

Waynesboro Public Schools Cafeteria Plan

NOTICE OF PRIVACY PRACTICES

Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") Effective January 1, 2011.

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. THE PRIVACY OF YOUR PERSONAL AND HEALTH INFORMATION IS IMPORTANT.

Waynesboro Public Schools is committed to protecting the privacy of health information maintained by the health plans it sponsors. This Notice is provided to you as required by the Health Insurance Portability and Accountability Act and the HIPAA Privacy Regulations (collectively, "HIPAA"). It applies to employees and covered dependents enrolled in Waynesboro Public Schools Cafeteria Plan, hereinafter "the Plan".

This Notice describes how the Plan may use health information about you and your covered dependents and when such information may be used and disclosed. This notice also describes how you may have access to this information.

WHAT HEALTH INFORMATION IS COLLECTED?

The Plan considers personal health information to be confidential. The Plan will protect the privacy of that information in accordance with federal and state privacy laws, as well as the Plans' privacy policies. "Health Information" is used to mean information that identifies you and relates to your medical history, such as the health care you receive and or the amounts paid for that care.

Health information subject to the provisions explained in this Notice is information maintained by the Plan. The provisions do not extend to similar information which may be on file with Waynesboro Public Schools as an Employer in its normal course of doing business. The type of health information typically received and maintained by the Plan which is subject to this Notice includes enrollment and claims information, benefit determinations, appeals information, eligibility, and case management information.

SUMMARY OF PERMISSIBLE USES AND DISCLOSURES AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION WHICH DO NOT REQUIRE YOUR AUTHORIZATION

In order to provide and administer your benefits, the Plans may use and disclose your health information in various ways without your express authorization. These include:

- **Payment:** The Plan may use and disclose your health information for purposes of paying for your health care services or to obtain premiums/contributions from you. The Plan may also use and disclose your health information to make determinations about your eligibility for benefit plan coverage, for coordination of benefits with other benefit plans, to perform claims management and collection activities, to review the medical necessity or the appropriateness of the care you received, and to conduct utilization reviews such as pre-authorizations, or reviews, of services.
- **Health Care Operations:** The Plan may use and disclose your health information as necessary to operate and manage their business operations. For example, Waynesboro Public Schools, on behalf of the Plan, has contracts with an outside firm called a "third party administrator" (TPA) to provide administrative services to the Plan. The Plan may use your health information to evaluate the performance of the TPA in managing and providing you with health care benefits. The Plan might use and disclose your health information to contract for reinsurance or to investigate the validity of benefits claims. In addition, the Plan may share your health information with another company that performs certain services, such as billing or compiling information to help the Plan determine how the Plan is doing relative to other plans. Whenever the Plan has such an arrangement, they will have a written

confidentiality agreement to ensure that the company that performs these services will protect the privacy of your health information, maintain its confidentiality and limit the uses or further disclosures to the purpose for which the information was disclosed or as required by law.

