

Notice of Privacy Practices

This notice of privacy practices (“privacy notice” or “notice”) describes how health information about you may be used and disclosed by the Plan and others in the administration of the Plan, and certain rights that you have under HIPAA*. Please review it carefully.

HIPAA requires that the Plan provide this privacy notice to you when you enroll in coverage and periodically after you enroll. The notice summarizes how the Plan uses health information about you and when the Plan can share that information with others for treatment, payment and health care operations. It also informs you of your rights with respect to your health information and how you can exercise those rights. When the Plan talks about “information” or “health information” in this notice, the Plan means protected health information (PHI) as it is defined by HIPAA. PHI includes information related to your medical care and payment for that care, and may include demographic information about you such as your name, address, gender and birth date.

HOW THE PLAN USES OR SHARES INFORMATION

The following are some of the ways the Plan may use or disclose information about you without obtaining your specific authorization:

- The Plan may use the information to help pay your medical bills that have been submitted to the Plan by your doctors and hospitals for payment.
- The Plan may share your information with your doctors, hospitals and other medical providers involved in your treatment to help them provide medical care to you. For example, if you are in the hospital, the Plan may give the hospital access to any medical records sent to us by your doctor.
- The Plan may use or share your information with others to help manage your health care. For example, the Plan might contact your doctor to suggest a disease management or wellness program that could help improve your health.
- The Plan may share your information with business associates who help the Plan conduct its business operations. The Plan will not share your information with them unless they agree to protect it. The business associates are directly subject to HIPAA.
- The Plan may use or share your information for certain types of public health or disaster relief efforts. The Plan may use or share information to give you suggestions about alternative medical treatments and programs or about health related products and services that may be of interest to you, subject to the limits imposed by HIPAA. For example, the Plan might send you information about smoking cessation or diabetes treatment.
- The Plan may share limited information with the employer who sponsors the employee benefit plan through which you receive health benefits. The Plan will not share detailed health information with your employer/plan sponsor; claims data is only shared in aggregate.

Certain state and federal laws may require the Plan to release your health information to others. The Plan may be required to provide information for the following reasons:

- To report information to state and federal agencies that regulate the Plan, such as the U.S. Department of Health and Human Services, or the Department of Health, Department of Commerce and/or Department of Insurance in Minnesota or other applicable state.
- To share information for public health activities. For example, the Plan may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- To report information to public health agencies if the Plan believes there is a serious health or safety threat.
- To share information with a health oversight agency for certain oversight activities (for example, audits, inspections licensure and disciplinary actions).

- To provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- To report information for law enforcement purposes. For example, the Plan may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- To report information to a government authority regarding child abuse, neglect or domestic violence.
- To share information with a coroner or medical examiner to identify a deceased person, as authorized by law.
- To use or share information for organ transplant purposes.
- To share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- To report information on job-related injuries because of requirements of the worker compensation laws of your state.

At times, the Plan may need to use or disclose your information for reasons other than the ones stated above, or for reasons other than those that the law allows to be made without an authorization. In that case, the Plan will request your written authorization. For example, unless otherwise permitted by law, the Plan will not use or disclose your health information for marketing purposes; will not sell your health information; and will not use or disclose any psychotherapy notes that it may receive, unless you authorize it in writing. Further, if the Plan contacts you about fundraising, the Plan will inform you of your opportunity to opt out of receiving fundraising communications; and if the Plan uses or discloses your health information for underwriting purposes, any genetic information that the Plan may have about you will not be used or disclosed. Please note that if you authorize the Plan to use or disclose any of this kind of information, you can later revoke it at any time, but must do so in writing.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

