

(Enter School District Name)

2025 HIPAA NOTICE OF PRIVACY PRACTICES

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.

Health Information Privacy

This Notice is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is intended to describe how **School District Name** health plan, the Group Benefits Plans of **School District Name** (“Health Plan”) will protect your health information with respect to its self-insured health benefits. References below to Health Plan shall mean the medical, dental, health care flexible spending account and employee assistance program benefits provided by the Health Plan. The fully insured options will provide you with a separate notice explaining how it will treat your Protected Health Information under HIPAA.

“Health information” for this purpose means information that identifies you and either relates to your physical or mental health condition or relates to the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (“PHI”). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal or state health information privacy laws.

Health Plan Privacy Obligations

The Health Plan is required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of its legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that are in effect.

How the Health Plan May Use and Disclose Health Information About You

The Health Plan may use health information or disclose it to others for a number of different reasons. The following are the different ways that the Health Plan may use and disclose your PHI without your authorization:

- **For Treatment.** The Health Plan may disclose your PHI to a health care provider who provides, coordinates, or manages health care treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Health Plan may advise an emergency room physician about the different medications that you may have been prescribed.

- **For Payment.** The Health Plan may use and disclose your PHI so claims for health care treatment, services, and supplies that you receive from health care providers may be paid according to the Health Plan's terms. The Health Plan may also use your PHI for billing, reviews of health care services received, and subrogation. For example, the Health Plan may tell a doctor or hospital whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plan.
- **For Health Care Operations.** The Health Plan may use and disclose your PHI to enable it to operate more efficiently or to make certain that all of its participants receive the appropriate health benefits. For example, the Health Plan may use your PHI for case management, to refer individuals to disease management programs, for underwriting, premium rating, activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, to arrange for medical reviews, or to perform population-based studies designed to reduce health care costs. In addition, the Health Plan may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, actuarial studies, and/or for fraud and abuse detection. The Health Plan may also combine health information about participants and disclose it to **School District Name** in a non-identifiable, summary fashion so that **School District Name** can decide, for example, what types of coverage the Health Plan should provide. The Health Plan may also remove information that identifies you from health information that is disclosed to **School District Name** so that the health information that is used by HealthCare Partners does not identify the specific Health Plan participants.
- **To The Plan Sponsor.** The Health Plan is sponsored by **School District Name**. The Health Plan may disclose your PHI to designated personnel at **School District Name** so that they can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Health Plan. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Health Plan to any other employee or department of **School District Name** and (2) will not be used by HealthCare Partners for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by **School District Name**.
- **To a Business Associate.** Certain services are provided to the Health Plan by third-party administrators known as "business associates." For example, the Health Plan may place information about your health care treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Health Plan will disclose your PHI to its business associates so that the business associates can perform their claims payment functions. However, the Health Plan will require its business associates, through written agreements, to appropriately safeguard your health information.
- **For Treatment Alternatives.** The Health Plan may use and disclose your PHI to tell you about possible treatment options or health care alternatives that may be of interest to you.
- **For Health-Related Benefits and Services.** The Health Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care.** The Health Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Health Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death, unless other laws would prohibit such disclosures.
- **As Required by Law.** The Health Plan will disclose your PHI when required to do so by federal, state, or local law, including those laws that require the reporting of certain types of wounds, illnesses, or physical injuries.

Special Use and Disclosure Situations

The Health Plan may also use or disclose your PHI without your authorization under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Health Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other forms of lawful due process.
- **Law Enforcement.** The Health Plan may release your PHI if asked to do so by a law enforcement official, for example, to report child abuse, to identify or locate a suspect, material witness, missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Health Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Health Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Health Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Health Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medications or problems with medical products, or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Health Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain limited circumstances, the Health Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Health Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law, and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Health Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Health Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Health Plan may also release your PHI to a funeral director, as necessary, to carry out his/her responsibilities.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information that the Health Plan maintains about you:

- **Right to Inspect and Copy Your Personal Health Information.** You have the right to inspect and copy your PHI that is maintained in a “designated record set” for so long as the Health Plan maintains your PHI. A “designated record set” includes medical information about eligibility, enrollment, claim and appeal records, and medical and billing records maintained by the Health Plan, but does not include psychotherapy notes, information intended for use in a civil, criminal or administrative proceeding, or information that is otherwise prohibited by law.