- **Benefits and Services:** As a part of health care operations, the Plan may use your health information to contact you regarding benefits or services that may be of interest to you, such as benefits that are included in the Plan, your medical treatment, case management and coordination of benefits, recommendations for alternative treatments, therapies, health care providers or settings of care.
- **Employer:** The Plan may disclose certain health information to Waynesboro Public Schools since it is the Employer which sponsors the Plan. Upon a request from Waynesboro Public Schools, the Plan may disclose health information about enrolled employees and their covered dependents to enable the Employer to obtain premium bids from other health plans, or to modify, amend, or terminate the Plan; however, the information the Plan discloses in such situations will not include any information that explicitly identifies individuals. The Plan may disclose to the Employer information on whether you are participating in, enrolled in, or unenrolled from the Plan. The Plan also may disclose health information about you, including information that identifies you, only if it is necessary for the Employer to administer the Plan. For example, Waynesboro Public Schools may need such information to process health benefits claims, to audit or monitor the business operations of the Plans, or to ensure that the Plans are operating effectively and efficiently. The Plan may also disclose information to the Employer with respect to workers' compensation and the Family and Medical Leave Act. The Plan, however, will restrict their use of your information to purposes related only to Plan administration. The Plan prohibits the Employer from using your information for uses unrelated to Plan administration. Under no circumstances will the Plan disclose your health information to the Employer for the purpose of employment-related actions or decisions. The Employer will only disclose the health information it received from the Plan to third parties, such as to consultants or advisors, if the Plan has first obtained a confidentiality agreement from the person or organization which will receive your health information.
- **Disclosures to Friends and Family Involved in Your Care and Payment for Your Care:** The Plans may share information about your health benefits to a person involved in your care such as a family member unless you object. If you have provided a friend or family member with copies of your claim and other relevant identifying information, the Plan will assume that you do not object.
- **Emergencies or Public Need:** The Plan may use or disclose your health information in an emergency or for important public needs. For example, the Plan may share your information with public health officials authorized to investigate and control the spread of diseases. The Plan may have information to prevent or lessen a serious and imminent threat to health or safety.
- **As Required By Law:** The Plan may use or disclose your health information if the Plan is required by law to do so. The Plan will notify you of these uses and disclosures if notice is required by law.
- **Business Associates:** The Plan may share information with service providers who provide administrative services for the Plans.

USES AND DISCLOSURES OF HEALTH INFORMATION WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

Except as otherwise described in this Notice, the Plan, through their third party administrator, will generally obtain your written authorization before using your health information or disclosing it outside the Plan. If you provide the Plan with such a written authorization, you may revoke that authorization at any time, except to the extent that the Plans have already relied on it. To revoke an authorization, write to the Plan Administrator or Privacy Officer.

Access and Control of Your Health Information

The Plan must provide you certain rights with respect to access and control of your health information in your health claims file. You have the following rights to access and control your health information:

- You generally have the right to inspect and copy your health information which the Plan maintains.
- You have the right to request that the Plan amend your protected health information if you believe it is inaccurate or incomplete. You must submit your request in writing to the third party administrator of the Plan in which you are enrolled.
- You have the right to receive from the Plan an accounting of disclosures of protected health information. Your request must be in writing to the Privacy Officer. Many routine disclosures the Plan makes, including disclosures to your Employer for Plan administration, will not be included in the accounting; the accounting will identify only non-routine disclosures.
- You have the right to request further restrictions on the way the Plan uses your health information or shares it with others. The Plan is not required to agree to the restriction you request, but if the Plan does, the Plan will be bound by the agreement until such agreement is revoked by the Plan and you are notified in writing of such revocation.
- You have the right to request that the Plan contact you in a way that is more confidential for you, such as at work instead of at home, if disclosure of your health information could put you in danger and you clearly state that in your request. The Plans will accommodate all reasonable requests.

To Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. This authorization must be in writing and delivered to the Privacy Officer for the Plan.

Special Protections for HIV, Substance Abuse, and Mental Health Information

Special privacy protections may apply to HIV-related information, substance abuse information, and mental health information. Some parts of this Notice may not apply to these types of information.

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, please contact the Privacy Officer listed at the end of this notice:

No one will retaliate or take action against you for filing a complaint.

Right to Revise

The Plan may change its privacy practices from time to time. If that happens, the Plan will revise this Notice so you will have an accurate summary of the Plans' practices. The revised Notice will apply to all of your health information. If you received this Notice electronically, you have the right to obtain a paper copy of the Notice. To request a paper copy of this Notice or any revised Notice, please contact the Plan's Privacy Officer. If this Notice is substantially revised, a new Notice will be mailed to you within 60 days.

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

Contact Information

For further information, please contact the Plans' Privacy Officer:

Waynesboro Public Schools
301 Pine Avenue
Waynesboro, Va. 22980
540-946-4606