



## Floyd County Public Schools

140 Harris Hart Road NE

Floyd, VA 24091

540.745.9400

[www.floyd.k12.va.us](http://www.floyd.k12.va.us)

### **HIPAA PRIVACY INFORMATION**

As your employer, the school division may have access to certain limited medical information related to your employment and to absences for medical reasons, and/or we receive medical claims information from our health insurance provider that is NOT identifiable by employee. The school division is required by law to maintain the privacy of your personal health information in accordance with HIPAA guidelines and will provide the employee with a *Notice of Privacy Practices*.

**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.

Introduction - This Notice of Privacy Practices (“Notice”) describes the practices of the Floyd County School Board Employee Benefits Plan (the “Plan”) with respect to your Protected Health Information (referred to as “PHI”). The Plans are required by law to take reasonable steps to ensure the privacy of your PHI. The Plans are also required to inform you about the Plan’s uses and disclosures of PHI, your privacy rights with respect to your PHI, and the Plan’s duties with respect to your PHI. This and similar notices are being provided to participants in the Plan to advise them of their rights. This Notice is a routine notice and is not meant to alarm you.

The term “Protected Health Information” (PHI) includes all individually identifiable health information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you and that is transmitted or maintained by the Plan, regardless of form (oral, written or electronic). Excluded from this definition is PHI of which the County School Board acquires for use outside of the Plan. The Plan’s use and disclosure of PHI is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

This Notice of Privacy Practices is effective as of December 8, 2014.

How the Plan May Use and Disclose Your PHI - The following categories describe different ways that the Plan and third parties that assist in the administration of the Plan may use and disclose your PHI. This Notice does not list every permitted use or disclosure the Plan may make.

1. Uses or Disclosures for Treatment, Payment and Health Care Operations. The Plan and any third party that assists in administration of the Plan will use your PHI to carry out treatment, payment and health care operations. Your PHI can be used for these purposes without your authorization or opportunity to agree or object, except as otherwise described below.

a. Treatment. Treatment is the provision, coordination or management of health care and related services. Treatment also includes, but is not limited to, consultations and referrals between one or more of your providers. The Plan may use or disclose your PHI to facilitate medical treatment or services by providers. The Plan may disclose your PHI to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, if your Primary Care Physician (PCP) or your treating medical provider refers you to a specialist for treatment, the Plan can disclose your PHI so the specialist to whom you have been referred can become familiar with your medical condition, prior diagnosis, treatment and prognosis.

b. **Payment.** Payment includes, but is not limited to, actions to make coverage determinations and activities such as billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations. The Plan may use and disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate coverage. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. The Plan may also provide your doctor with information about your medical history to determine whether a particular treatment is experimental, investigational or medically necessary. The Plan may also share your PHI with a utilization review or precertification service, with any other entity to assist with the adjudication or subrogation of health claims, or with another group health plan, provider or other entity required to comply with HIPAA's privacy requirements to coordinate benefit payments or for other payment activities of that group health plan, provider or other entity.

c. **Health Care Operations.** Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other activities relating to creating or renewing insurance contracts. The Plan shall not use or disclose PHI that is genetic information, however, for underwriting purposes. Health care operations also include disease management, case management, conducting or arranging for medical review, legal services, auditing functions (including fraud and abuse and detection compliance programs), business planning and development, business management and general administrative activities. The Plan may use and disclose your PHI for these Plan operations. For example, the Plan may use information about your claims to refer you to a disease management program, to project future benefit costs, to respond to an inquiry from you or to audit the accuracy of its claims processing functions.

If another provider, group health plan or entity required to comply with HIPAA's privacy requirements also has or once had a relationship with you, the Plan may also disclose your PHI for certain health care operations of that provider, group health plan or entity. For example, such health care operations may include reviewing and improving the quality, efficiency, and cost of care provided to you or assisting with legal compliance activities of that provider, group health plan or entity.