To inspect and copy health information maintained by the Health Plan, submit your request in writing to the Privacy Official. The Health Plan may charge a fee for the cost of copying and/or mailing your request. The Health Plan must act upon your request for access no later than 30 days after receipt (60 days if the information is maintained off-site). A single, 30-day extension is allowed if the Health Plan is unable to comply by the initial deadline. In limited circumstances, the Health Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to your health information, you will be informed as to the reasons for the denial, and of your right to request a review of the denial.

You may request an electronic copy of your health information if it is maintained in an electronic health record. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies, if any must be reasonable and based on the Health Plan’s cost.

- **Right to Amend Your Personal Health Information.** If you feel that the health information that the Health Plan has about you is incorrect or incomplete, you may ask the Health Plan to amend it. You have the right to request an amendment for so long as the Health Plan maintains your PHI in a designated record set.

To request an amendment, send a detailed request in writing to the Privacy Official. You must provide the reason(s) to support your request. The Health Plan may deny your request if you ask the Health Plan to amend health information that was: (1) accurate and complete; (2) not created by the Health Plan; (3) not part of the health information kept by or for the Health Plan; or (4) not information that you would be permitted to inspect and copy. The Health Plan has 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the Health Plan cannot comply by the initial deadline. If the request is denied, in whole or in part, the Health Plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and, if permitted under HIPAA, have that statement included with any future disclosures of your PHI.

- **Right to An Accounting of Disclosures.** You have the right to request an “accounting of disclosures” of your PHI. This is a list of disclosures of your PHI that the Health Plan has made to others for the six (6) year period prior to the request, except for those disclosures necessary to carry out treatment, payment, or health care operations, disclosures previously made to you, disclosures that occurred prior to six years from the date on which the accounting is requested, or in certain other situations described under HIPAA.

To request an accounting of disclosures, submit your request in writing to the Privacy Official. Your request must state a time period, which may not be longer than six (6) years prior to the date the accounting was requested. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Health Plan provides you with a written statement of the reasons for the delay and the date by when the accounting will be provided. If you request more than one accounting within a 12-month period, the Health Plan will charge a reasonable, cost-based fee for each subsequent accounting.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information that the Health Plan uses or discloses about you for treatment, payment, or health care operations. You also have the right to request that the Health Plan limits the individuals (for example, family members) to whom the Health Plan discloses health information about you. For example, you could ask that the Health Plan not use or disclose information about a surgical procedure that you had. While the Health Plan will consider your request, it is not required to agree to it except in those situations where the requested restriction relates to the disclosure to the Health Plan for purposes of carrying out payment or health care operations (and not for treatment, and the PHI pertains solely to a health care item or service that was paid for out of pocket in full. If the Health Plan agrees to the restriction, it will comply with your request until such time as the Health Plan provides written notice to you of its intent to no longer agree to such restriction, or unless such disclosure is required by law.

To request a restriction or limitation, make your request in writing to the Privacy Official. In your request, you must state: (1) what information you want to limit; (2) whether you want to limit the Health Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. Note: the Health Plan is not required to agree to your request.

- **Right to Request Confidential Communications.** You have the right to request that the Health Plan communicates with you about health matters using alternative means or at alternative locations. For example, you can ask that the Health Plan send your explanation of benefits ("EOB") forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Privacy Official. The Health Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you want to be contacted.
- **State Privacy Rights.** You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. You may write to the Privacy Official to request a written copy of this Notice at any time.

Changes to this Privacy Notice

The Health Plan reserves the right to change this Notice at any time and from time to time, and to make the revised or changed Notice effective for health information that the Health Plan already has about you, as well as any information that the Health Plan may receive in the future. The revised Notice will be provided to you in the same manner as this Notice, or electronically if you have consented to receive the Notice electronically.

Complaints

If you believe that your health information privacy rights as described under this Notice have been violated, you may file a written complaint with the Health Plan by contacting the person listed at the address under "Contact Information". You may also file a written complaint directly with the regional office of the U.S. Department of Health and Human Services, Office for Civil Rights. The complaint should generally be filed within 180 days of when the act or omission complained of occurred. Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to the Health Plan will be made only with your written authorization. If you authorize the Health Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Health Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Health Plan will not reverse any uses or disclosures already made in reliance on your prior authorization. The Health Plan will notify you in the event that there is a breach involving unsecured PHI.

Contact Information

To receive more information about the Health Plan's privacy practices or your rights, or if you have any questions about this Notice, please contact the Health Plan at the following address:

Contact Office or Person: **XXX**

Health Plan Names: **XXX**

Telephone: **XXX**

Email: **XXX**

Address: **XXX**

Copies of this Notice are also available at _____ [and on our web site http://www._____.com]. This Notice is also available by sending an e-mail to the above address.