

# **NOTICE OF PRIVACY PRACTICES FOR THE CITY OF SPRINGFIELD HEALTH PLAN**

## **EFFECTIVE DATE:**

**The effective date of this notice is September 23, 2013.**

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

The City of Springfield previously provided participants with a Notice of Privacy Practices to inform participants about possible uses and disclosures of Protected Health Information by the City of Springfield Health Plan and how a participant may get access to his or her Protected Health Information maintained by City of Springfield Health Plan. The Notice is now being updated to reflect changes under the HIPAA Final Rule. We understand the privacy of your personal medical information (referred to in this Notice as protected health information) is extremely important to you.

This notice applies to your Protected Health Information maintained by the City of Springfield Health Plan. Health care providers or health care facilities may have different policies and procedures or notices regarding the use and disclosure of your health information created in the provider's office, clinic or hospital. For information regarding those policies and procedures you should contact your health care provider or health care facility directly.

Any third party that assists in the administration of the City of Springfield Health Plan will also follow the privacy practices described in this notice.

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**CITY OF SPRINGFIELD HEALTH PLAN PLEDGE TO YOU REGARDING YOUR  
PROTECTED HEALTH INFORMATION**

Each time you or your health care provider submits a claim for health care benefits, the Plan creates a record of the health care claim for Plan administration purposes. This notice applies to all records created and maintained by the City of Springfield Health Plan (the "Plan" or "we"). The Plan is required by law to:

- Make sure your Protected Health Information maintained by the Plan is kept private;
- Give you this notice of the Plan's legal duties and privacy practices with respect to your Protected Health Information;
- Follow the terms of the notice currently in effect;
- Inform you of your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- Let you know whom you may contact for additional information about the Plan's privacy practices.

**HOW THE PLAN MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe possible uses and disclosures of your Protected Health Information by the Plan:

***For treatment.*** The Plan may use or disclose your Protected Health Information for purposes of providing, coordinating, or managing health care and its related services by one or more of your providers. For example, the Plan might disclose information about medications that you are currently taking to a pharmacist so that he or she may determine whether there may be an interaction with a new prescription.

***For payment.*** The Plan may use or disclose your Protected Health Information 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 example, the Plan may tell your health care provider whether you are eligible for coverage or what percentage of your bill will be paid for by the Plan. The Plan may also use your Protected Health Information for other activities, including billing, claims management, and utilization or precertification review. The Plan might also share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

***For health care operations.*** The Plan may use or disclose your Protected Health Information for purposes of Plan operations, including but not limited to, quality assessment and improvement, underwriting, premium rating and other insurance activities relating to the creation or renewal of insurance contracts, disease management, case management and conducting or arranging for medical review, legal services and audits. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or to audit the accuracy of its claim processing functions.

***As required by law.*** The Plan will disclose your Protected Health Information when required to do so by federal, state or local law.

***To report serious public health risks.*** The Plan may use or disclose your Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report births and deaths;
- To report reactions to medication or problems with products under FDA regulation;
- To notify you that have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition;
- To notify the appropriate government authority if the Plan believes that you have been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.

***For health oversight activities.*** The Plan may disclose your Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against physicians and other health care providers) and other activities necessary for the government to monitor the health care system, government programs such as Medicare and Medicaid and compliance with civil rights laws.

***In connection with lawsuits or other disputes.*** If you are involved in a lawsuit or dispute, the Plan may disclose your Protected Health Information in response to a court order, subpoena, discovery request or other lawful process. However, the Plan will do so only if it receives satisfactory assurances from the requesting party that it made a good faith attempt to give you written notice of the proceeding, the notice included sufficient information to permit you to object to the disclosure before the court or tribunal and either you did not file an objection or you filed an objection but the court or tribunal ruled against you.

***For law enforcement purposes.*** The Plan may disclose your Protected Health Information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- Related to criminal conduct at a health care provider facility such as a hospital;
- If you are the victim or suspected victim of a crime, but only under certain conditions;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed a crime; or
- If you die and it is suspected that your death resulted from criminal conduct.