The Plan may also disclose PHI for the Health Care Operations of any Organized Health Care Arrangement in which the Plan participates. An example of an Organized Health Care arrangement is a group health plan and the insurance issuer of HMO providing coverage for that plan to the extent that the information maintained by the HMO or health insurer relates to individuals that are or were participants in the particular group health plan.

2. **Uses and Disclosures to Business Associates.** The Plan uses certain individuals and entities (referred to as "Business Associates") to perform various functions and activities on the Plan's behalf and to provide certain types of services. To perform these functions or activities or to provide these services, the Plan's Business Associates may receive, create, maintain, use or disclose PHI. The Plan requires its Business Associates to agree in writing to appropriately safeguard PHI. For example, the Plan may disclose your PHI to the Plan's third-party administrator to administer claims or to provide utilization management, pharmacy benefit management, subrogation services, or other administrative support services.

3. **Uses and Disclosures of Psychotherapy Notes.** The Plan will generally obtain your written authorization before using or disclosing psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan does not need to obtain your authorization in certain limited circumstances. For example, the Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

4. Disclosures to Plan Sponsor. Your PHI may be disclosed to designated Floyd County School Board personnel for purposes of Plan Administrative Functions, specifically, administrative functions performed by Floyd County School Board personnel for/on behalf of the Plan. Your PHI may also be disclosed to the Plan Sponsor for any other purpose specified in an authorization you have given. You have a right to revoke any such authorization at any time.

5. Uses and Disclosures to Family Members and Others Involved in Your Health Care. The Plan may disclose your PHI to family members, other relatives, your close personal friends or other persons identified by you if the information is directly relevant to the family's, friend's or other person's involvement with your health care or payment for that health care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected. If you are not present or are unable to agree (for example, due to your incapacity), then the Plan may use its professional judgment to determine whether the disclosure is in your best interest.

6. Uses and Disclosures for Public Policy Purposes. Use and disclosure of your PHI without your authorization or opportunity to object is also allowed under the following circumstances:

- a. As Required By Law. The Plan will disclose your PHI when required to do so by federal, state or local law.
- b. Public Health Activities. The Plan may disclose your PHI for public health activities. For example, the Plan may disclose PHI to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition, if authorized by law; to prevent or control disease, injury or disability; to report births and deaths; and to report reactions to medications or problems with products. The Plan may also disclose your PHI to notify the appropriate governmental authority if the Plan believes that you may be a victim of abuse, neglect or domestic violence. The Plan will make such a disclosure when required or authorized by law. The Plan will also inform you that such a disclosure has been or will be made unless such notice would cause a risk of serious harm. For purposes of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
- c. Health Oversight Activities. The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law. These oversight activities include uses or disclosures in civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers), audits and other activities necessary for appropriate oversight of governmental benefit programs (for example, to investigate Medicare or Medicaid fraud).
- d. Judicial and Administrative Proceedings. The Plan may disclose your PHI as required for judicial and administrative proceedings. For example, if you are involved in a lawsuit or dispute, the Plan may disclose your PHI in response to a court or administrative order. The Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, if there is evidence that the requesting party has made efforts to tell you about the request or to obtain an order protecting the information requested.
- e. Law Enforcement Purposes. The Plan may disclose your PHI if asked to do so by a law enforcement official in certain circumstances such as in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; or to provide information about a death the Plan believes may be the result of criminal conduct. The Plan may also disclose PHI at the request of a law enforcement official to provide information about the victim of a crime if the individual agrees to the disclosure or the Plans are unable to obtain the individual's agreement because of emergency circumstances and the law enforcement official represents that the information is not intended to be used against the individual, that the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement, and that disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.

