



Effective Date: April 1, 2007

CHELSEA SCHOOL DISTRICT EMPLOYEE BENEFIT PLAN NOTICE OF PRIVACY RIGHTS

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

This Notice is provided as required by the Federal Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) and its regulations issued at 45 CFR Parts 160 through 164 (the “Privacy Regulations”). It is for participants and beneficiaries in the **Chelsea School District Employee Benefit Plan**. (referred to as the “Plan”¹).

You are entitled to receive a notice of our procedures for protecting the privacy of your health information. “Protected Health Information” is information that identifies you and is related to your medical history for health care you receive or the payment for that care. We must follow the terms of the notice currently in effect. This notice describes how we may use or disclose your Protected Health Information and your rights regarding the use and disclosure of that information.

You may also receive privacy notices from others, such as other health care plans, insurers (including HMOs) and providers about their use and disclosure of your health information.

HOW THE PLAN MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The Plan may use and disclose your Protected Health Information for different purposes. The examples below illustrate the types of uses and disclosures we may make without your authorization for treatment, payment and health care operations.

- **Treatment**. The Plan may disclose your Protected Health Information to assist your health care providers (doctors, pharmacies, hospitals and others) in your diagnosis and treatment. For example, The Plan may disclose to one treating physician the name of another treating physician so that he or she can obtain records or other information needed for diagnosis or treatment.
- **Payment**. The Plan may use and disclose your Protected Health Information in order to pay for your covered health expenses. For example, we may use your Protected Health Information to enroll you for coverage or to determine if a claim for benefits is covered under the Plan (e.g., if treatment is medically necessary).
- **Health Care Operations**. The Plan may use and disclose your Protected Health Information in order to perform Plan activities, such as quality assessment and improvement activities, reviewing

¹ The use of “we,” “us” and “our” refers to the Plan shown in this notice.

competence or qualifications of health care providers, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. Other activities include 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 and general administrative activities. For example, The Plan may use information about your claims to refer you to a disease management program.

- **Plan Sponsor.** The Plan discloses your medical information to Chelsea School District which sponsors the Plan, for Plan administration purposes that are described in the document that governs the specific Plan. The Plan Sponsor will be required to certify to us that it will use your medical information in accordance with the Privacy Regulations.
- **Enrolled Dependents and Family Members.** The Plan will mail explanation of benefits forms and other mailings containing Protected Health Information to the address we have on record for the employee who is enrolled in the health plan.

OTHER PERMITTED OR REQUIRED DISCLOSURES

- **To Your Family Member, Other Relative or Close Personal Friend.** The Plan may disclose Protected Health Information to a family member, other relative or close personal friend provided that information is directly relevant to that person's involvement in your health care or to notify them of your location, general condition or death. The Plan will not make any such disclosure unless you are given a reasonable opportunity under the circumstances to object and did, in fact, object.
- **As Required by Law.** The Plan must disclose Protected Health Information about you when we are required to do so by law.
- **Public Health Activities** The Plan may disclose Protected Health Information to public health agencies for reasons such as preventing or controlling disease, injury or disability. This includes disclosures necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. Protected Health Information may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- **Victims of Abuse, Neglect or Domestic Violence.** The Plan may disclose Protected Health Information to government agencies about abuse, neglect or domestic violence if there is a reasonable belief that you may be a victim of abuse, neglect to domestic violence. In that case, The Plan will promptly inform you that a disclosure has been or will be made unless that notice would cause a risk of serious harm. For purposes of reporting child abuse or neglect, it is not necessary to inform the minor that such disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's Protected Health Information.
- **Health Oversight Activities** The Plan may disclose Protected Health Information to government oversight agencies (e.g., U.S. Department of Labor) for 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.
- **Judicial and Administrative Proceedings.** The Plan may disclose Protected Health Information in response to a court or administrative order. The Plan may also disclose Protected Health Information about you in certain cases in response to a subpoena, discovery request or other lawful process. In such case, The Plan will require satisfactory assurances that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised, or if any were raised, that they were resolved in favor of disclosure by the court or tribunal.

- **Law Enforcement.** The Plan may disclose Protected Health Information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect or witness; or to provide information about the victim of a crime. Such disclosures include disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure, or the Plan is unable to obtain the individual's agreement because of emergency circumstances. The law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement, and disclosure is in the best interest of the individual as determined by us in our sole discretion.
- **Coroners, Funeral Directors, Organ Donation.** The Plan may release Protected Health Information to coroners or funeral directors as necessary to allow them to carry out their duties. The Plan may also disclose Protected Health Information in connection with organ or tissue donation.
- **Plan Information and Programs.** The Plan may contact you to provide information about alternative treatment programs or other health-related benefits and services that may be of interest to you.
- **Research.** Under certain circumstances, the Plan may disclose Protected Health Information about you for research purposes, provided certain measures have been taken to protect your privacy.
- **To Business Associates.** We may disclose Protected Health Information to a "business associate", provided that person or entity enters into an agreement as described in the Privacy Regulations. A "business associate" is a vendor that provides certain services (typically Plan administration services) to or on behalf of the Plan.
- **To Limited Data Recipients.** The Plan may disclose Protected Health Information to a "limited data recipient", provided that person or entity enters into an agreement as described in the Privacy Regulations. A "limited data recipient" is a person or entity that receives Protected Health Information that is partially de-identified in accordance with the Privacy Regulations and used for purposes of research, public health or health care operations.
- **Marketing.** The Plan may use Protected Health Information for purposes of marketing where it is face-to-face and involves a matter of nominal value.
- **To Avert a Serious Threat to Health or Safety.** The Plan may disclose your Protected Health Information, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions.** The Plan may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers' Compensation.** The Plan may disclose Protected Health Information to the extent necessary to comply with state law for workers' compensation programs or similar programs established by law.
- **Incidental to Another Permitted Use.** The Plan may disclose Protected Health Information as permitted by the Privacy Regulations to be incidental to another permitted use.

