

**TOWN OF STONINGTON/  
STONINGTON BOARD OF EDUCATION**

**(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)**

**HIPAA EMPLOYEE PRIVACY NOTICE**

**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.**

**BACKGROUND**

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 requirement with respect to all health information created, received, or maintained by the Town of Stonington's Blue Cross/Blue Shield group health plans (the "Plan"), as sponsored by the Town of Stonington/Stonington Board of Education (the "Town/BOE").

The Town/BOE needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Town/BOE's health information privacy policy with respect to your Medical, Prescription Drug, Dental, Vision, and/or Health benefits. The notice tells you the ways the Town/BOE may use and disclose health information about you, describes your rights, and the obligations the Town/BOE has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

**TOWN OF STONINGTON/STONINGTON BOE'S PLEDGE REGARDING HEALTH INFORMATION PRIVACY**

The privacy policy and practices of the Town/BOE protects confidential health information that identifies you or could be used to identify you as it relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). PHI is protected health information gathered from your health benefit plan; it is not health information received from workers compensation claims, life insurance documents or disability documents. 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. The Town/BOE does not store PHI electronically.

**THE PLAN'S DUTY**

**The Plan's Duty to Safeguard Your Protected Health Information.**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you

in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on a website maintained by the Town of Stonington/BOE that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

## **SAFEGUARD OF PROTECTED HEALTH INFORMATION**

The Town of Stonington /Stonington BOE will develop and maintain reasonable and appropriate administrative, technical and physical safeguards, as required by Social Security Act §1173(d) and 45 Code of Federal Regulations §164.530(c) and as required by the HITECH Act, to ensure and to protect against reasonably anticipated threats or hazards to the security or integrity of health information, to protect against reasonably anticipated unauthorized use or disclosure of health information, and to reasonably safeguard Protected Health Information from any intentional or unintentional use or disclosure.

The Town/BOE will also develop and use appropriate administrative, physical and technical safeguards to preserve the availability of electronic Protected Health Information, in addition to preserving the integrity and confidentiality of such Protected Health Information.

## **HOW THE TOWN/BOE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following are the different ways the Town/BOE may use and disclose your PHI:

- **For Treatment.** The Town/BOE may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Town/BOE may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Town/BOE may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Town/BOE's terms. For example, the Town/BOE may receive and maintain information about surgery you received to enable the Town/BOE to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Town/BOE may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Town/BOE's participants receive their health benefits. For example, the Town/BOE may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Town/BOE may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine PHI about many Plan participants and disclose it to the Town in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from PHI disclosed to the Town so it may be used without the Town learning who the specific participants are.
- **To the Town/BOE.** The Plan may disclose your PHI to designated Town personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Plan Administrators or designee ("the Plan Administrator") – see list below for plan administrators. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your PHI:
  - o May not be disclosed by the Plan to any other Town/BOE employee or department and
  - o Will not be used by the Town/BOE for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Town/BOE.
- **To a Business Associate.** Certain services are provided to the Town/BOE by third party administrator known as "business associates." For example, the third party administrator may input information about your PHI into an electronic claims processing system maintained by the

Town/BOE's business associate so your claim may be paid. In so doing, the Town/BOE will disclose your PHI to its business associate so it can perform its claims payment function. However, the Town/BOE will require its business associates, through contract, to appropriately safeguard your PHI.

- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Town/BOE may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Town/BOE may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Town/BOE will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

### **SPECIAL USE AND DISCLOSURE SITUATIONS**

The Town/BOE may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Town/BOE may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Town/BOE may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Town/BOE may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Town/BOE may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Town/BOE may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Town/BOE may disclose your PHI for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Town/BOE may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Town/BOE may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Town/BOE may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Town/BOE may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funerals Directors.** The Town/BOE may release your PHI

to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Town/BOE may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Your rights regarding the health information the Town/BOE maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. (Form A)

To inspect and copy PHI maintained by the Town/BOE, submit your request in writing to the Plan Administrator. The Town/BOE may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Town/BOE may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that the PHI the Town/BOE has about you is incorrect or incomplete, you may ask the Town/BOE to amend it. You have the right to request an amendment for as long as the information is kept by or for the Town/BOE. (Form B).

To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Town/BOE may deny your request if you ask the Town/BOE to amend PHI that was: accurate and complete, not created by the Town/BOE; not part of the PHI kept by or for the Town/BOE; or not information that you would be permitted to inspect and copy.

- **Right to An Accounting of Disclosures.** You have the right to request an accounting of disclosures." This is a list of disclosures of your PHI that the Town/BOE has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations. (Form A).

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

- **Right to Request Restrictions.** You have the right to request a restriction on the PHI the Town/BOE uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI the Town/BOE discloses 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 the Town/BOE not use or disclose information about a surgery you had. (Form C)

To request restrictions; make your request in writing to the Plan Administrator. You must advise us:

- o what information you want to limit;
- o whether you want to limit the Town/BOE's use, disclosure, or both; and
- o to whom you want the limit(s) to apply.

**Note: The Town/BOE is not required to agree to your request.**

- **Right to Request Confidential Communications.** You have the right to request that the Town/BOE communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Town/BOE send you explanation of benefits (EOB) forms about your benefit claims to a specified address. (Form A)

To request confidential communications, make your request in writing to the Plan Administrator. The Town/BOE will make every attempt to 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 write to the Plan Administrator to request a written copy of this notice at any time.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Other uses and disclosures of PHI not covered by this notice or by the laws that apply to the Town/BOE will be made only with your written authorization. (Form E) If you authorize the Town/BOE to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Town/BOE will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Town/BOE will not reverse any uses or disclosures already made in reliance on your prior authorization.

## **CHANGES TO THIS NOTICE**

The Town/BOE reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Town/BOE already has about you, as well as any information the Town/BOE receives in the future. The Town/BOE will post a copy of the current notice in the Town/BOE 's Benefits Office at all times.

## **NOTIFICATION OF BREACH OF HEALTH INFORMATION**

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

## **COMPLAINTS: You will not be penalized or retaliated against for filing a complaint. All complaints must be in writing.**

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Town or BOE Privacy Officer at the address listed under Contact Information. To file a complaint, use Form D.

Alternatively, you may file a complaint in writing to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, Government Center, J.F. Kennedy Federal Building – Rm 1875, Boston MA 02203.

Telephone: 617-565-1340

Fax: 617-565-3809

TDD: 617-565-1343

## **CONTACT INFORMATION**

**Town:** If you have any questions about this notice, please contact the Plan Administrator: HR Coordinator, Dept. of Administrative Services, 860-535-5000.

**If you have a complaint or concern,** please contact the Privacy Official: Finance Director, Town of Stonington, 152 Elm Street, Stonington, CT 06378. Telephone: 860-535-5070

**BOE:** If you have any questions about this notice, please contact the Plan Administrator: HR/ Benefits Coordinator, 860-572-0506 **If you have a complaint or concern,** please contact the Privacy Official: School Finance Manager, Stonington Public Schools, 49 North Stonington Road, Old Mystic, CT 06372. Telephone: 860-572-0506