- f. Coroners, Medical Examiners and Funeral Directors. The Plan may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. The Plan may also release your PHI to funeral directors, consistent with applicable law and as necessary to carry out their duties.
  - g. Research. The Plan may use or disclose your PHI for research, subject to certain conditions.
  - h. To Avert a Serious Threat to Health or Safety. The Plan may use or disclose your PHI when consistent with applicable law and standards of ethical conduct, if the Plan, in good faith, believes the use or disclosure of your PHI is necessary to prevent or lessen a serious and immediate threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
  - i. Workers' Compensation. The Plan may use or disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law. These programs provide benefits for work-related illnesses or injuries.
  - j. Organ, Eye or Tissue Donation. The Plan may release your PHI to organizations that handle organ procurement or organ, eye or tissue donation or transplantation, as necessary to facilitate donation and transplantation.
  - k. Military and Veterans. If you are a member of the armed forces, the Plan may release your PHI as required by military command authorities. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authority.
  - l. National Security and Intelligence Activities. The Plan may release information about you to authorized federal officials for national security and intelligence activities.
  - m. Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, the Plan may release your PHI to the correctional institution or law enforcement official if the release is necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
7. Disclosures to the Secretary of the U.S. Department of Health and Human Services. The Plans are required to disclose your PHI to the Department of Health and Human Services when it is investigating or determining the Plan's compliance with HIPAA.
8. Disclosures to You. The Plans are required to disclose most of your PHI to you upon your request. The Plans are also required, upon your request, to provide an accounting of certain disclosures of your PHI. Your rights to request this information and the Plan's related duties are described in the section below entitled "Your Rights with Respect to Your PHI".
9. Incidental Disclosures. The Plan may use or disclose PHI incident to a use or disclosure permitted by HIPAA where the Plan has reasonably safeguarded against such incidental uses and disclosures and limited them to the minimum necessary information.
10. Summary Health Information. The Plan may use or disclose "summary health information" to the Floyd County School Board for obtaining premium bids or modifying, amending or terminating the Plan. "Summary health information" summarizes the claims history, claims expenses or types of claims experienced by individuals for whom the Floyd County School Board has provided health benefits under the Plan, and which does not contain any identifying information.
11. Other Uses and Disclosures of PHI. Other uses and disclosures of PHI not covered by the Notice or permitted by HIPAA or the laws that apply to the Plan will be made only with your written authorization. The Plan will not disclose your PHI for marketing purposes or sell you PHI at any time. If you provide the Plan authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. However, your revocation will not be effective for any uses or disclosures that the Plan has already made pursuant to your authorization.

12. Potential Impact of State Law. The privacy laws of Virginia might impose stricter privacy standards on the Plan's operations than those described in this Notice. To the extent that such a state law applies, the Plans are required to comply with the more stringent state privacy law.

Your Rights with Respect to Your PHI - Your rights to PHI that the Plan maintains about you are described below. To exercise any of these rights, submit your request in writing with the required information described below to the following person: Privacy Officer, Director of Personnel Services, Floyd County School Board, 140 Harris Hart Road NE, Floyd, VA 24091, (540) 745-9406. It is important that you direct your request to this person so that the Plan can process your request. Sending your request to any other person may delay the Plan's processing of your request.

1. Right to Request Restrictions on Uses and Disclosures of Your PHI. You may request the Plan to restrict or limit the PHI the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request restrictions on the PHI the Plan discloses to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plans are not required to agree to your request. If the Plan does agree to a restriction, it will comply with the restriction unless the information is needed to provide emergency treatment to you, or the disclosure is otherwise required under HIPAA. You will be required to request restrictions on uses and disclosures of PHI in writing. In your request, you must state (i) what information you want to limit; (ii) whether you want to limit the Plan's use, disclosure, or both; and (iii) to whom you want the limits to apply, for example, to disclosures to your spouse.

2. Right to Inspect and Copy Your PHI. You have a right to inspect and obtain a copy of your PHI transmitted or maintained by the Plan in a "designated record set" for as long as the Plan maintains such information. However, you may not inspect or obtain a copy of psychotherapy notes or certain other PHI. A "designated record set" generally includes enrollment, payment, billing, claims adjudication and case or medical management systems, as well as other information that is used to make decisions about your healthcare benefits. Information used for quality control or peer review analyses and not used to make decisions about individuals is not included in the designated record set. You will be required to submit your request to inspect or copy the PHI in your designated record set in writing. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The requested information will generally be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. The Plan may deny your request to inspect and copy in limited circumstances. If you are denied access to your PHI, you will be provided with a written denial that explains the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services. In certain instances, you will not be entitled to a review of the Plan's denial, and you will be notified accordingly.

