

## **Sparta Area School District**

### Article 330 – HIPAA Privacy Policy

The Sparta Area School District (“District”) is committed to compliance with the health information privacy requirements set forth by federal law and the regulations of the U.S. Department of Health and Human Services. These requirements dictate that the privacy of protected health information received by or generated through certain District employee health plans be protected from improper use or disclosure. Protected health information is all personally identifiable health information, including information in writing, electronic medium, and oral communications. For purposes of this policy, the District is the “Plan Sponsor.” The Plan Sponsor is responsible for certifying that the plan documents have been amended to incorporate the provisions of this policy to allow the Plan to disclose protected health information to the Plan Sponsor.

### Purpose of HIPAA

HIPAA legislation was passed to help govern the portability of health care coverage, especially in the area of preexisting conditions, and to create a more consistent health care delivery system. It provides for the standardized exchange of health information to make it easier for employees to change jobs without disrupting their health care. However, in order to ensure the privacy of employee health information, employers must comply with the HIPAA Privacy Rule.

### Privacy Official

The Director of Business Services is designated as the Privacy Official, whose responsibilities will include development and implementation of these policies and related procedures, including ensuring internal compliance with the Privacy Rule governing participating employees’ (“Plan member”) protected health information and receiving complaints.

### Administrative Security Safeguards

Security safeguards will be implemented to ensure the confidentiality, integrity, and availability of protected health information created, received, maintained, or transmitted by the Plan. The Plan shall implement and maintain these policies and related procedures to manage the selection, development, implementation, and maintenance of security measures to protect health information and manage the conduct of the District employees in relation to the protection of the protected health information as follows:

- (1) Authorization: Only District employees designated by the Privacy Official as requiring access to protected health information will be given such access. Access to protected health information will be provided to those who perform duties related to the payment, treatment, or health care operations of the Plan. These employees may view protected health information necessary to perform their duties for the plan without express authorization from the Plan member. Protected health information shall not be disclosed to other employees nor to other components within the organization.

- (2) Training: District employees, including management, authorized to obtain access to protected health information will receive training at a minimum by providing them with a copy of the privacy policy and notice and documenting that they have reviewed the policies.
- (3) Response and Reporting: Suspected or known security incidences will be identified, responded to, and documented in writing. The harmful effects of such security incidences will be mitigated to the extent practicable and known to the Plan. Issues of non-compliance with this policy will be resolved by reporting such non-compliance to the District Administrator for appropriate action.
- (4) Physical Safeguards. Plan members' protected health information shall be secured in a locked file cabinet used solely for the purpose of storing this information. Paper documents containing protected health information shall be shredded before being discarded. Electronic files containing protected health information, if any, shall be password protected. A facsimile machine used to transmit and receive protected health information shall be in a secure location.
- (5) Technical Safeguards. To the extent protected health information is maintained electronically, access to electronic information systems or software programs will be provided to only those persons who have been granted access rights.

#### Authorizing Use and Disclosure of Protected Health Information

Written authorization will be required to use a Plan member's protected health information or to disclose it to anyone for any purpose except as noted in "Uses and Disclosure of Protected Health Information." If the Plan member provides written authorization, the Plan member may revoke it at any time.

The Plan member may appoint a representative to act on his/her behalf. Information will only be disclosed to the formally appointed representative designated by the Plan member. A written designation of such must be provided to the Privacy Official.

#### Uses and Disclosure of Protected Health Information

The Plan is permitted or required to use or disclose protected health information without the Plan member's written authorization, or permission, under the following specific circumstances:

- (1) For Treatment. Treatment includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors.
- (2) For Payment. Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care.
- (3) For Health Care Operations. Health care operations include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk

assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution.

