

NOTICE OF PRIVACY PRACTICES PLANO INDEPENDENT SCHOOL DISTRICT HEALTH PLANS

**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.**

Effective Date and Scope of Notice

This Notice is effective as of April 14, 2003 and applies to all health plans maintained by Plano Independent School District (the "Employer"). All such plans are referred to in this Notice as the "Plans."

The Health Insurance Portability and Accountability Act ("HIPAA") regulates the use and disclosure of protected health information by the Plans. This Notice summarizes some of the requirements of HIPAA. It is not a contract or guarantee and does not provide any additional or other rights not expressly provided under and required by HIPAA.

This Notice does not apply to health information that does not identify an individual. Such "de-identified" information is not protected health information.

Purpose of Notice

The Plans are required by law to take reasonable steps to maintain the privacy of protected health information and to inform you about:

- the practices of the Plans regarding use and disclosure of your protected health information;
- your privacy rights with respect to your protected health information;
- the Plans' duties with respect to your protected health information;
- your right to file a complaint with the Plans and the Secretary of the U.S. Department of Health and Human Services ("HHS"); and
- the person or office to contact for further information about the privacy practices of the Plans.

Use and Disclosure of Protected Health Information

Disclosure to You

The Plans may disclose your protected health information to you or your personal representative.

Disclosure to HHS

The Secretary of HHS may require use and disclosure of your protected health information to investigate or determine the Plans' compliance with the privacy regulations under HIPAA.

Use and Disclosure for Treatment, Payment, and Health Care Operations and Plan Administration

The Plans and their business associates will use and disclose protected health information to carry out treatment, payment, and health care operations without your consent, authorization, or opportunity to agree or object. The Plans may also use and disclose protected health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. As an organized health care arrangement, the Plans may share protected health information with each other to carry out treatment, payment, or health care operations relating to the Plans. The Plans and any health insurers or HMOs with respect to the Plans may disclose protected health information to the Employer for purposes of administering the Plans. To permit such disclosure, the Employer has amended the governing documents for the Plans as required by HIPAA.

- **Treatment** is the provision, coordination, or management of health care and related services, including consultations and referrals between one or more of your providers. For example, the Plans may disclose to a treating specialist the name of your treating provider so that the specialist may ask for relevant medical information from your provider.
- **Payment** includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, and utilization review and preauthorization). For example, a Plan may tell a doctor whether you are eligible for coverage under the Plan. A Plan may also disclose claim information relating to a covered family member (including the participating employee and the employee's spouse) to the employee or the employee's spouse. In addition to the employee and any other authorized representatives the employee designates, an employee's spouse will be considered the employee's authorized claim representative with respect to all claims the employee may have under the Plans, including claims relating to the employee and other covered family members.

- **Health Care Operations** include, but are not limited to, quality assessment and improvement; reviewing competence or qualifications of health care professionals; underwriting, premium rating, and other activities relating to insurance contracts; disease management; case management; conducting or arranging for medical review; legal services and auditing functions, including fraud and abuse compliance programs; business planning and development; business management (including business acquisition activities); and general administrative activities. For example, the Plans may use or disclose your claim information to refer you to a disease management program, project future benefit costs, or audit the accuracy of the claims processing functions of the Plans.

Use and Disclosure of Summary Health Information

The Plans may use and disclose “summary health information” to the Employer for purposes of obtaining premium bids or modifying, amending, or terminating the Plans. Summary health information is information that summarizes the claims history, claims expenses, or type of claims experienced by employees and covered family members and that does not include certain identifying information.

Use and Disclosure with Your Authorization

Except as otherwise provided in this Notice or as required or permitted by applicable law, uses and disclosures of your protected health information will be made only with your written authorization. For example, the Plans generally will not disclose your protected health information to the Employer for employment purposes or other non-health plan purposes without your authorization. You may revoke an authorization in writing unless action has been taken in reliance on such authorization. The revocation of an authorization does not apply to any disclosures already made with authorization. The Plans cannot take back and have no obligation to remedy any such prior disclosures.