***For national security and intelligence activities.*** The Plan may release your Protected Health Information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

***To a coroner, medical examiner or funeral director.*** The Plan may release your Protected Health Information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or for other authorized duties. The Plan may also disclose information to a funeral director in order to carry out their duties.

***For purposes of facilitating organ donation and transplants.*** If you are an organ donor, the Plan may release medical information to organ procurement organizations or other entities that are engaged in the procurement, banking or transplantation of cadaver organs, eyes or tissue for purposes of donation and transplantation.

***To comply with workers' compensation laws.*** The Plan may disclose your Protected Health Information to an appropriate oversight agency to the extent necessary to comply with workers' compensation or other similar programs established by law.

***If you become incarcerated.*** The Plan may disclose Protected Health Information about you to a correctional institution or law enforcement official if such disclosure would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

***To family members and friends who take care of you.*** The Plan may disclose your Protected Health Information to a family member, relative, close personal friend or to any other person you designate if the information is directly relevant to that person's involvement with your care or payment for that care. However, the Plan will do so only if you have either agreed to that disclosure or you have been given the opportunity to object but did not do so. If you are incapacitated, there is an emergency or you do not otherwise have the opportunity to object to a use or disclosure, the Plan will act in what it believes to be your best interest, regarding such use or disclosure and will disclose only information that is directly relevant to that person's involvement in your care.

***To advise you of treatment alternatives.*** The Plan may also contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

***To the health plan sponsor.*** The Plan may disclose your Protected Health Information to another health plan sponsored by City of Springfield to facilitate claims payments under that plan. In addition, your Protected Health Information may be disclosed to employees of City of Springfield whose job duties involve administration of the Plan, solely for purposes of administering benefits under the Plan. Your Protected Health Information may also be disclosed from the Plan to employees of the City of Springfield for purposes of administering other employer programs or related activities such as worker's compensation, disability, pension or retirement application and Cafeteria Plan administration.

***The Plan will not use or disclose your Protected Health Information for any other purpose without your prior written authorization. Subject to certain limitations, you may revoke such authorization at any time.***

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights with respect to your Protected Health Information maintained by the Plan:

***The right to inspect or copy.*** You have the right to inspect and obtain a copy of your Protected Health Information that may be used by the Plan to make decisions about plan benefits. To obtain access to that information, you must submit your request in writing to City of Springfield, Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue,

Springfield, MO 65802, 417-864-1600. The requested information will be provided within 30 days if the Plan has on-site access to that information or within 60 days if the information is maintained offsite. A single 30-day extension is permitted if the Plan is unable to comply with either deadline as long as you are informed within the original 30 or 60-day period of the reason for the delay and the date by which the information will be provided. Under very limited circumstances, the Plan may deny your request. You will be notified in writing if your request is denied.

The Plan may charge a reasonable fee for copying, mailing or other costs associated with processing your request for your Protected Health Information.

***The right to amend.*** If you feel that your Protected Health Information maintained by the Plan is incomplete or inaccurate, you may request that the Plan amend that Protected Health Information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, you must submit your request in writing to City of Springfield, Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1600. Your written request must include the reason you are requesting the amendment. Generally, the Plan must respond to your written request for an amendment within 60 days after your request is received. A single 30-day extension is permitted if the Plan is unable to comply with the request within the original 60-day deadline as long as you are informed within the original 60-day period of the reason for the delay and the date by which the Plan will act on the request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason supporting the request. In addition, the Plan may deny your request if you ask it to amend Protected Health Information that:

- Is not part of the Protected Health Information maintained by the Plan;
- Was not created by the Plan, unless the person or entity that created the Protected Health Information is no longer available to make the amendment;
- Is not part of the Protected Health Information which you would be permitted to inspect and copy; or
- Is accurate and complete.

You will be notified in writing if your amendment request is denied in whole or in part. The written denial will describe your rights related to such denial.

***The right to receive an accounting.*** You may request an accounting of any disclosures of your Protected Health Information that the Plan has made during the six years prior to the date of your request. However, this accounting will not include disclosures of Protected Health Information that were made:

- For purposes of treatment, payment or health care operations;
- To you;
- Pursuant to an authorization; or
- Before April 14, 2003.