USES OR DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Except for those situations described above, the Plan will ask for your written authorization before using or disclosing your Protected Health Information. If the Plan has not already acted on it, you may revoke an authorization at any time in writing. Your revocation will be effective when the Plan receives your written notice of cancellation or modification of the authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding Protected Health Information that the Plan maintains about you.

- **Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your Protected Health Information from a “designated record set” with some limited exceptions. A designated record set includes the medical and billing records about you that a covered health care provider maintains. It includes enrollment, billing, claims payment and case or medical management records maintained by us or for the Plan. Your request to review and/or obtain a copy of Protected Health Information in your designated record set must be made in writing. The Plan may charge a fee for the costs of producing, copying and mailing your requested information, but the Plan will tell you the cost in advance.

If access is denied, you will be provided with a written denial explaining 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 U.S. Department of Health and Human Services.

To access your Protected Health Information contained in a designated record set, you must complete the appropriate form and return it to Privacy and Complaint Officer identified at the end of this Notice.

- **Right To Amend Your Protected Health Information.** If you believe that Protected Health Information about you in a designated record set (maintained by the Plan) is incorrect or incomplete, you may request that the Plan amend the information. Your request must be made in writing and must include the reason you are requesting a change.

We may deny your request if, for example, you ask the Plan to amend information that was not created by the Plan or that is already accurate and complete.

If the request is denied, we must provide you with a written denial that explains the basis for the denial. You may then submit a written statement of disagreement.

To amend your Protected Health Information contained in a designated record set, you must complete the appropriate form providing the reason for your request and return it to Privacy and Complaint Officer, identified at the end of this Notice.

- **Right to an Accounting of Disclosures by the Plan.** You have the right to request a list of certain disclosures the Plan has made of your Protected Health Information. The request must be in writing. If you request an accounting for the same time period more than once within a 12-month period, the Plan may charge a reasonable fee.

To request an accounting of disclosures the Plan has made of your Protected Health Information, you must complete the appropriate form and return it to Privacy and Complaint Officer, identified at the end of this Notice.

- **Right To Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that the Plan restrict the way it uses or discloses your Protected Health Information for treatment, payment or health care operations. ***The Plan may not agree to your request.*** Your request for a restriction must be made in writing. In your request you must tell the Plan (1) what information you want to limit; (2) whether you want to limit how the Plan uses or discloses your information, or both; and (3) to whom you want the restrictions to apply.

To request that the Plan restrict or limit how it uses or discloses your Protected Health Information, you must complete the appropriate form and return it to Privacy and Complaint Officer, identified at the end of this Notice.

- **Right To Receive Confidential Communications.** You have the right to request that the Plan use a certain method to communicate with you or that information be sent to a certain location. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from the Plan could endanger you. The Plan will accommodate all reasonable requests.

To request confidential communications, you or must complete the appropriate form and return it to Privacy and Complaint Officer, identified at the end of this Notice.

- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy. To request a paper copy of this Notice, you must contact the Privacy and Complaint Officer identified at the end of this Notice.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting the Privacy and Complaint Officer identified at the end of this Notice.

PERSONAL REPRESENTATIVES

Your personal representative may exercise your rights. The representative must produce evidence of his/her authority to act on your behalf before that person will be given access to your Protected Health Information. Proof of such authority may be in one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- the parent of a minor child.

The Plan may deny access to your Protected Health Information to a personal representative in order to protect certain individuals who depend on others to exercise their rights under the Privacy Regulations and who may be subject to abuse or neglect, including minors.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. If we do change the Notice, we will provide you with a copy of the new Notice. The new terms and policies will be effective for Protected Health Information that the Plan already has about you, as well as any information received in the future. Any time the Plan makes a material change to this Notice we will promptly revise and issue the new Notice with the new effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Privacy and Complaint Officer identified at the end of this Notice and/or with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201. All complaints to the Plan must be made in writing and sent to the Privacy and Complaint Officer listed at the end of this Notice.

We support your right to protect the privacy of your Protected Health Information. ***We will not retaliate against you or penalize you for filing a complaint.***

CONTACT THE PLAN

If you have any complaints or questions about this Notice or you want to submit a written request to the Plan as required in any of the previous sections of this Notice, please contact:

Privacy and Complaint Officer for the **Chelsea School District Employee Benefit Plan**:

**Teresa A. Zigman, Executive Director of
Business and Operations**

500 Washington St.

Chelsea, MI 48118

(734) 433-2208