Use and Disclosure Subject to Your Right to Object

The Plans may disclose your protected health information to family members, other relatives, and your close personal friends if the information is directly relevant to the family member’s, relative’s, or friend’s involvement with your care or payment for that care and if you are present at or prior to the disclosure and have either agreed to the disclosure or have been given an opportunity to object and not objected.

Other Permissible Uses and Disclosures

The Plans may use and disclose your protected health information without your consent, authorization, or request under the following circumstances:

- When required by federal, state, or local law.
- When permitted for purposes of public health activities. For example, protected health information may be disclosed (1) to a public health authority for the purpose of preventing or controlling disease or injury or to report child abuse or neglect, and (2) to report product defects, to permit product recalls, and to conduct post-marketing surveillance.
- When required or authorized by law to report information about abuse, neglect, or domestic violence to public authorities if a reasonable belief exists that the individual may be a victim of abuse, neglect, or domestic violence.
- For health oversight activities authorized by law. This includes uses or disclosures in civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- When required in the course of any judicial or administrative proceeding. For example, the Plans may disclose protected health information in response to a court order. The Plans may also disclose such information in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that the Plans be provided satisfactory assurances that the requesting party has made a good faith attempt to provide written notice to you, the notice provided sufficient information about the proceeding to permit you to raise an objection, and no objections were raised or were resolved in favor of disclosure by the court or administrative tribunal.
- For law enforcement purposes. For example, if required by law the Plans may disclose protected health information to report certain types of wounds. The Plans may also disclose certain protected health information in response to a law enforcement request for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or for certain purposes relating to the victim of a crime.
- When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. Also, disclosure is permitted to a funeral director, consistent with applicable law, as necessary to carry out the duties of the director with respect to the decedent.
- For the purpose of facilitating organ, eye, or tissue donation and transplantation.
- For research purposes, subject to certain conditions.

- When consistent with applicable law if the Plans, in good faith, believe the use or disclosure is necessary (1) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, or (2) is necessary for law enforcement authorities to identify or apprehend an individual. The Plans may also disclose protected health information to federal, state, or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- For purposes of certain specialized government functions, including military and veteran's activities, national security and intelligence activities, certain protective services, and activities of correctional institutions.
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Privacy Rights

Right to Request Restriction on Protected Health Information Use and Disclosure

You may request that the Plans restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations or restrict use and disclosure to family members, relatives, or friends identified by you who are involved in your care or payment for your care. **The Plans are not required to agree to your requests.** The Plans may accommodate your request to receive communications of protected health information by alternative means or at alternative locations if you notify the Plans that communication in another manner may endanger you.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your protected health information or alternative communications of your protected health information. Such requests must be submitted to the attention of "Protected Health Information Restriction Request" c/o the Privacy Officer (see the "Contact Information" on the next page).

Right to Inspect and Copy Your Protected Health Information

You have the right to inspect and obtain a copy of your protected health information contained in a "designated record set" for as long as the Plans maintain such protected health information. A "designated record set" includes enrollment, payment, billing, claims adjudication, and case or medical management record systems maintained by or for the Plans and used to make decisions about individuals. However, certain types of protected health information will not be made available for inspection and copying, including psychotherapy notes and protected health information collected by the Plans in connection with or in reasonable anticipation of any claim or legal proceeding. The requested information will be provided within 30 days if the information is maintained on-site or within 60 days if the information is maintained off-site. A single 30-day extension is allowed if the Plans are unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to your protected health information in a designated record set. Such requests must be submitted to the attention of "Protected Health Information Inspection Request" c/o the Privacy Officer (see the "Contact Information" on the next page). If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights, and a description of how you may complain to the Secretary of the HHS.

Right to Amend Your Protected Health Information

You have the right to request that the Plans amend your protected health information or a record about you contained in a designated record set for as long as the information is maintained in the designated record set. The Plans may deny your request if it is not in writing or does not include a reason that supports the request. In addition, the Plans may deny your request if you request to amend protected health information that is accurate and complete; was not created by the Plans, unless the person or entity that created the protected health information is no longer available to make the amendment; is not part of a designated record set kept by or for the Plans; or is not part of the protected health information which you would be permitted to inspect and copy. The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with such deadline.

