

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

The Health Insurance Portability and Accountability Act ("HIPAA"), 45 CFR §164.501 et seq., regulates the use and/or distribution of information related to an employee's health or health care. Under HIPAA, the Plymouth-Canton School District (the "PCCS") as a provider of health plans for its employees, is prohibited from the use or disclosure of personal health information for purposes other than treatment and the payment of claims. PCCS is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- PCCS's uses and disclosures of Protected Health Information (PHI)
- Your privacy rights with respect to your PHI
- PCCS's duties with respect to your PHI
- Your right to file a complaint with PCCS and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about PCCS's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by PCCS, regardless of form (oral, written, electronic).

Section 1: Notice of PHI Uses and Disclosures

Required PHI Uses and Disclosures

Upon your request, PCCS is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate and determine PCCS's compliance with the privacy regulations.

Uses and Disclosures to Carry Out treatment Payment and Health Care Operations

PCCS and its business associates will use PHI without your consent, authorization, or opportunity to agree or object to carry out treatment, payment, and health care

operations, as authorized by HIPAA.¹ PCCS also will disclose PHI to PCCS Vendor [insert plan vendor] for purposes of treatment, payment, and health care operations. PCCS Sponsor has amended its plan documents to protect your PHI as required by federal law.

Treatment is the provision, coordination, or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, PCCS may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations).

For example, PCCS may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by PCCS.

Health Care Operations include, but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, PCCS may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

Uses and Disclosures that Require Your Written Authorization

Your written authorization generally will be obtained before PCCS will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. PCCS may use and disclose such notes when needed by PCCS to defend against litigation filed by you.

¹ 45 CFR 164.502

Uses and Disclosures that Require that you be given an Opportunity to Agree or Disagree Prior to the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment of that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Uses and Disclosures for Which Consent, Authorization, or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your consent, authorization, or request under the following circumstances:

- (1) When required by law
- (2) When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence. In such case, PCCS will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has or will be made. Disclosure may generally be made to the minor's parents or other representative although there may be circumstances under federal or state law when the parents or representatives may not be granted access to the minor's PHI.
- (4) PCCS may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; and other activities necessary for appropriate oversight of government benefit programs.
- (5) PCCS may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain provisions are met, such as the good faith attempt of the requesting party to give you written notification of the request, providing you with the opportunity to object.
- (6) When required for law enforcement purposes.
- (7) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties

authorized by law. Disclosure is also permitted to funeral directors as necessary to carry out their duties.

- (8) PCCS may use or disclose PHI for research, subject to certain conditions.
- (9) When consistent with applicable law and standards of ethical conduct if PCCS, in good faith , believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (10) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated within this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

Section 2: Rights of Individuals

Right to Request Restrictions on PHI Uses and Disclosures

You may request PCCS to restrict uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, PCCS is not required to agree to your request.

PCCS will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions in uses and disclosures of your PHI. Such requests should be made to the privacy officer, Dawn McBeath 454 S. Harvey Street, Plymouth, MI 48170, telephone (734) 416-4834.

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set", for (a minimum of six years or) as long as PCCS maintains the PHI.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted and maintained by PCCS, regardless of the form.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not

in the designated records set. The designated record set includes any documents related to the following health plan operations:

- Enrollment
- Eligibility
- Claims adjudication
- Claims payment
- Appeals determinations
- Case or medical management
- Disability management

The right of access to files does NOT include:

- Psychotherapy notes
- Information gathered in reasonable anticipation of or for litigation
- PHI that may not be released because it is covered by the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

These records will be maintained by the privacy official, separate from the employee's personnel file and other employment-related documents.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off-site. A single 30-day extension is allowed if PCCS is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access should be made to the privacy official, Dawn McBeath 454 S. Harvey Street, Plymouth, MI 48170, telephone (734) 416-4834.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights, and a description of how you may complain to the Secretary of the U.S. department of Health and Human Services.

Right to Amend PHI

Individuals who believe that their medical records are inaccurate or incomplete may place an amendment request with the privacy official for as long as the PHI is maintained in the designated record set. The amendment request must be made in writing and provide a reason to support the amendment. The privacy official must respond to the amendment request within 60 days. The privacy official will inform the employee if the request has been granted (in whole or in part) and will make the requested amendment. The privacy official may obtain one 30-day extension if it provides the employee with a written explanation for the delay and the date it will respond to the request. If the request is denied in whole or in part, you or your personal

representative may then submit written statement disagreeing with the denial. This statement of disagreement may be included in any future disclosures of PHI at your request.

Requests for amendments to PHI should be made to the privacy official, Dawn McBeath 454 S. Harvey Street, Plymouth, MI 48170, telephone (734) 416-4834.

The Right to Receive an Accounting of PHI Disclosures

At your request, PCCS will provide you with an accounting of any and all disclosures of PHI other than those made for treatment, payment, or health care operations purposes made during the six years prior to the date of your request. However, accounting is not required for disclosures made before April of 2003. An accounting will include:

- The date of disclosure
- The name and address of the entity or person who received the PHI
- A brief description of the PHI, and
- A brief statement of the disclosure purpose or a copy of the written disclosure request.

If the accounting cannot be complied with within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

You or your personal representative will be charged a reasonable, cost-based fee if you request more than one accounting within a 12-month period.

The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice contact the privacy official, Dawn McBeath 454 S. Harvey Street, Plymouth, MI 48170, telephone (734) 416-4834.

A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

PCCS retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their

rights under these rules and who may be subject to abuse or neglect. This also applies to the personal representatives of minors.

Section 3: PCCS's Duties

PCCS is required by law to maintain the privacy of PHI and to provide the individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

This notice is effectively beginning April 15, 2003, and PCCS is required to comply with the terms of this notice. However, PCCS reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by PCCS prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all individuals for whom PCCS still maintains PHI. This notice will be provided through employee notice within 60 days of the effective date of any material change to the uses or disclosures, the individual's privacy rights, the duties of PCCS or other privacy practices stated in this notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, PCCS will make reasonable efforts not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for PCCS's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

In addition, PCCS may use or disclose "summary health information" to PCCS sponsor for obtaining premium bids or modifying, amending, or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA.

Section 4: Your Right to File a Complaint with PCCS or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to PCCS in care of the privacy official, Dawn McBeath, at 454 S. Harvey Street, Plymouth, MI 48170, telephone (734) 416-4834. The privacy official will keep a record of all complaints, both written and verbal, and a brief explanation of their resolution. If the employee is unsatisfied with the response of the privacy official, the employee may appeal to the Superintendent of the District. If the employee remains unsatisfied with the decision of the Superintendent, the employee may appeal to the U.S. Department of Health and Human Resources, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

PCCS will not retaliate against you for filing a complaint.

Section 5: Whom to Contact at PCCS for More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the privacy official, Dawn McBeath, at 454 S. Harvey Street, Plymouth, MI 48170, telephone (734) 416-4834.

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