

Vallivue School District #139

NOTICE OF HIPAA PRIVACY PRACTICES

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

I. Privacy Obligations:

_____ School District No. _____ (hereinafter “School District”) is considered to be a Health Plan under the Health Insurance Portability and Accountability Act and receives Protected Health Information regarding employees in the course of making reimbursement to those employees for deductibles paid in conjunction with insurance coverage for employees and their family members. Accordingly, we are required to maintain the privacy of certain financial, personal, and health information (Protected Health Information, PHI) and to provide you with this notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this notice or any subsequent notice in effect at the time of the use or disclosure.

The School District utilizes a private business entity, _____ (hereinafter “Business Associate”), to implement the reimbursement payments for employees. Statement of Benefits documents may be disclosed to our Business Associate for this purpose. This disclosure will be made without the signed authorization of the employee. Other disclosures may be made for purposes of treatment, payment, or health care operations without the authorization of the employee. The School District shall comply with the requirements of the federal Privacy Rule.

II. Uses and Disclosures of PHI based upon on your written authorization:

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law, as described below. This authorization will describe how the information will be used, and a copy of this Privacy Notice will accompany each request for authorization that is made by a third party or by the School District and sent to you. You may revoke your written authorization at any time, in writing, except to the extent that your physician or the physician’s practice had taken an action in reliance on the use or disclosure indicated in the authorization.

Uses and Disclosure for Research: No PHI will be released for clinical research unless you agreed to participate in a specific research program and have provided written consent at the time of your enrollment in that research program.

III. Permitted and Required Uses and Disclosure that may be made without your consent or authorization or opportunity to object:

There are occasional circumstances in which we may use or disclose your PHI without obtaining your authorization to do so. Generally speaking, you have the right to agree to and authorize the disclosure of your PHI, then we may, in these limited circumstances using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

- A. **Emergency Circumstances.** Unless you object, we may use or disclose some or all of the PHI in an emergency situation because of an individual's incapacity or an emergency treatment circumstance.
- B. **Compliance with Legal Authority.** We may use or disclose your PHI when we are required to do so, as in the case of reporting abuse or neglect to appropriate federal or state law enforcement agencies.
- C. **Others Involved in Your Health Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care, or to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses or disclosure to family or other individuals involved in your health care.

IV. **Your Individual Rights:**

- A. **Right to Request Additional Restrictions.** You may request a restriction on our use or disclosure of PHI for treatment, payment, and operations. We will consider additional restrictions carefully, but we may not and are not required to agree to a requested restriction. If agreed, we will abide by the restriction.
- B. **Right to Receive Confidential Communications.** We will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternate locations.
- C. **Right to Inspect and Copy Your Records.** You may request, in writing, access to your PHI in order to inspect or request copies of the records. You may be charged a fee for each copy. Under limited circumstances, as permitted by law, we may deny you access to a portion of your records, for example when a licensed health care professional feels that such disclosure may cause harm.
- D. **Right to Request an Amendment of Your Records.** You have the right to request that your PHI maintained by the School District be amended in cases where information is erroneous or incomplete and the information originated with the School District or its Business Associate.

- E. Right to Receive Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your information and to whom those disclosures have been made.
- F. Right to Receive a Paper Copy of this Notice.** Upon request, you may obtain a copy of this notice, even if you agreed to receive such notice electronically.

V. Terms of Notice.

We may change the terms of this notice from time to time as may be deemed necessary. If we change this notice, a copy will be posted in the business office of the School District. You will receive a copy of the current notice any time the School District's obligations under your health insurance coverage changes.

If you desire further information regarding your privacy rights or are concerned that your rights have been violated, you may contact our Privacy Officer at _____, _____, Idaho _____, or you may contact the Office of Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue, Mail Stop RX-11, Seattle, Washington 98121, (206) 615-2290 (telephone); (206) 615-2296 (TDD); (206) 615-2297 (facsimile).

10/14/14