

Sheboygan County Health Benefit Plan

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.

This notice reflects the Sheboygan County Health Benefit Plan Policies and Procedures effective April 14, 2003.

The Sheboygan County Health Benefit Plan (the "Plan") has always taken the privacy of your health information seriously and has made efforts to restrict the use and disclosure of such information to only those necessary to provide benefits to you and your family members and to accommodate laws and administration of services to you.

However, now, under the HIPAA Privacy rules, the Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information is protected. The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic). The Plan includes those individuals at Sheboygan County who perform administrative functions with respect to the plan and any third party that assists in the administration of Plan.

The plan is required to inform you about:

- Your privacy rights with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information pertinent to the Plan's privacy practices which would be the Privacy Official and/or specific contact office.

Section 1. Notice of Permitted PHI Uses and Disclosures

a) Required PHI Uses and Disclosures

You may request the Plan 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 or determine the Plan's compliance with the privacy regulations.

We use and disclose your PHI in order to carry out **treatment, payment and health care operations**.

The plan 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. The plan also will disclose PHI to the plan sponsor, Sheboygan County, for purposes of plan administration. The plan sponsor has amended the 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 your providers.

For example, the Plan may disclose to a surgeon the name of your treating physician so that the surgeon may ask for your pertinent health history from the treating physician.

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 preauthorizations).

For example, the Plan may verify with the doctor your eligibility for coverage or what will be paid by the Plan.

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 and or treatment alternatives, legal services and auditing functions including fraud and abuse compliance program, business planning and development, business management and general administrative activities. It also includes activities needed to maintain enrollment records for the Plan, to ensure proper payroll deductions, and management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

For example, the Plan 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.

Use and disclosure of your PHI is also allowed without your consent, authorization or request in the following situations:

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, the Plan 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 been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
4. The Plan 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 (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
5. The Plan 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 conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
6. When **required for law enforcement purposes** (for example, to report certain types of wounds).
7. For **law enforcement purposes**, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement

official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.

8. 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 as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
9. The Plan may disclose PHI of an individual who is in the **custody** of a law enforcement official or an **inmate** in a correctional institution to the law enforcement official or the correctional institution for purposes of the individual's health care, to protect the safety of the individual and safety of others and for the safety and security of the correctional institution.
10. The Plan may use or disclose PHI for **research**, subject to conditions.
11. When consistent with applicable law and standards of ethical conduct if the Plan, 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 treat, including the target of the treat.
12. When authorized by and to the extent necessary to comply with **workers' compensation** or other similar programs established by law.
13. When required by **military command authorities** for members of the armed forces. The Plan may also disclose PHI about foreign military personnel to the appropriate foreign military authority.
14. When required by **authorized federal officials** for intelligence, counterintelligence and other national security activities authorized by law.
15. The Plan may disclose PHI to **organ procurement organizations** or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ, eye or tissue donation and transplantation.

b) Uses and disclosures that require your written authorization or absence of objection

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

Your written authorization would normally be obtained prior to the plan using or disclosing 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. The plan may use and disclose such notes when needed by the plan to defend against litigation filed by you.

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

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

Section 2. Rights of Individuals

a) Right to Request Restrictions on PHI Uses and Disclosures

You may request the plan to restrict uses and disclosures of your PHI to:

- carry out treatment,

- payment,
- 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, the plan is not required to agree to your request.

The Plan 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 on uses and disclosures of your PHI.

Such requests should be made to the privacy officer: Michael Collard, Director of Human Resources, Sheboygan County Personnel Office, Third Floor, 508 New York Avenue, Sheboygan, WI 53081 Phone 920 459-3105

b) 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 as long as the Plan maintains the PHI.

"*Protected Health Information*" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of 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. Note: Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

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 offsite. A single 30-day extension is allowed if the Plan 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 to PHI should be made to the privacy officer: : Michael Collard, Director of Human Resources, Sheboygan County Personnel Office, Third Floor, 508 New York Avenue, Sheboygan, WI 53081 Phone 920 459-3105

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

c) Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have the statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the privacy officer: Michael Collard, Director of Human Resources, Sheboygan County Personnel Office, Third Floor, 508 New York Avenue, Sheboygan, WI 53081 Phone 920 459-3105.

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

d) The Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) incidental to other permitted or required disclosures; or (5) prior to the compliance date. Note: Such PHI accounting applies to disclosures on or after the effective date (April 14, 2003).

If the accounting cannot be provided 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.

If you request more than one accounting within a 12-month period, the Plan will assess you a reasonable fee for the cost of each subsequent accounting.

e) The Right to Receive a Paper Copy of This Notice upon Request

To obtain a paper copy of this Notice contact the following officer: Michael Collard, Director of Human Resources, Sheboygan County Personnel Office, Third Floor, 508 New York Avenue, Sheboygan, WI 53081 Phone 920 459-3105

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 such 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.

The Plan 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 personal representatives of minors.

Section 3: The Plan's Duties

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

This notice is effective beginning April 14, 2003 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this notice will be provided [to all past and present participants and beneficiaries] for whom the Plan still maintains PHI. This notice will be provided in written form to all current plan participants and a copy posted on the Sheboygan County website.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice.

a) Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity (a health plan, health care provider or healthcare clearinghouse), the Plan 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 you;
- 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 the Plan'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 is not individually identifiable health information.

In addition, the Plan may use or disclose "summary health information" to the plan 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 the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may file a complaint to the Plan in care of the privacy officer:

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

Section 5. Whom to Contact at the Plan for More Information.

If you have an questions regarding this notice or the subjects addressed in it, you may contact the privacy officer: Michael Collard, Director of Human Resources, Sheboygan County Personnel Office, Third Floor, 508 New York Avenue, Sheboygan, WI 53081 Phone 920 459-3105.

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.