- You have the right to ask the Plan to restrict how the Plan uses or discloses your information for treatment, payment or health care operations. You also have the right to ask the Plan to restrict information provided to family members or to others who are involved in your health care or payment for your health care. *Please Note: A restriction on some uses of your information could result in the Plan's inability to pay a claim for you. While the Plan will try to honor your reasonable requests, the Plan is not required to agree to these restrictions.*
- You have the right to request that a provider not send health information to the Plan in certain circumstances if the health information concerns a health care item or service for which you have paid the provider in full from your own pocket. If a provider sends health information to the Plan about such "out-of-pocket" items or services, you may request that the Plan restrict or limit our disclosure of that information to the health plan for purposes of carrying out payment or health care operations (and not treatment), and the Plan will comply with your request.
- You have the right to ask to receive confidential communications of information. For example, if you believe that you would be harmed if the Plan sends your information to your current mailing address (for example, in situations involving domestic disputes), you can ask the Plan to send the information by alternative means.
- You have the right to inspect and obtain a copy of information that the Plan maintain about you in your designated record set. A "designated record set" includes information created by the Plan and used to make decisions regarding your coverage and care. The designated record set includes things like your claims information and case manager records. However, you do not have the right to access certain types of information, such as:
 - Information contained in psychotherapy notes;
 - Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

The Plan will act on your request to inspect or copy information within 30 business days of receipt of your written request. There will be a reasonable charge to supply you with a copy of your designated record set. In certain other situations, the Plan may also deny your request to inspect or obtain a copy of information in your designated record set. The Plan will notify you in writing.

- If the Plan uses or maintains an electronic health record that contains your health information, you have the right to request that the Plan send a copy of your health information in an electronic format to you or to a third party that you identify. The Plan may charge a reasonable fee for the labor costs of sending the electronic copy of your health information.
- You have the right to ask the Plan to amend information the Plan maintains about you in your designated record set. The Plan requires that your request be in writing and you provide a reason for your request. The Plan will respond to your request within 30 business days of receipt of your written request.
- If the Plan agrees to make the amendment, the Plan will notify you that it was made. In addition, the Plan will provide the amendment to any person that the Plan knows has received your health information. The Plan will also provide the amendment to other persons identified by you. If the Plan denies your request to amend your information, the Plan will notify you in writing of the reason for our denial. The denial will explain your right to file a written statement of disagreement.
- You have the right to request an accounting of certain disclosures of your information made by the Plan during the six years prior to your written request for such an accounting. Please note that the Plan is not required to provide you with an accounting of information:
 - collected or used prior to April 14, 2003;
 - disclosed or used for treatment, payment and health care operations purposes;
 - disclosed to you or to others pursuant to your written authorization;
 - disclosed to persons involved in your care;
 - disclosed for national security or intelligence purposes;
 - disclosed to correctional institutions, law enforcement officials or health oversight agencies; or
 - disclosed or used as part of a limited data set for research, public health or health care operations purposes.

The Plan requires that your request be in writing. The Plan will act on your request for an accounting within 30 business days of our receipt of your written request. The Plan will provide you with up to one free accounting every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, the Plan may charge you a fee.

- You have the right to be notified in the event that the Plan or a business associate discovers a breach of unsecured protected health information. If the Plan discovers such a breach the Plan may use your contact information to notify you of the breach. In some cases the Plan may notify the plan sponsor of the Plan.
- This notice is available St. Louis County website at www.stlouiscountymn.gov/benefits. You may request and receive a copy of this notice at any time. The Plan has the right to change its privacy practices and the terms of the notice at any time and to make the new practices and notice effective for all health information that the Plan maintains. If you believe your privacy rights have been violated, you may file a complaint through the Secretary of the U.S. Department of Health and Human Services (HHS). No action will be taken against you for filing a complaint. You can reach HHS at: Office for Civil Rights/U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601 or find complaint filing information at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

QUESTIONS ABOUT OR COPIES OF THIS NOTICE?

If you have any questions about the foregoing notice you may contact St. Louis County Benefits Division at 218.725.5056.

****As used in these notices, HIPAA means the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and all related rules, as they may be amended from time to time.***