Your request for an accounting must be made in writing to City of Springfield, Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1600. Generally, the Plan must respond to your written request for an accounting within 60 days after your request is received. A single 30-day extension is permitted if the Plan is unable to comply with the request within the original 60-day deadline as long as you are informed within the original 60-day period of the reason for the delay and the date the accounting will be provided. If you request more than one accounting in a twelve-month period, the Plan will charge a reasonable fee for each subsequent accounting.

***The right to request restrictions.*** You have the right to request a restriction or limitation on the Plan's use or disclosure of your Protected Health Information for purposes of payment, treatment and health care operations. You also have the right to limit disclosures made to family members, friends or other individuals who are involved with your care or payment for your care. For example, you could request that the Plan not disclose information about a surgery you had to a family member who is caring for you. The Plan is not required to honor your restriction and limitation request.

Any request for a restriction or limitation must be made by you or your personal representative in writing to City of Springfield, Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1600. Your request must describe the information you want to limit, whether you want to limit the Plan's use, disclosure or both and to whom you want the limitations or restrictions applied, for example, to your spouse.

***The right to request confidential communications.*** You have the right to request that any communication you receive from the Plan that relate to your Protected Health Information (such as an Explanation of Benefits) be sent to you in a certain way or at a certain location. For example, you may request that confidential Plan communications be sent by mail to your workplace.

Your request for confidential communications must be made in writing to City of Springfield, Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1600. Your request must specify how and where you wish to be contacted.

***The right to receive a paper copy of this notice on request.*** You may request a paper copy of this notice at any time. To receive a copy, contact City of Springfield, Deputy Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1608.

You may also obtain a copy of this notice at the City of Springfield's website, [www.ci.springfield.mo.us/egov/hr/index.html](http://www.ci.springfield.mo.us/egov/hr/index.html) or employees may obtain a copy via the City of Springfield's intranet site.

## **FINAL HIPAA RULE**

Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act generally referred to as the HIPAA Final Rule, are as follows:

- You have the right to be notified of a data breach relating to your unsecured health information.

- You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
- To the extent the Plan performs any underwriting, the Plan cannot disclose or use any genetic information for such purposes.
- The Plan may not use your PHI for marketing purposes or sell such information without your written authorization.

#### **CHANGES TO THIS NOTICE**

The Plan reserves the right to change the terms of this notice and to make any new notice provisions effective for all Protected Health Information it maintains or may maintain in the future. A revised notice will be distributed within 60 days of the effective date of any material change to the uses and disclosures, individual rights, legal duties or other privacy practices described in this notice. A copy of the current notice will also be posted at the City of Springfield website at [www.ci.springfield.mo.us/egov/hr/index.html](http://www.ci.springfield.mo.us/egov/hr/index.html) or you may obtain a copy via the City of Springfield's intranet site.

#### **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan by contacting City of Springfield, Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1600.

You may also file a complaint with the Office for Civil Rights of the Department of Health and Human Services (OCR). Your complaint must be filed in writing, must identify the Plan and describe the acts or omissions you believe violate your privacy rights. Generally, your complaint must be filed within 180 days of when you knew or shown have known that the act or omission had occurred.

You may file your complaint by e-mail at the following address: [OCRComplaint@HHS.gov](mailto:OCRComplaint@HHS.gov). You may also file your complaint with the following OCR Regional Office:

Office for Civil Rights, U.S. Department of Health  
and Human Services  
601 East 12<sup>th</sup> St.—Room 248  
Kansas City, Missouri 64106  
Voice Phone (816) 426-7278 Fax (816) 426-3686  
TDD (816) 426-7065

#### **WHOM TO CONTACT IF YOU NEED ADDITIONAL INFORMATION**

If you have any questions regarding the contents of this notice you may contact City of Springfield, Deputy Privacy Officer, Human Resources, Busch Municipal Building, 3<sup>rd</sup> floor, 840 Boonville Avenue, Springfield, MO 65802, 417-864-1608.