

**County of Montcalm
Health Care and Health Reimbursement Plans
Notice of Privacy Practices**

******THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.******

If you have any questions about this notice, please contact the Personnel Officer at 989-831-7398.

Who Will Follow This Notice

This notice describes the health information practices of the programs of the County of Montcalm Health Plans, Dental Plan, Flexible Spending Plan, and Health Reimbursement Arrangement that are “group health plan” benefits (the “Plan”) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and that of any third party that assists in the administration of Plan claims. This Notice and the term “Plan” do not refer to the health information that are not group health plan benefits under HIPAA such as disability benefits or life insurance. The terms “we,” “us,” and “our” are used throughout this policy to refer to the provisions of the County Health Care and Health Reimbursement Plans that are group health plan benefits under HIPAA.

Our Policy Regarding Health Information

We understand that health information about you obtained in connection with administering our Plan is personal, and we are committed to protecting your health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. The Plan’s Privacy Policy controls how this information may be used and disclosed. This notice applies to all of the health records we maintain in connection with the Plan.

This policy addresses use and disclosure of “protected health information.” Some health records are considered “employment records,” which are exempt from the privacy rule. In determining whether health information is protected, the focus is on how the information is obtained, not the nature of the information. Therefore, information obtained by us in our role as “employer” is generally not considered protected health information. For example, if you submit health records for the purpose of FMLA leave certification or workers’ compensation benefits or short-term disability, these records are employment records, not Protected Health Information. Please note, however, that employment records may be subject to other laws regarding use and disclosure.

This notice will tell you about the ways in which we may use and disclose health information about you. It also describes our obligations and your rights regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information obtained and created by the Plan that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

Other Health Care Providers, Insurance Companies, and Third Party Administrators

Your personal health care provider may have different policies or notices regarding its use and disclosure of your health information created in the health care provider's office or clinic. Certain group health plan benefits may be provided by a policy of insurance or are administered by a Third Party Administrator [TPA]. In that case, the health insurance company or TPA may develop and distribute a Notice of Privacy Practices describing how it will use and disclose health information. The use and disclosure of PHI by those entities is governed by their Privacy Practices, instead of this Notice.

How We May Use And Disclose Health Information About You

The following categories describe different ways that we use and disclose PHI without a written authorization from you. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose health information about you to facilitate health treatment or services by providers.

For Payment. We may use and disclose health information about you to determine 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 Plan coverage. For example, we may tell your health care provider about your health history to determine whether or a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share health information with a utilization review or pre-certification service provider. Likewise, we may share health information with another entity to assist with the administration of subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose health information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use health information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for health review, legal services, audit services, and fraud and abuse detection programs; business planning and

developing such as cost management; and business management and general Plan administrative activities.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law. For example, we may disclose health information when required by a court order in a litigation proceeding.

To Avert A Serious Threat To Health Or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

To Communicate With Business Associates. Some services are provided to the Plan through contracts with business associates. We may disclose your PHI to our business associates so that they can perform a service for the Plan, such as accounting, billing, or legal services. To protect your PHI, we require business associates to appropriately safeguard your information.

Special Situations

Disclosure To Health Plan Sponsor. Information may be disclosed to another health plan maintained by the County of Montcalm for purposes of facilitating claim payments under that plan. In addition, PHI may be disclosed to the County of Montcalm personnel solely for purposes of administering benefits under the Plan.

Disclosure to Spouse, Family Member, or Personal Friend. Information may be disclosed to a spouse, family member, or personal friend if that person is:

- (1) your parent, and you are a minor child;
- (2) your personal representative, in which case the PHI may be released by following the procedure for “Verification of Identity of Those Requesting Protected PHI”; or
- (3) the covered employee (the principal insured), and you participate in the Plan as the dependent of the covered employee, and the covered employee contacts the Plan to discuss payment related to your health care. The Plan may disclose PHI directly relevant to the covered employee’s involvement with your case or payment where the Plan determines that it is in your best interest to allow the covered employee to act on your behalf. The Plan will not disclose PHI to your spouse or parent who *is not a covered employee* unless your spouse or parent is also your personal representative.

You may revoke the Plan’s authority to disclose PHI pursuant to (2) or (3) above by filing a written request to restrict disclosure. All other requests from spouses, family members, and friends must be authorized by you pursuant to the procedures for “Disclosures Pursuant to Individual Authorization.”

Organ And Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military And Veterans. If you are a member of the Armed Forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI to a government agency for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Health-Related Benefits or Services. We may use PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.

Lawsuits And Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;

- About criminal conduct at a hospital; and
- In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners, and Funeral Directors. We may release PHI to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses Permitted by HIPAA. We will use PHI in any manner permitted by HIPAA regulations that are too detailed to recite in this Notice and in any manner permitted by HIPAA regulations as they may be amended in the future.

Your Rights Regarding your PHI

Following are your rights regarding PHI we maintain about you. To make any of the requests listed below, or to obtain a paper copy of this notice, send a written request to the County Controller, County of Montcalm, P O Box 368, Stanton MI 48888.

Right To Inspect And Copy. You have the right to inspect and copy PHI that may be used to make decisions about your Plan benefits. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

Right To Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. You must provide a reason that supports your request and submit your request in writing to the County Controller.

We 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, we may deny your request if you ask us to amend information that:

- Is not part of the PHI kept by or for the Plan;

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right To An Accounting Of Disclosures. You have the right to request an “accounting of disclosures” where such disclosures was made for any purpose other than treatment, payment, or health care operations or for certain governmental functions, pursuant to your authorization or directly to you.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2004. 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 lists, we may charge you for the costs of providing the list. We 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.

Right To Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example disclosures to your spouse. We are not required to agree to your request. If we agree to your request we will comply with the restriction until it is terminated by either you or us. We will not agree to restrictions on uses or disclosures that are legally required, that are necessary to operate the County’s business, or that are burdensome.

Right To Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. A request for confidential communication must be in writing and include a statement that disclosure of all or part of the information will endanger you.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right To A Paper Copy Of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.montcalm.org.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as of the date of the amendment as well as any information we receive after the change. We will post a copy of the current notice on the County website and mail a copy to your address of record. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Personnel Officer at 989-831-7398. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide authorization for us to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the health care coverage that we provide to you.