

Baldwin-Whitehall School District Flexible Benefit Plan Privacy Notice

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.

If you have any questions about this notice, please contact Human Resources.

During the course of providing you with health coverage, the Plan will have access to information about you that is deemed to be “protected health information”, or PHI, by the Health Insurance Portability and Accountability Act of 1996, or HIPAA. Baldwin-Whitehall School District collects the following information in order to provide benefits:

- Enrollment and election information
- Plan contributions
- Changes to plan enrollment and elections
- Reimbursements made under the plan
- Other information that is necessary for us to provide you with health benefits

The procedures outlined in this section have been added to the Plan to ensure that your PHI is treated with the level of protection required by HIPAA.

BALDWIN-WHITEHALL SCHOOL DISTRICT’S RESPONSIBILITIES REGARDING MEDICAL INFORMATION

Your PHI will be disclosed to certain employees of the Employer for purposes of benefits administration including managers and administrators of Human Resources, Benefits, Payroll and Accounting. These individuals may only use your PHI for Plan administration functions including those described in this notice, provided they do not violate the provisions set forth herein. Any employee of the Employer who violates the rules for handling PHI will be subject to the company’s established disciplinary process.

Baldwin-Whitehall School District (“Employer”) is required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect

The Employer has certified that it will comply with the privacy procedures set forth herein. Employer may not use or disclose your PHI other than as provided herein or as required by law. Any agents or subcontractors who are provided your PHI must agree to be bound by the restrictions and conditions concerning your PHI found herein. Your PHI may not be used by your Employer for any employment-related actions or decisions or in connection with any other benefit or employee benefit plan of Employer. Employer must report to the Plan any uses or disclosures of your PHI of which the Employer becomes aware that are inconsistent with the provisions set forth herein.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information for purposes of health plan administration.

For Treatment. We may disclose medical information about you to facilitate your medical treatment or services to health care workers.

For Payment. We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

For Health Care Operations. We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan.

As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by the Employer for purposes of facilitating claims payments under the plan.

Worker's Compensation. We may release medical information about you for workers' compensation or similar programs as required by law.

Public Health Risks. We may disclose medical information about you for public health activities (e.g. to prevent or control disease, injury, or disability).

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your Plan benefits by submitting a written request to your Employer.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a written request to your Employer.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" of your health information by submitting a written request to your Employer.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to your Employer. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communication. You have the right to receive confidential communications containing your health information. Your request for restriction must be submitted in writing to your Employer. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Employer's Human Resources Department. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.