- (4) As Required by Law. The Plan may use or disclose the Plan member's protected health information when required to do so by law, including disclosures to worker's compensation and specialized government or military functions and investigations.
- (5) Disclosure to Plan Sponsor. The Plan may disclose protected health information to the Plan Sponsor. The Plan Sponsor may only use the information to perform plan administration functions as they apply to the Plan member's Reimbursement Plan(s) and may not use the information for employment-related purposes.
- (6) Disclosure to Family and Friends. If the Plan member is unable to communicate in an emergency or disaster relief, the Plan may disclose your protected health information to a family member or friend to the extent necessary to facilitate the reimbursement of the Plan member's health care.
- (7) For Public Health and Safety. The Plan may disclose a Plan member's protected health information to the extent necessary to prevent a serious threat to the Plan member's health or the health and safety of others.

#### Plan Member's Rights and Obligations

The Plan member has the following rights regarding protected health information as described in more detail in the Privacy Notice:

- The right to request restrictions on certain uses and disclosures of protected health information. The Plan is not required to agree to a requested restriction, however.
- The right to receive confidential communications of protected health information.
- The right to inspect and copy protected health information. Such a request must be done in writing. Within thirty (30) business days of a written request by a Plan member for access to his or her protected health information, the Plan will make such information available to the Plan member or his or her representative for so long as such information is maintained by the Plan. The Plan shall inform the Plan member of the acceptance of the request and provide access to the Plan member for inspection or copying of the protected health information at an agreeable time and location, or mail the copy of the information at the Plan member's request. The Plan may impose a reasonable, cost-based fee on the Plan member.
- The right to amend protected health information that is inaccurate or incomplete. The Plan shall act on a Plan member's request for an amendment no later than 60 days after receipt of such a request. If the Plan accepts the requested amendment, it shall make such amendment, inform the Plan member that the amendment is accepted, and obtain information and agreement from the Plan member to notify the relevant persons with whom the amendment needs to be shared. If the Plan denies the request to amend protected health information, in whole or in part, it shall provide the Plan member with a timely, written denial. The denial shall include the basis for the denial, a statement of the Plan member's right to submit a written statement disagreeing with the denial and how to file such a statement; a statement that if the Plan member does not submit a statement of disagreement, the Plan member may

request that the Plan provide the Plan member's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and a description of how the Plan member may complain to the Plan or the Secretary of the U.S. Department of Health and Human Services.

- The right to receive an accounting of disclosures of protected health information for up to six (6) years prior to the date on which the accounting is requested. No later than sixty (60) days after receipt of a written request, the Plan shall provide the Plan member with an accounting of the disclosures of protected health information as required by law. The Plan will provide the following information: (a) the date of the disclosure; (b) the name of the entity or person who received the protected health information, and if known, the address of such entity or person; (c) a brief description of the protected health information disclosed; and (d) a brief statement of the purpose of such disclosure that includes an explanation of the basis for such disclosure. Disclosures made to the Plan member, or for the purpose of carrying out treatment, payment, or health care operations, or pursuant to an authorization, or incident to a use or disclosure otherwise permitted, will not be included in such accounting.
- The right to obtain a paper copy of the "Notice of HIPAA Privacy Practices" upon request.

#### Plan Obligations

- The Plan is required by law to maintain the privacy of protected health information and to provide the Plan member with notice of its legal duties and privacy practices with respect to protected health information, and, no less frequently than once every three years, notify Plan members of the notice and how to obtain a copy of the notice.
- The Plan is required to abide by the terms of this policy and the "Notice of Privacy Practices."
- The Plan reserves the right to change the terms of this policy and the "Notice of Privacy Practices." The new provisions will be effective for all protected health information that it maintains.
- The Plan will provide the Plan member with a revised "Notice of Privacy Practices."
- The Plan will ensure that any agents, including subcontractors to whom the Plan provides protected health information, agree to the same restrictions and conditions that apply to the Plan with respect to protected health information.

#### Complaints

The Plan member may complain to the Plan and to the Secretary of the U.S. Department of Health and Human Services (HHS), without fear of retaliation by the organization, if the Plan member believes his (her) rights have been violated. The Plan member may file a written complaint with the Privacy Official, the Director of Business Services, or submit a written complaint to HHS.

Legal Reference:

Cross Reference:

Approved: May 25, 2004

Revised: