

## 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 READ IT CAREFULLY.**

Hanover County's Employee Health Benefit Plan has adopted the following policies and procedures for protection of the privacy of the people it serves.

### **Our Obligation to You**

We at Hanover County respect your privacy. We are required by law to maintain the privacy of "protected health information" about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. "Protected health information" means any information that we create or receive that identifies you and relates to your health or payment for services to you.

### **Use and Disclosure of Information about You**

Use and disclosure for treatment, payment and health care operations.

We will use your protected health information and disclose it to others as necessary to provide treatment to you. For example, the Plan may disclose your protected health information to your health care providers (your physician, a hospital, etc.) in order for the provider to treat you.

The Plan will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the services that were rendered may be included in the bills that your health care providers submit to the Plan. The Plan may also require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary.

It may also be necessary to use or disclose protected health information for the health care operations of another organization that has a relationship with you. For example, the Plan may need to disclose personal health information to another health benefit plan that offers secondary coverage to you.

### *Our Policy:*

We will not ask your written permission to use or disclose your protected health information for treatment, payment or health care operations purposes. We have entered into a business associate agreement with a claims administrator, the third party administrator for the Plan, to ensure the protection of your protected health information.

Emergencies. If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

Disclosure to your family and friends. If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, we will share information with family members or friends involved in your care as needed to enable them to help you.

Disclosure to health oversight agencies. We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.

Disclosures to child protection agencies. We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Other disclosures without written permission. There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

- Pursuant to court order;
- To public health authorities;
- To law enforcement officials in some circumstances;
- To correctional institutions regarding inmates;
- To federal officials for lawful military or intelligence activities;
- To coroners, medical examiners and funeral directors;
- To researchers involved in approved research projects; and
- As otherwise required by law.

Disclosures with your permission. No other disclosure of protected health information will be made unless you give written Authorization for the specific disclosure.

## **Your Legal Rights**

Right to request confidential communications. You may request that communications to you, such as bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people.

At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.

Right to “amend” record. If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices posted on our web site.

### **How to Exercise Your Rights**

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Person.

Our Contact Person is the Assistant Superintendent of Human Resources, Hanover County Public Schools. The Contact Person may be reached at (804) 365-4585.

Personal representatives. A “personal representative” of a patient may act on the patient’s behalf in exercising the patient’s privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are “mature minors” may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the

personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

### **Complaints**

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Contact Person. If you wish, the Contact Person will give you a form that you can use to submit a Complaint if you wish.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
OCR Hotlines-Voice: 1-800-368-1019

We will never retaliate against you for filing a complaint.

### **Effective Date**

These policies and procedures are effective as of April 14, 2003.