

Monroe Board of Education
HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

This is the HIPAA Notice of Privacy Practices for participants in the group health plans sponsored by Monroe Board of Education (collectively, the “Health Plan”). **Please read it carefully.** You have received this notice because you are a participant in the Health Plan.

This Notice describes how the Health Plan protects any personal health information that it has about you (“Personal Health Information”), and how the Health Plan may use and disclose this information. Personal Health Information includes individually identifiable information that relates to your past, present or future health, treatment or payment for health care services. This Notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

The Health Plan is required to provide this Notice to you by the federal law known as the Health Insurance Portability and Accountability Act (“HIPAA”). You may also contact the Contact Person listed at the end of this Notice.

The Health Plan is required by law to:

- maintain the privacy of your Personal Health Information;
- provide you this Notice of the Health Plan’s legal duties and privacy practices with respect to your Personal Health Information; and
- follow the terms of this Notice.

The Health Plan reserves the right to change the terms and policies described in this Notice at any time. The Health Plan also reserves the right to make the revised or changed terms and policies effective for any Personal Health Information it already has about you, as well as any Personal Health Information it may receive in the future. If the Health Plan does change the terms and policies of this Notice, it will send you by mail or (if you agree in advance) by e-mail an updated version of this Notice, which will include the date that the new terms and policies will become effective.

PERMITTED USES AND DISCLOSURES

In order to provide you with medical benefits, the Health Plan needs personal information about you, and the Health Plan may obtain that information from many different sources – from you, insurers, HMOs or health care providers. In administering your health benefits, the Health Plan may use and disclose this information in various ways, including:

- **For Treatment:** Treatment means the provision, coordination or management of your health care by one or more health care providers. For example, the Health Plan may send certain information to doctors for patient safety or other treatment-related reasons.
- **For Payment:** Payment means activities the Health Plan undertakes to pay for the health care that has been provided to you, including determinations of eligibility and coverage. For example, the Health Plan may disclose Personal Health Information for payment related functions, such as eligibility determinations, resolution of benefit claims or to assist you with your inquiries or disputes.

- **For Health Care Operations:** Health care operations are the support functions of a medical plan, such as quality assessment and improvement activities, case management, receiving and responding to participant complaints, business planning, development, management and administrative activities. For example, the Health Plan may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure.

OTHER USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION

The Health Plan may use or disclose Personal Health Information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services that may be of interest to you. The Health Plan also may disclose your Personal Health Information, without your authorization, as permitted or required by HIPAA, including, without limitation, to the following persons for the following reasons:

- **Plan Administration** – to [Employer Name] as specified in the plan documents. However, at no time will the Health Plan disclose information to [Employer Name] for employment related actions or decisions.
- **Business Associates** – to persons who provide services to the Health Plan and assure it that they will protect the information. Examples of business associates include data processing companies and companies that provide general administrative services.
- **Law Enforcement, Legal Proceedings** – to federal, state and local law enforcement officials, or in response to a court order or other lawful process.
- **Worker’s Compensation, Public Health Activities and Welfare and Industry Regulation** – to Worker’s Compensation officials, to address matters of public health or public interest as required or permitted by law (e.g., child abuse and neglect, serious threats to your or public health and safety, to coroners and medical examiners), or to state insurance departments, the U.S. Department of Labor and other government agencies that may regulate the Health Plan.
- **Military, and National Security and Intelligence** – if you are a member of the armed forces, to the armed forces to provide information as required by military command authorities, or to authorized federal officials to conduct intelligence, counterintelligence, or other national security activities.

SPECIAL SITUATIONS

In all situations other than those described above (including disclosure of psychotherapy notes, disclosures for marketing, and the sale of Personal Health Information) you must provide the Health Plan with your written authorization before it uses or discloses Personal Health Information about you. The Health Plan is also prohibited by law from using or disclosing Personal Health Information that is genetic information for underwriting purposes.

If you have given the Health Plan an authorization, you may revoke it in writing at any time. Your revocation will not apply to any disclosure the Health Plan has already made in reliance on your previous authorization. However, the Health Plan will not make any further disclosures until a new authorization is received. If you have questions regarding authorizations, please call the Contact Person at the number listed below.

If a use or disclosure of health information is prohibited or materially limited by other applicable state law, it is the Health Plan’s intention to meet the requirements of the more stringent state law.

YOUR RIGHTS

The following are your various rights under HIPAA concerning your Personal Health Information. If you have questions about any of your rights, please contact the Contact Person at the number listed below.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on Personal Health Information that the Health Plan is otherwise permitted to use or disclose about you for treatment, payment or health care operation, or to disclose to someone who may be involved in your care or payment for your care, such as a family member or friend. **You should note that, except as described in the next paragraph, the Health Plan is not required to agree to your request.** If the Health Plan does agree to your request, it will comply with your request. To request a restriction, you must make your request in writing to the Contact Person.

The Health Plan will comply with your restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the Personal Health Information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

- **Right to Request Confidential Communications.** You have the right to request that the Health Plan communicate with you about Personal Health Information in a certain way or at a certain location if communication in another manner may endanger you. For example, you can ask that the Health Plan only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Contact Person. The Health Plan will accommodate reasonable requests.
- **Right to Inspect and Copy Your Personal Health Information.** In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that the Health Plan maintains about you. To inspect and copy Personal Health Information, you must submit your request in writing to the Contact Person. Your request should indicate in what form you want the information (for example, on paper or electronically) and where the Health Plan should send the information (to you or another person/entity). To receive a copy of your Personal Health Information, you may be charged a fee for the costs of preparing, copying, mailing or other supplies associated with your request.
- **Right to Amend Your Personal Health Information.** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask the Health Plan to amend your Personal Health Information while it is kept by or for the Health Plan. You must provide your request and your reason for the request in writing to the Contact Person. The Health Plan may deny your request if it is not in writing or does not include a reason that supports the request. In addition, the Health Plan may deny your request if you ask it to amend Personal Health Information that:
 - is accurate and complete;
 - was not created by the Health Plan, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
 - is not part of the Personal Health Information kept by or for the Health Plan; or
 - is not part of the Personal Health Information which you would be permitted to inspect and copy.
- **Right to a List of Disclosures.** You have the right to request a list of the disclosures of Personal Health Information about you that the Health Plan has made. This list will not include disclosures made for treatment, payment, or health care operations, for purposes of national security, made to law enforcement personnel, made pursuant to your authorization, or made directly to you. To request this list, you must submit your request in writing to the Contact Person. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than

six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. The Health Plan may charge you for responding to any additional requests. The Health Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Notice of Breach.** You have the right to receive notice if your Personal Health Information is improperly used or disclosed as a result of a breach of unsecured Personal Health Information.

COMPLAINTS

If you believe that your privacy rights have been violated, you may contact the Contact Person in writing at the address below. You may also file a complaint with the Secretary of the United States Department of Health and Human Services at: 200 Independence Ave., S.W., Washington, D.C. 20201. [**Employer Name**] will not retaliate against you if you file a complaint.

EFFECTIVE DATE

The policies set forth in this notice, which were originally effective as of April 14, 2003, have been updated effective as of [**Enter Current Date**].

CONTACT PERSON

If you have any questions, or would like further information about the policies described in this notice, please contact:

Denise Sands
203-452-2860 Ext 2625