3. Right to Amend Your PHI. If you feel that the PHI the Plan has about you is incorrect or incomplete, you have the right to request the Plan to amend your PHI or a record about you in a Designated Record Set for as long as the PHI is maintained in the Designated Record Set. You will be required to submit a request for amendment of the PHI in your designated record set in writing and to provide a reason that supports this request. The Plan generally has 60 days after the request has been made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that: (i) is not part of the PHI kept by or for the Plan; (ii) was not created by the Plan (unless the person or entity that created the PHI is no longer available to make the amendment); (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If your request is denied in whole or in part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written

statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

4. **Right to Receive an Accounting of Disclosures.** At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting is not required to include disclosures of your PHI made: (i) to carry out treatment, payment or health care operations; (ii) to you about your own PHI; (iii) prior to the compliance date; or (iv) based on your written authorization.

You must submit your request for an accounting in writing. Your request must state a time period which may not be longer than 6 years prior to the date of your request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional requests, the Plan will charge a reasonable cost-based fee. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. For each disclosure, the accounting will include the date(s) of the disclosure, to whom the Plan made the disclosure, a brief description of the information disclosed, and the purpose of the disclosure. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided.

5. **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you may request that the Plan only contact you at work or by mail. Your request should be in writing and should include a statement that you want the Plan to communicate your PHI with you in an alternative manner or at an alternative location and a statement that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. Your request must also specify how or where you wish to be contacted. The Plan will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you. The Plan may also condition its accommodation on your providing information as to how payment will be handled.

6. **Right to Paper Copy of this Notice.** You have the right to a paper copy of the Notice. You may ask the Plan to give you a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

7. **Note About Personal Representatives.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual, or
- An individual who is the parent of a minor child.

The Plan retains the discretion to deny your personal representative access to your PHI if the Plan reasonably believes that (i) you have been or may be subject to domestic violence, abuse or neglect by such person; (ii) treating such person as your personal representative could endanger you, or (iii) the Plan determines, in its exercise of professional judgment, that it is not in your best interest to treat the person as your personal representative.

*The Plan's Duties* - The Plan is required by law to maintain the privacy of your PHI, to provide you with this Notice of its legal duties and privacy practices with respect to PHI upon request, and to notify you following the breach of your unsecured protected health information, should such a breach occur. The Plan is also required to comply with the terms of this Notice.

1. **Effective Date and Changes to the Notice.** This Notice is effective beginning November 21, 2014. However, the Plan reserves the right to change this Notice and to make the revised or changed Notice effective for PHI the Plan already has about you as well as any information the Plan receives in the future. If a privacy practice is changed, a revised version of this Notice will be available to you if you are still participating in the Plan at that time.

2. **Minimum Necessary Standard.** When using or disclosing your PHI or when requesting your PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or request by a health care provider for treatment
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to an authorization;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; or
- uses or disclosures that are required for the Plan’s compliance with legal regulations.

**Complaints -** If you believe that your privacy rights have been violated, you may complain to the Plan in care of the Floyd County School Board Office, 140 Harris Hart Road, NE, Floyd, VA 24091, (540) 745-9400. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201.

All complaints must be submitted in writing within 180 days of the time when you became aware or should have become aware of the issue giving rise to your complaint. The Plan will not retaliate against you for filing a complaint.

**Whom to Contact for More Information -** If you have any questions regarding this Notice or the policies and procedures it describes, you may contact the following person: Director of Personnel Services, Floyd County School Board, 140 Harris Hart Road, NE, Floyd, VA 24091 (540) 745-9406.

**Conclusion -** The Plan’s use and disclosure of PHI is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

