



**Sutter Health Partners
LIVE WELL FOR LIFE
Notice of Privacy Practices**

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

What is this Notice and Why it is Important

This notice is provided to inform you of how your confidential health and personal information (“Confidential Information”) obtained or created by the LIVE WELL FOR LIFE Wellness Program (“WP”) will be protected, how Sutter Health Partners (“SHP”) may use or disclose your Confidential Information, and about your rights regarding your Confidential Information. If you have any questions about this notice please contact the Sutter Health Privacy Officer at 916-286-6616.

Understanding Your Confidential Information

The SHP WP combines a confidential health risk assessment (“HRA”) with one-on-one coaching to provide you with the support needed to manage your health. The HRA and other Confidential Information (e.g. test results) collected as part of the program will be used to identify health risk factors, track progress throughout the program, and aid in administration of incentive awards. Your Confidential Information serves as:

- Basis for planning your wellness related services
- Means of communication among the health professionals who contribute to your wellness related services
- Legal documentation of the wellness related services you receive.
- A tool with which we can assess and work to improve the wellness related services we provide

Your Confidential Information Rights

You have the following rights related to your Confidential Information kept by SHP:

Obtain a copy of this notice. You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from SHP, from our website at www.sutterhealthpartners.org or by calling 1-866-307-6600.

Authorization to use your Confidential Information. Before we use or disclose your Confidential Information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your Confidential Information. Copies of your screenings and results from your HRA responses will be provided to you as part of your participation in the WP. You may request a copy of other Confidential Information that SHP keeps. Your

request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

Amend your Confidential Information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may contact SHP at 1-866-307-6600 to obtain a form.

Request confidential communications. You may request that when we communicate with you about your Confidential Information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

Limit our use or disclosure of your Confidential Information. You may request in writing that we restrict the use or disclosure of your Confidential Information. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to provide wellness related services for you.

Accounting of disclosures. You may request a list of disclosures of your Confidential Information that we have made for reasons other than your wellness related services, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

Our Responsibilities

We shall protect the privacy of your Confidential Information, and establish policies and procedures that govern the behavior of our workforce and businesses associates, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting your Confidential Information. When we make a significant change in how we use or disclosure your Confidential Information, we will also change this notice. The new notice will be available on our website at www.sutterhealthpartners.com and will be available from your coach.

Confidential Information is only disclosed by the WP upon receipt of a written authorization from you, pursuant to a valid subpoena or court order, or as otherwise required or permitted by law. Your Confidential Information will be shared with your primary care physician, unless you object, and the LMP will in turn only obtain Confidential Information from other healthcare providers with your prior written authorization. Please note that Confidential Information obtained by LMP will not be shared with your employer for employment purposes.

Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations

We will use your Confidential Information to facilitate your wellness related services.

For example: Information obtained by a WP coach will be recorded in your record and used to determine the course of your wellness related services. Your coach will then record the actions they take and their observations as appropriate.

We will use your Confidential Information to collect payment for services that we provide.

For example: A bill may be sent to your employer. The information on or accompanying the bill will include your name, but will not include any other Confidential Information related to your wellness related services.

We will use your Confidential Information to facilitate routine healthcare operations.

For example: Information from the WP may be aggregated for program evaluation or other administrative purposes. Your employer will not receive any personally identifiable information, other than your name, pertaining to you or your family members who choose to participate in the WP. Your employer may receive your name from Sutter Health Partners so that you, in return, may receive financial rewards for participation in assessments and completing health improvement programs.

Examples of Uses and Disclosures for Other Purposes

Appointment Reminders: We may contact you to provide appointment reminders.

Alternative Treatments: We may use your Confidential Information to provide you with information about alternative treatments such as biofeedback, massage therapy, or stress reduction.

Marketing: We may use your Confidential Information to inform you about our health and wellness services, treatment alternatives or other health-related benefits and services that may be of interest to you

Workers compensation: We may disclose your Confidential Information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: We may disclose your Confidential Information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

To avert a serious threat to health or safety: We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Law enforcement: We may disclose your Confidential Information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

Business associates: There are some services provided in our organization through contracts with business associates. An example is the provision of an on-line HRA. When these services are provided by contracted business associates, we may disclose the appropriate portions of your Confidential Information to our business associates so they can perform the job we have asked them to do. To protect your Confidential Information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

Special Situations

Military and Veterans: If you are a member of the armed forces, we may disclose your Confidential Information as required by military command authorities.

National Security and Intelligence Activities: We may disclose your Confidential Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose your Confidential Information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

Regulatory oversight: We may disclose your Confidential Information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your Confidential Information may also be disclosed if a workforce member or business associate believes in good faith that SHP has engaged in unlawful conduct or has otherwise violated professional or clinical standards.

For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact SHP at 1-866-307-6600 or download a copy at www.sutterhealthpartners.org.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact the SHP Privacy Officer at 916-286-6616. You may also send a written complaint to the U.S. Department of Health and Human Services via the Office for Civil Rights at 90 7th Street, Suite 4-100, San Francisco, CA 94103. SHP will ensure that the wellness related services you receive will in no way be impacted if you file a complaint.

Effective Date: September 2007