

## 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.**

MSD of Boone Township maintains group health plans, including medical, dental, vision and health flexible spending (collectively, the “Plan”), that are required to comply with a new federal regulation governing health privacy. This new regulation, commonly referred to as the HIPAA Health Privacy Rule, imposes significant restrictions upon the Plan and provides participants with extensive rights. The Plan is required to provide you with the following information in connection with the new federal regulation.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The Plan may use and disclose information that relates to your physical or mental health, your receipt of health care services or payment information relating to your health care. This information may either identify you or could reasonably be used to identify you. Use and disclosure of this information is permissible only to the extent provided by the Health Privacy Rule.

It will be necessary for the Plan to obtain an Authorization from you if the Plan intends to use or disclose your health information and the use or disclosure is not permitted or required by the Health Privacy Rule. It will not be necessary for the Plan to obtain an Authorization in the following situations:

1. Treatment: The Plan may use or disclose your protected health information to assist in your treatment. For example, the Plan may provide your information to a physician who is taking care of you if you suffer an injury or illness. The Plan may also provide this information in limited circumstances to members of your family to the extent the information is directly relevant to his or her involvement in your medical care.

2. Payment: The Plan may use or disclose your protected health information to assist in payment for health care services. For example, the Plan may use this information to determine your eligibility or coverage under the Plan and in the process of reviewing your health benefit claims. However, the Plan is generally prohibited by Indiana state law from requesting or using genetic information about you with respect to any decision by the Plan involving coverage or benefits. The Plan may also use your protected health information in connection with risk adjustments, billing and collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess loss insurance) and utilization review activities. The Plan also retains the right to use this information to review health care services for medical necessity, coverage, justification of charges and similar activities.

3. Health Care Operations: The Plan may use or disclose your protected health information to assist in Plan operations. For example, the Plan may use this information to

conduct quality assessment and improvement activities or to review health plan performance. In addition, the information may be used for underwriting and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits and ceding, securing or placing a contract for reinsurance of risk relating to health care claims. The Plan may conduct or arrange for medical review, legal and auditing services, including fraud and abuse detection and compliance programs. In addition, protected health information may be used for business planning and development, such as conducting cost-management and planning analyses relating to managing and operating the entity. Finally, the Plan may use the information for business management and general administrative activities, including those related to implementing and complying with the Health Privacy Rule, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified information or a limited data set.

4. As Required by Law: The Plan may use or disclose your protected health information as required by law.

5. Public Health Risks: The Plan may disclose your protected health information for certain public health activities. Such disclosures may be necessary to prevent or control disease, injury or disability.

6. Situations of Abuse: The Plan may disclose your protected health information in certain instances of abuse, neglect or domestic violence.

7. Law Enforcement: The Plan may disclose your protected health information to law enforcement officials for law enforcement purposes in certain circumstances.

8. Disaster Relief Efforts: The Plan may disclose your protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts to the extent the information is used for notification purposes.

9. Coroners, Medical Examiners and Funeral Directors: The Plan may disclose your protected health information to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

10. Organ and Tissue Donation: The Plan may disclose your protected health information if you are an organ or tissue donor to the extent necessary to facilitate the organ or tissue donation and transplantation.

11. Public Safety: The Plan may disclose your protected health information to the extent necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

12. Government Activities: The Plan may disclose your protected health information for specialized government functions, including military activities, national security and intelligence activities.

13. Workers' Compensation: The Plan may disclose your protected health information to the extent necessary to comply with workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

14. Inmates: If you are an inmate of a correctional institution or are otherwise under the custody of law enforcement, the Plan may disclose your protected health information to the correctional institution or law enforcement body.

15. Marketing: In very limited circumstances set forth in the Health Privacy Rule, the Plan may use or disclose your protected health information during a face-to-face encounter with you or in connection with a promotional gift of nominal value.

16. Plan Sponsor: The Plan may disclose your protected health information to the Plan Sponsor to assist it in performing its administrative duties for the Plan. The Plan Sponsor may not utilize this information with respect to employment decisions.

Except as provided above or otherwise permitted by the Health Privacy Rule, the Plan may use and disclose your protected health information **only** upon your written Authorization. You may generally revoke an Authorization at any time unless the Plan: (i) has taken action in reliance upon the Authorization; or (ii) in certain instances, if the Authorization was obtained as a condition of obtaining insurance coverage.

## **YOUR LEGAL RIGHTS**

You have the following rights with respect to protected health information that we maintain about you:

1. You have the right to request restrictions on certain uses and disclosures of your health information to carry out treatment, payment or health care operations. You may also request restrictions on uses and disclosures of your information to family members, relatives and close personal friends who are involved with your care or payment for your health services. The Plan is not required to agree to these requested restrictions.

2. You have the right to receive confidential communications of your protected health information. Specifically, you may request to receive communications by alternative means or at alternative locations. Your request will be honored only if you submit a written request to the Privacy Official that states that disclosure of all or a portion of your protected health information would endanger you.

3. You have the right to inspect and copy your protected health information. Should you wish to exercise this right, please provide a written request to the Privacy Official. Generally, the Plan is required to respond within 30 days of your request. If the Plan grants the request, it must generally provide you with access to your information in the form or format that you request. The Plan may impose reasonable, cost-based fees if you request a copy of your information.

4. You have the right to amend your protected health information. You must request such amendment in writing and you must provide a reason to support the requested amendment. The Plan must generally act upon your request within sixty days. The Plan may deny your request for the reasons set forth in the Health Privacy Rule.

5. You have the right to receive an accounting of disclosures of your health information to the extent provided in the Health Privacy Rule. Please submit any request for an accounting in writing to the Privacy Official. The Plan must generally respond to your request within 60 days. In the event that the request is granted, the Plan will provide a record of disclosures of protected health information made by the Plan during the previous six-year period (or any lesser period requested). The accounting will not include disclosures made before the Effective Date of this Notice. The accounting will provide the date of each disclosure and a brief description of the purpose of the disclosure. In the event that the Plan has made multiple disclosures to the same person or entity for a single purpose, the Plan is only required to provide detailed information with respect to the first disclosure.

6. You have the right to obtain a paper copy of this Notice from the Plan upon request, even if you have previously agreed to receive the Notice electronically.

#### **DUTIES OF THE PLAN**

The Health Privacy Rule requires the Plan to comply with the following duties and obligations.

1. The Plan is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

2. The Plan is required to abide by the terms of its Notice currently in effect.

3. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information maintained by the Plan. You will receive a revised Notice in a manner reasonably designed to ensure delivery.

4. The Plan maintains a website located at <http://www.www.website.com>. A copy of this Notice is available on the website.

5. You may file a complaint with the Plan and to the Secretary of Human Services if you believe that your privacy rights have been violated. **YOU WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.** You may submit a complaint in writing by: (a) delivering it personally; (b) registered or certified mail, return receipt requested, postage prepaid; or (c) prepaid overnight courier. The complaint should be submitted to:

Privacy Official

Beverly Hindes, MSD Boone Township, 307 S. Main Street, Hebron, IN 46341

6. If you have any questions or concerns about the Plan or your legal rights under federal law, you may contact:

Privacy Official

Beverly Hindes, 219-996-4771 ext. 128

7. This Notice shall be effective on October 7, 2014. Once effective, this Notice will remain in effect until a new Notice is issued.