You or your personal representative will be required to complete a form to request an amendment of your records or protected health information in a designated record set. Such requests must be submitted to the attention of "Protected Health Information Amendment Request" c/o the Privacy Officer (see the "Contact Information" on the next page). If the request is denied in whole or in part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of such protected health information.

Right to an Accounting of Protected Health Information Disclosures

The Plans will provide you with an accounting of the Plans' disclosures of your protected health information during the six-year period prior to the date of your request (or the time specified by your request, if less). However, such accounting need not and will not include disclosures made: (1) to carry out treatment, payment, or health care operations; (2) to

individuals about their own protected health information; (3) prior to April 14, 2003; (4) for national security purposes or certain law enforcement purposes; (5) as part of a limited data set; or (6) pursuant to your written authorization.

You or your personal representative will be required to complete a form to request an accounting of disclosures of your protected health information. Such requests must be submitted to the attention of "Protected Health Information Accounting" c/o the Privacy Officer (see the "Contact Information" below). If the accounting cannot be provided within 60 days after your request, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each additional accounting beyond the first.

Right to a Paper Copy of this Notice

To obtain a paper copy of this Notice, submit a request to the attention of "Privacy Notice Request" c/o the Privacy Officer (see the "Contact Information" below).

Your Personal Representatives

You may exercise your rights under this Notice through a personal representative. Your personal representative may be required to produce evidence of authority to act on your behalf before the representative will be given access to your protected health information or allowed to take any action for you. Proof of such authority may include a parental relationship, a duly notarized power of attorney for health care purposes, or a court order of appointment of the representative as the conservator or guardian of the individual. The Plans retain the discretion to deny access to your protected health information to a personal representative to the extent permitted by applicable regulations.

Duties of the Plans

The Plans are required by HIPAA to maintain the privacy of protected health information and to provide covered employees and covered family members with this Notice of the privacy practices of the Plans. The Plans will comply with mandatory requirements of applicable state laws regarding the use and disclosure of health information to the extent such laws are more restrictive than and are not preempted by applicable federal laws.

Each Plan is required to abide by the terms of the Notice currently in effect. However, the Plans reserve the right to change their privacy practices at any time and to apply the changes to any protected health information received or maintained by the Plans prior to the date such change is adopted. If a privacy practice is changed, a revised version of this Notice will be provided to all past and present covered employees and covered family members for whom the Plan still maintains protected health information. Such revised Notice will be provided via hand delivery, mail, or, to the extent permissible, e-mail. The exact method of delivery will be determined by the Plans and may be different for different individuals. Any revised version of this Notice will be distributed within 60 days after the effective date of any material change to the permissible uses or disclosures, an individual's rights, the duties of the Plans, or other privacy practices set forth in this Notice.

When using or disclosing protected health information or when requesting protected health information from another covered entity, the Plans will make reasonable efforts not to use, disclose, or request more than the minimum amount of protected health information reasonably necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations. However, this "minimum necessary" standard will not apply in the following situations: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the individual or a personal representative; (3) disclosures made to HHS; (4) uses or disclosures that are required by law; (5) uses or disclosures made pursuant to an authorization; and (6) uses or disclosures that are required for compliance with HIPAA regulations.

Complaints

If you believe that your privacy rights have been violated, you may complain to the Plans in care of the Privacy Officer: Director of Benefits and Risk Management, Plano Independent School District, 6301 Chapel Hill Blvd, Plano, TX 75093, benefits@pisd.edu. You may also file a complaint with the Secretary of HHS, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint. An individual cannot sue or bring a claim or other action against any of the Plans or any other person to enforce any of the requirements of HIPAA.

Contact Information

If you have any questions regarding this Notice or the subjects described in it, you may contact the Privacy Officer listed above.