

City of Waco
Notice of Individual Privacy Rights *
under Title II of the Health Insurance Portability and Accountability Act of 1996
(HIPAA),
Standards for Privacy of Individually Identifiable Health Information

The City of Waco protects the confidentiality of your personal health information as required by law. If you have questions about this notice, please contact our Privacy Officer, Gary Urban and 750-5732.

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.

Our Duties

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice but reserve the right to change the terms of the notice and to make the new notice provisions effective for all protected health information we maintain. If we change the terms of the notice, we will provide you with a copy of the revised notice by letter and posting. The effective date of this notice is April 14, 2003. This notice will remain in effect until replaced or amended.

Your Protected Information

In order to conduct operations, our designated agents or we, collect, create and/or use different types of information. This may include information about you such as your name, address, age, health status, medical or psychological conditions, and information about dependents. Some of this information may qualify as *protected health information*. Our use or disclosure of *protected health information* may be restricted or limited by law. *Protected health information* means individually identifiable health information that is transmitted by electronic media, maintained in electronic or computer format, or transmitted or maintained in any other form or medium. *Protected health information* does not include certain educational or employment records.

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Karger Key Barnes & Lynn, PC

Permitted Uses and Disclosures of Your Protected Information

For Payment – Our designated agents or we may use and disclose information about you in managing your health care. This may include such functions as premium payment activities, reimbursing health care providers for services, determining eligibility or coverage of an individual, performing coordination of benefits, adjudicating claims, health care data processing including claims management, collection activities, obtaining payments under a reinsurance contract, medical necessity reviews, and/or utilization review activities.

For Health Care Operations – Our designated agents or we may use and disclose information about you for health care operations. This may include information about you needed to review the quality of care and services you receive, to provide case management or care coordination services, provide treatment alternatives or other health-related benefits and services, and/or to perform audits, ratings, and forecasts (as limited by HIPAA standards).

For Treatment – Our designated agents or we may use and disclose information about you for treatment purposes. This may include information about you needed for the provision, coordination, or management of health care and related services.

As Permitted or Required by Law – **Information about you may be used or disclosed to regulatory agencies, for administrative or judicial proceedings, for health oversight activities, to law enforcement officials when required to comply with a court order or subpoena, and/or as authorized by and to the extent necessary to comply with workers' compensation laws.**

Public Health Activities – Information about you may be used or disclosed to a public health authority for the purposes of preventing or controlling disease, injury or disability, reporting child abuse or neglect, and/or to assist the Food and Drug Administration in tracking products and defects/problems as well as enabling product recalls and conducting post marketing activities. Information about you may also be used or disclosed if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Abuse, Neglect or Domestic Violence – To the extent required or authorized by law, or with your consent, protected information about you may be disclosed to an appropriate government authority if we reasonably believe you are the victim of abuse, neglect, or domestic violence.

In the Event of Death – In the event of your death, our designated agents or we may disclose your protected information to coroners, medical examiners and/or funeral directors as necessary to carry out their duties.

Organ Transplant – Our agents or we may use or disclose your protected information to organ procurement organizations or related entities for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research Purposes -- Our agents or we may use or disclose your protected information for research provided we first obtain an authorization or waiver from you and representations from the researcher limiting the uses and protecting the privacy of your information.

Correctional Institutions – Our agents or we may use or disclose your protected information to a correctional/custodial institution or appropriate law enforcement official if you are an inmate and the disclosure is necessary for your health care and the health and safety of you, other inmates, officers or institution employees.

Business Associates – Where it is necessary to help carry out our health care function, we may disclose your information to a business associate and/or allow the business associate to create or receive protected health information on our behalf. In most situations, we must first obtain satisfactory written assurances that the business associate will appropriately safeguard the information. No such assurances are required, however, where disclosure is made to your health care provider for treatment purposes.

Minimum Disclosure Required – When using, disclosing or requesting your information, we are normally required to make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. This limitation does not apply in situations involving disclosures to you or made pursuant to your authorization, to a health care provider for treatment, to the Secretary of Health and Human Services for HIPAA compliance and enforcement purposes, or as otherwise required by law.

Authorization – Other uses and disclosures of protected health information will be made only with your written permission, unless otherwise permitted or required by law. You may revoke, in writing, any such authorization unless we have taken action in reliance on your authorization or it was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

***To Employer* –Our designated agents or we may disclose your information to your employer to conduct an evaluation relating to medical surveillance of the workplace, to evaluate whether you have a work-related illness, to record such illness or injury as required by law. Prior to disclosing this information to your employer, we must give you written notice at the time the health care is provided or, if the health care is provided at the work site, prominently post the notice at that location.**

Informational Contact – We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Plan Sponsor – We may disclose protected information to the Plan Sponsor only in the form of de-identified summary information and to record enrollments and dis-enrollments.

Availability of Notice on Our Website

This notice is prominently posted on our website and is available electronically through our website.

Your Rights

Under the regulations effective April 14, 2003, you will have the right to:

- ◆ Send us a written request to see or get a copy of the protected health information that we have about you.
- ◆ Request an amendment to your personal information that you believe is incomplete or inaccurate. The request must be in writing and provide a reason to support the proposed amendment.
- ◆ Request in writing additional restrictions on uses or disclosures of your protected health information to carry out treatment, payment, or health care operations. However, we are not required to agree to these requests.
- ◆ Receive an accounting of our disclosures of your protected health information in writing, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting.
- ◆ Receive a paper copy of this notice upon request.
- ◆ You cannot be forced to waive your rights established by the privacy regulations.
- ◆ Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address. **(Applies to Health Care Provider)**
- ◆ Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address, if communication to your home could endanger you. **(Applies to Health Plan)**

Complaints

If you believe your HIPAA privacy rights have been violated, you have the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or Gary Urban, Risk Manager, 300 Austin Avenue, Waco, Texas, 76702-2570, (254) 750-5732, HIPAA Privacy Officer. The complaint should be in writing, either on paper or electronically, and generally describe the acts or omissions believed to be in violation of your rights. You will not be retaliated against for filing a complaint.

Further Information

If you need further information, please contact our HIPAA Contact Office, Employee Health Services, 215 West Waco Drive, Waco, Texas, 76702-2570, (254) 750-7041.

This Notice becomes effective April 14, 2003

ADDENDUM

City of Waco, Notice of Individual Privacy Rights

From this day forward “Our Duties” of the Notice of Individual Privacy Rights will include the following:

Detailed large claim health information received from health care vendors will only be viewed by individuals in the following positions: Benefits Administrator, Human Resources Director, Benefits Agents and Advisors, Risk Manager, and the Assistant City Attorney assigned to Human Resources. These employees have a legitimate business need to view this information in order to consider alternate health insurance funding options for the city.

EXECUTED THIS 28th DAY OF September, 2004.

Gary J. Urban, Risk Manager, HIPAA Privacy Officer

**ACKNOWLEDGEMENT OF RECEIPT OF
CITY OF WACO'S NOTICE OF INDIVIDUAL PRIVACY RIGHTS***

I, _____ [PRINT NAME], acknowledge that I have been given a copy of the City of Waco's Notice of Individual Privacy Rights and advised to review the Notice carefully. **By signing this acknowledgement, you are simply indicating that you have received this notice of privacy practices. You are neither creating nor waiving any rights.**

Signature:

Print Name:

Date

Employee Number: _____

FOR INTERNAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

If the City of Waco is not successful in securing a signed receipt, the Privacy Officer or other appropriate person should describe the good faith efforts to obtain the acknowledgment and the reason(s) why it was not obtained:

Signature:

[NAME & TITLE]

Date

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