

## **NORTHEAST PENNSYLVANIA SCHOOL DISTRICTS HEALTH TRUST** **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.**

### **Effective Date of this Notice: April 1, 2018**

This Notice applies to the privacy practices of the Plan of Benefits ("Plan") of the Northeast Pennsylvania School Districts Health Trust ("Trust"). Your employer or former employer participates in the Trust, which is run by Trustees who are appointed by the participating public school entities and labor organizations. The Trustees administer the Plan, which includes programs for providing health care, prescription drug, dental and vision benefits to the individuals enrolled in these programs.

The Plan is required by federal law to take reasonable steps to ensure the privacy of health information that personally identifies you and is transmitted by it or included in its records. This information is referred to as "Protected Health Information" or "PHI."

This Notice does not apply to information that has been de-identified, meaning information that does not identify an individual and with respect to which there is no reasonable basis to believe the information can be used to identify an individual.

For purposes of this Notice, entities or individuals who perform services, functions or activities on behalf of the Plan involving the handling of PHI are called "Business Associates." Business Associates include third party administrators, auditors, attorneys, consultants and physicians.

The purpose of this Notice is to inform you of:

- The Plan's uses and disclosures of your PHI;
- Your privacy rights with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Plan's privacy practices.

**The Plan has designated the Trust Privacy Official, Danielle J. Grella, and the Trust HIPAA Assistant, Michelle Savakinas, 38 Gateway Shopping Center, Edwardsville PA 18704 1-570-718-0353, as the contact persons for all issues and questions regarding patient privacy and your privacy rights. You may contact these persons at (570) 718-0353, 38 Gateway Shopping Center, Edwardsville, PA 18704.**

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee and if access is denied, you will be advised of appeal rights.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days, or in some cases, within 90 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request (unless you paid for the services in question in full), and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your PHI for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- We retain discretion to deny access to your PHI by a personal representative to provide protection to vulnerable individuals who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.*

*We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**Psychotherapy notes** – these are notes about your conversations with your mental health professional during a counseling session. Subject to specific exceptions found in the law, we will not use or disclose such notes without your written authorization.

In the following cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures – Your Consent or Authorization Not Required**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We may use health information about you to develop better services for you or to project future benefit costs.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We may share information with a treating doctor about your coverage or we may use your health information to determine your claim to a Plan benefit.*

### **Administer your plan**

We may disclose your health information to the Trust's Board of Trustees for plan administration.

The Plan may provide "summary health information" to the Board of Trustees so that they may solicit premium bids from health plans for providing health insurance coverage offered under the Plan, or to modify, amend or terminate the Plan.

"Summary health information" summarizes the claims history, claims expenses or types of claims experienced by individuals enrolled in the Plan and is stripped of direct identifying information.

The Plan also may disclose to the Board of Trustees information on whether you are participating in or are enrolled in programs in the Plan.

*Example: We provide the Trustees with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Compliance with other laws that protect certain health information**

We also follow other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. For example, if we have HIV or substance abuse information, with a few exceptions, we may not release it without special, signed written permission. In some situations, the law also requires written permission before we use or release information concerning mental health or intellectual disabilities and certain other information.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- If a breach occurs that may have compromised the privacy or security of your information, we will notify you promptly, as required by law or as we otherwise deem appropriate.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.