

Group Health Plan Privacy Policy and Procedures

Privacy Officer – District Functions

1. CESD shall designate a person to serve as plan administrator who shall also act as the plan’s privacy officer (the “officer”).
2. The officer shall design and implement the plan’s privacy practices and shall decide any questions about the privacy rights of participants and their beneficiaries. The officer shall have absolute discretion to carry out his/her responsibilities under the plan.
3. The officer shall be the privacy official under HIPAA regulations and shall comply with HIPAA regulations and plan provisions regarding privacy. The officer shall keep records relating to the privacy rights of all persons under the plan. Any person having a question or concern about privacy rights under the plan may consult the officer at any reasonable time. Notices to the officer shall be sent to CESD’s address.
4. The officer may delegate all or part of its administrative duties to one or more agents and may retain advisors to assist it. The officer may consult with and rely upon the advice of counsel, who may be counsel for CESD.
5. The officer shall arrange for training of personnel with access to protected health information (PHI) as appropriate to permit them to perform their responsibilities relating to the plan.

Privacy Practices

1. The officer shall develop and distribute the plan’s privacy notice as required by law.
2. CESD shall establish technical and physical safeguards designed to prevent improper use or disclosure of PHI.
3. Subject to 4. above, the superintendent shall be the plan’s contact person for receiving complaints regarding the plan’s privacy practices pursuant to procedures established by the superintendent. Any plan participant or beneficiary may obtain a copy of the plan’s complaint procedure upon written request to the superintendent.
4. CESD shall discipline employees who violate this policy, up to and including termination of employment, pursuant to CESD’s employment policies.

5. CESD shall not coerce or discriminate or retaliate against any person for exercising his or her HIPAA privacy rights, or opposing any violation of such rights. CESD shall not require any person to waive his or her HIPAA privacy rights as a condition of eligibility, enrollment, treatment, or payment under the plan.
6. The officer shall take reasonable steps to mitigate the harmful effects of an improper use or disclosure of PHI that becomes known to the officer.
7. The officer shall retain documents relating to the plan's privacy practices (including authorizations, requests for information, complaints, and sanctions) for at least six years.
8. The plan document shall describe permitted uses and disclosures of PHI, and CESD will comply with the amendment to the plan.

Rules Regarding Use and Disclosure of PHI

1. Except as otherwise provided in this policy, only the following employees shall have access to PHI: employee who serves as plan administrator, or employee who performs functions related to the plan, including, but not limited to audit, legal, and accounting personnel. Employees permitted access to PHI shall be referred to as "authorized employees."
2. Authorized employees may use PHI for plan administration in connection with payment or health care operations as described in 3. below and may disclose the minimum necessary amount of PHI as pursuant to 4. below.
3. For purposes of this policy, payment and health care operations shall have the following meanings:
 - a. Payment means the plan's own payments and the payment by another covered entity, as defined in HIPAA and regulations, and includes, but is not limited to, the following activities:
 - (1) Obtaining contributions to the plan;
 - (2) Determining or paying plan benefits;
 - (3) Determining plan eligibility and coverage, including coordination of benefits and subrogation of claims;
 - (4) Billing, claims management, collections, obtaining benefits from reinsurance, and data processing.
 - b. Health care operations means the plan's own operations and those of another covered entity with which the participant or beneficiary has or had a relationship and includes, but is not limited to, the following activities:
 - (1) Quality control;
 - (2) Detecting or preventing fraud or abuse;
 - (3) Medical, legal, or auditing review;
 - (4) Business management and planning.

4. Authorized employees may disclose PHI as follows:
 - a. To the person who is the subject of the PHI upon a proper written request to the officer;
 - b. To the Department of Health and Human Services for purposes of enforcement of HIPAA;
 - c. As permitted for legal or public-policy purposes, including, but not limited to, the following disclosures that are limited to the minimum necessary amount of PHI:
 - (1) In determining that the plan participant has not received reimbursement from an insurance company or other designated third party;
 - (2) In connection with a medical emergency or death of a participant when determined that the disclosure is in the best interest of the participant;
 - (3) As required by federal, state, or local law;
 - (4) For public-health or health-oversight activities;
 - (5) For lawsuit and similar proceedings;
 - (6) For law enforcement;
 - (7) In the event the plan participant is a member of U.S. or foreign military forces and CESD is required by the appropriate authority;
 - (8) To avert a serious threat to health or safety;
 - (9) That relate to workers' compensation programs.
 - d. To another authorized employee or covered entity in connection with plan administration, as long as the disclosure is limited to the minimum necessary amount of PHI.
 - e. To a business associate, as defined in HIPAA and regulations, if the officer confirms that an appropriate agreement with the business associate is in effect and the disclosure is limited to the minimum necessary amount of PHI.
 - f. Pursuant to a valid authorization provided by or on behalf of the person who is the subject of the PHI.

Practices Regarding Requests by Participants and Beneficiaries

1. The officer shall give plan participants and beneficiaries access to their own PHI and the PHI of those whose PHI they are legally entitled to view, upon proper written request to the officer, if the PHI is maintained by CESD or the plan and includes information about the enrollment, coverage, payment, or claims adjudication record of the person under the plan.
2. The officer shall give plan participants and beneficiaries an accounting of disclosures of the person's PHI made by the plan or its business associates during the six years preceding the date of the request, subject to the following rules:
 - a. The participant or beneficiary is not entitled to an accounting of the following types of disclosures:
 - (1) To carry out treatment, payment, or health care operations;
 - (2) To the participant or beneficiary;
 - (3) Pursuant to an authorization from or on behalf of the participant or beneficiary;
 - (4) Incident to an otherwise permitted use or disclosure;

- (5) To any person involved in the patient's care or for other notification purposes;
 - (6) For national-security or law-enforcement purposes.
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- b. Any request must be made to the officer in writing and specify the time period and types of disclosures for which the accounting is requested.
 - c. The officer shall respond to a request for an accounting of disclosures within 60 days, though the deadline shall be extended to 90 days if the officer notifies the claimant within the original 60-day period explaining the reason for the delay and the date the accounting is expected to be provided.
 - d. To the extent the officer grants the request for an accounting, the officer's response shall include the date and recipient of the disclosure, a brief description of the information disclosed and a brief statement of the purpose of the disclosure, or a copy of the disclosure request.
 - e. The first accounting provided regarding a set of PHI in any 12-month period shall be provided without charge. The officer may impose a reasonable charge for additional accountings within any 12-month period.
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- 3. The officer shall honor a participant's or beneficiary's reasonable written request to receive communications regarding their PHI by alternative means or at an alternative location, if the requester provides information clearly establishing that a failure to honor the request could endanger the requester.

 - 4. The officer shall honor a participant's or beneficiary's reasonable written request to amend his or her PHI held by the plan in a designated record set, if the officer determines the PHI is not accurate and complete.
 - a. To the extent the amendment is denied, the officer shall issue:
 - (1) A denial notice containing the basis for the denial;
 - (2) Information about the requester's right to submit a written statement disagreeing with the denial and the procedure for doing so;
 - (3) A statement that a requester who does not submit a written statement of disagreement may request that the request for amendment and its denial be included in future disclosures of the information; and
 - (4) A statement of how the requester may submit a complaint concerning the denial.

 - b. The officer shall review and respond promptly to any written statement of disagreement.