Regence BlueShield	https://beonbrand.getbynder.com/m/5fa82ce3a
1800 9 <sup>th</sup> Ave.	eb752c0/original/Non-disclosure-directive-
Seattle WA 98101	<u>Regence.pdf</u>
UnitedHealthcare	https://www.myuhc.com/member/preLoginRelea
1111 3 <sup>rd</sup> Avenue	seOfInformationNonMA.do
Suite 1100	
Seattle WA 98101	Instructions available on FORMS website.
Uniform Medical Plan	https://www.hca.wa.gov/employee-retiree-
1511 Third Avenue, Suite 201	
·	benefits/forms-and-
Seattle WA 98101-1626	publications?combine=health+information&field
·	publications?combine=health+information&field customer type tid=All&field pebb document t
·	publications?combine=health+information&field     customer type tid=All&field pebb document t     ype value selective=All&field peb topic tid=All
·	publications?combine=health+information&field customer type tid=All&field pebb document t ype value selective=All&field peb topic tid=All &field year tid selective=All&field erb plan tid
Seattle WA 98101-1626	publications?combine=health+information&field     customer type tid=All&field pebb document t     ype value selective=All&field peb topic tid=All     &field year tid selective=All&field erb plan tid     selective=All&sort=filename+ASC
·	publications?combine=health+information&field customer type tid=All&field pebb document t ype value selective=All&field peb topic tid=All &field year tid selective=All&field erb plan tid

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Coordinated Care Corporation (Centene )	https://ambetter.coordinatedcarehealth.com/co
1145 Broadway	ntent/dam/centene/Coordinated%20Care/ambet
Suite 300	ter/PDFs/WA-AuthToDis-PHI-2019.pdf
Bothell WA 98041	
Molina Healthcare of Washington	https://www.molinamarketplace.com/marketpla
21540 30 <sup>th</sup> Drive SE Suite 400	ce/wa/en-us/-
Bothell WA 98041	/media/Molina/PublicWebsite/PDF/members/wa
	/en-us/Marketplace/Non-Disclosure-
	Directive v7 R.pdf
UnitedHealthcare Community Health Plan 1111	https://www.myuhc.com/member/preLoginRelea
3 <sup>rd</sup> Avenue	<u>seOfInformationNonMA.do</u>
Suite 1100	
Seattle WA 98101	

**Key search terms:** Confidential Communications, Disclosure, Non-Disclosure, Authorization to Release, Privacy, Privacy, Privacy Rights, Disclosure Directive

#### Resources and Links

- 1. Washington State Office of the Insurance Commissioner; Health Information and Your Privacy
- 2. RCW 70.24.110
- 3. Confidential Communications
- 4. Providing health care to minors under Washington law (PDF- depts.washington.edu)



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