

City of Waterbury & Waterbury Board of Education Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO DESCRIBES THE CITY OF WATERBURY'S OBLIGATIONS AND YOUR RIGHTS REGARDING THE USE AND DISCLOSURE OF PERSONALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Privacy Pledge and Your Rights under HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirements with respect to all health information created, received, or maintained by the City of Waterbury and Waterbury Board of Education in supporting the healthcare operations of its health and welfare plan.

This notice describes the City's health information privacy policy with respect to your Medical, Prescription Drug, Dental, Vision, EAP and FSA benefits. The City of Waterbury understands that your protected health information (PHI) is personal and confidential, and we are committed to protecting that confidentiality. In the course of administering the City of Waterbury's health and welfare benefit plan, the City of Waterbury creates records for administrative purposes. This notice applies to all of the PHI that the City maintains as well as describes the practices that any third party is held accountable for that assist in the administration of these plans.

The privacy policy protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- 1.) Make sure that health information that identifies you is kept private;
- 2.) Give you this notice of the City's legal duties and privacy practices with respect to health information about you;
- 3.) Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Your PHI

The City of Waterbury is permitted to use and/or disclose PHI in several different ways as follows:

- **For Treatment.** We may use and/or disclose your PHI to providers of health care for treatment of the individual to whom the PHI pertains. For example, if you are unable to provide your medical history as a result of an accident, the City may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** We may use and/or disclose your PHI 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. We may share PHI with a utilization review or pre-certification service provider as well as with any other entity to assist with the

adjudication or subrogation of health claims or to coordinate benefit payments.

- **For Health Care Operations.** We may use and/or disclose your PHI for other plan operations that are necessary to operate the plan. Permissible uses of medical information include:
 - 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 medical review, legal services, audit services, and fraud and abuse detection programs;
 - Business planning and development such as cost containment management; and
 - Business management and general plan administrative activities.

For example, the plan may use and/or disclose your PHI to refer you to a disease management programs, project future benefit costs or audit the accuracy of its claims processing functions.

- **As Required by Law.** We will use and/or disclose your PHI when required to do so by federal, state or local law. For example, we may use and/or disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.
- **To Avert a Serious Threat to Public Health or Safety.** We may use an/or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public. However, any use and/or disclosure would be made only to someone able to help prevent the threat. For example, we may use and/or disclose your PHI in a proceeding regarding the licensure of a physician.

Special Situations

Disclosure to Health Plan Sponsor. PHI may be used and/or disclosed to another health plan maintained by the City of Waterbury for purposes of facilitating claims payments under that plan as well as for purposes of administering benefits under the plan.

Workers' Compensation. We may use and/or disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may use and/or disclose your PHI for public health activities which may 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 people of recalls of products they may be using;
- 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 make this disclosure only if you agree or when required or authorized by law.

Health Oversight Activities. We may use and/or disclose your PHI to a health oversight agency for activities authorized by law and are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. Examples of these oversight activities include, but are not limited to, audits; civil, administrative or criminal investigations; inspections; licensure and disciplinary actions (for example, to investigate complaints against providers).

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may use and/or disclose your PHI in response to a court or administrative order. We also may use and/or 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 inform you about the request or to obtain an order protecting the information requested.

Law Enforcement. In the following situations, we may use and/or disclose your 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; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may use and/or disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also use and/or disclose your PHI to funeral directors as permitted and consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

Organ and Tissue Donation. If you are an organ donor, we may use and/or disclose your 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 or transplantation.

Military and Veterans. If you are a member of the armed forces, we may use and/or disclose your PHI as required by military command authorities. We may also use and/or disclose your PHI as required by military command authority.

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

Your Rights Regarding Medical Information About You

You have the following rights regarding PHI that the City of Waterbury maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and/or copy your PHI that may be used to make decisions about your plan benefits by submitting your request in writing to the Privacy Officer at the address noted below. The City of Waterbury and Waterbury Board of Education may charge a nominal fee for copying, mailing or supplies associated with your request. The requested information will be provided within 30 days if the information is maintained onsite and 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. The City of Waterbury may deny your request to inspect and/or copy in certain very limited circumstances. If you are denied access to your PHI, you may request that denial be reviewed by the Privacy Officer.
- **Right to Amend.** If you feel that the PHI the City of Waterbury has about you is incorrect or incomplete, you may ask to amend it. You have the right to request an amendment for as long as the information is kept by or for the plan. To request an amendment, your request must be made in writing and include a reason that supports your request. Requests for amendment must be submitted to the Privacy Officer at the address noted below.

The City of Waterbury 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 the City;
- Is not part of the information you would be permitted to inspect and/or copy; or
- Is accurate and complete.

The City has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the City is unable to comply with the deadline. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

- **Right to an Accounting of Disclosures.** You have the right to request a list of when the City of Waterbury has used and/or disclosed your PHI for any purpose other than for treatment, payment or health care operations. To request this list of disclosures, you must submit your request in writing to the Privacy Officer at the address noted below. Your request must state a time period (which may not be longer than six years) and may not include dates before April 2003. 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. You may be charged for the costs associated with providing any additional lists. The City of Waterbury will notify you of the cost involved. You may withdraw or modify your request before any costs are incurred. If the list of uses and/or disclosures 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.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI the City of Waterbury uses and/or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we use and/or disclose about you to someone who is involved in your care (such as a family member or friend) or the payment for your care. For example, you could ask that the City of Waterbury not use and/or disclose PHI about a surgery you had. However, the City of Waterbury is not required to agree to your request. To request restrictions, you must make your request in writing to the Privacy Officer at the address noted below. Your request must include:
 - What information you want to limit;
 - Whether you want to limit our use, disclosure or both; and
 - To whom you want the limits to apply (for example, disclosures to your spouse).
- **Right to Request Confidential Communications.** You have the right to request that the City of Waterbury communicate with you about medical matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. For example, you may ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address noted below. You are not required to provide a reason for your request. The City of Waterbury will accommodate all reasonable requests.

Changes to This Notice

The City of Waterbury reserves the right to change this notice and to make the revised or changed notice effective for PHI we already have about you, as well as any information we receive in the future. The City of Waterbury will distribute said revised notice to all impacted members as well as maintain a copy of the privacy notice in the City of Waterbury's Personnel Department.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the plan or with the Office of Civil Rights at the following address:

Office of Civil Rights
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building – Room 1875
Boston, MA 02203
Phone Number: (617) 565-1340
Fax Number: (617) 565-3809
TDD: (617) 565-1343

To file a complaint with the plan, contact the Privacy Officer at the address noted below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and/or disclosures of PHI not covered by this notice or the laws that apply to the City of Waterbury will be made only with your written permission. If you provide the City of Waterbury with permission to use and/or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the City of Waterbury will no longer use and/or disclose your PHI for the reasons covered by your written authorization. It is important to note that the City of Waterbury is unable to revoke any disclosures that have already been made with your permission, and that we are required to retain your PHI for our records.

Privacy Officer

Mr. Ron Frost
Privacy Officer
Department of Education
Chase Municipal Building
236 Grand Street
Waterbury, CT. 06702
(203) 573-6659

Mr. Peter Abare-Brown
Privacy Officer
City of Waterbury
Chase Municipal Building
236 Grand Street
Waterbury, CT. 06702
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Effective Date of This Notice

This Notice is effective March 15, 2008.