SECURITY AND PRIVACY AWARENESS

WAHBE Security Team
WAHBE Privacy Policy Highlights

1. PII is used only for authorized purposes.
2. PII is not disclosed to unauthorized third parties.
3. Only anonymous info may be shared with third parties.
4. We protect the confidentiality of Individual’s PII.
5. We perform ID Verification to protect privacy.
6. We continue to evaluate our efforts to protect PII.
7. We will provide notice of changes in our information privacy practices.
8. We will notify individuals in case of PII use changes and individuals will have a choice to opt-out.
User Access Agreement

1. I will only create, collect, use, or disclose confidential personal and financial information to the extent it is necessary to carry out my authorized role with the Exchange, and for no other purpose.

2. I will disclose confidential personal and financial information only to individuals who are authorized to receive or view it. If I receive any request for information from an unauthorized person or uncertain entity, I will promptly refer the request to the Navigator/Broker team at the Exchange, to my supervisor and/or Lead Organization.

3. I will not disclose my password or any other account information to anyone, and will not allow anyone else to use or have access to my Healthplanfinder Account.

4. I will not use my account in a manner that is illegal, that could lead to disruption of the Healthplanfinder services, or that could pose a risk to the security of the Healthplanfinder.

5. I will immediately report any unauthorized access or disclosure of confidential personal and financial data. I will report any breach to the Healthplanfinder Navigator/Broker team, my supervisor and/or Lead Organization.
User Access Agreement

6 I have received a copy of and read the Exchange’s privacy policy, and have received training on the Exchange’s privacy and security standards.

7 I will comply with all policies and procedures of the Exchange regarding privacy and security of confidential and personal information in accordance with 45 CFR 155.260. I understand that any violations of the nondisclosure of confidential and personal information requirements may subject me to civil fines up to $25,000 per use or disclosure.

8 The terms and conditions of this agreement will remain in effect after I leave my current position. I will not disclose confidential personal and financial information that I obtained while working in my position.

9 I understand that any breach of any provision of the Agreement will subject me to immediate termination of my access to the Healthplanfinder.

10 I will be given access to information submitted to and records stored by the Washington Health Benefit Exchange. That information includes confidential personal and financial information gathered from applicants, qualified individuals, or enrollees through the Healthplanfinder webpage that can be used only for Exchange business purpose.
AUTHORIZED PURPOSE

I will only create, collect, use, or disclose confidential personal and financial information to the extent it is necessary to carry out my authorized role with the Exchange, and for no other purpose.

01. Input data in Healthplanfinder to assist a customer to obtain Health Insurance.

02. Change Reporting to keep client’s account up to date and eligibility current.

03. Accessing your customer’s account without their knowledge and permission for any reason is a violation of this agreement.

04. Having unauthorized access to information to any customer’s confidential personal and/or financial data must be reported. It is a violation of this agreement to use that information for any purpose.