

SCHOOL DISTRICT OF BLACK RIVER FALLS

523.5 Exhibit

NOTICE OF HIPAA PRIVACY AND SECURITY PRACTICES

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information, as well as its security when stored or transmitted electronically. In addition, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and its regulations impose additional requirements. The information protected by these laws and regulations, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan—whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the Flexible Spending Account plan (Plan) sponsored by the School District of Black River Falls (Plan Sponsor). If you participate in other health plans offered through the Plan Sponsor, you will receive a notice directly from them.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy and security of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. The Plan is required to follow the terms of the notice that is currently in effect. The Plan is also required to notify you following a breach of your unsecured protected health information.

It is important to note that these rules apply to the Plan, not the School District of Black River Falls as an employer—that is the way the HIPAA rules work. Different policies may apply to other School District of Black River Falls programs or to data unrelated to the health plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share health information

about you with physicians who are treating you.

- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations and reviewing services to determine eligibility for reimbursement under the Plan. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.
- **Health care operations** include uses and disclosures of PHI that are necessary to run the plan and contact you when necessary. This may include the use of PHI for quality assessment and improvement activities, customer service, internal grievance resolution, and planning and development. For example, the Plan may use information about your claims to review the effectiveness of the Plan and to develop better services for Plan members. If the plan uses or discloses protected health information for underwriting purposes, it is prohibited from using or disclosing protected health information that is genetic information for those purposes.

The amount of health information used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. In addition, in certain circumstances state law may impose restrictions on the use and disclosure of your health information that are more stringent than the restrictions imposed by HIPAA. The Plan will comply with any state law requirements that are more stringent than HIPAA’s requirements.

How the Plan may share your health information with the School District of Black River Falls

The Plan is sponsored by the School District of Black River Falls, and certain employees of the school district may assist with the administration of the Plan. The Plan may disclose to the School District of Black River Falls the following health information without your written authorization:

- The Plan may disclose “summary health information” to the School District of Black River Falls if requested, for purposes of obtaining bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.
- The Plan may disclose to the School District of Black River Falls information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an option offered by the Plan.

In addition, the Plan may disclose your PHI without your written authorization to the School District of Black River Falls for plan administration purposes, if the School District of Black River Falls meets certain requirements under HIPAA, including amending the Plan document to allow for such disclosures, certifying to the Plan that it has made and will abide by those amendments, and establishing a firewall between those employees who have access to PHI and those who do not.

The School District of Black River Falls cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by the School District of Black River Falls from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example, if you are not present or if you are incapacitated). In addition, your health information may be disclosed to any personal or legal representative designated by you in writing.

The Plan may contract with individuals or entities known as Business Associates to perform various functions on its behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with the Plan to implement appropriate safeguards regarding your protected health information. For example, the Plan may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services to the Plan, but only after the Business Associate enters into a Business Associate contract with the Plan.

The Plan is also allowed to use or disclose your health information without your written authorization for uses and disclosures required by law, for public health activities, and other specified situations, including:

- Disclosures to Workers' Compensation or similar legal programs, as authorized by and necessary to comply with such laws
- Disclosures related to situations involving threats to personal or public health or safety, such as disclosures 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; or to notify the appropriate government authority if we believe that 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)
- Disclosures related to situations involving judicial proceedings or law enforcement activity
- Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
- Disclosures related to organ, eye or tissue donation, and transplantation after death
- Disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances by researchers regarding necessity of using your health information and treatment of the information during a research project

- Certain disclosures related to health oversight activities, specialized government or military functions and Health and Human Services investigations or audits

Except as described in this notice, other uses and disclosures will be made only with your written authorization. Your authorization would be required for any use or disclosure that would constitute a sale of your protected health information. Your authorization is also required for most uses and disclosures of psychotherapy notes and uses and disclosures for marketing purposes. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the "Contact" section of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death - or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

Except for requests to restrict disclosure for payment and health care operations where the health care provider has been paid out of pocket in full, the Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you. This right may be conditioned on you providing an alternative address or other method of contact and, when appropriate, on you providing information on how payment, if any, will be handled.

Right to inspect and copy your protected health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “Designated Record Set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If you want to exercise this right, your request to the Plan must be in writing.

If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. If the Plan denies your request, you have the right to file a statement of disagreement and any future disclosures of the disputed information will include your statement.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the “Other allowable uses or disclosures of your health information” section of this notice, unless otherwise indicated below. You may be entitled to an accounting of disclosures that the Plan should not have made without authorization.

You may receive information on disclosures of your health information going back for six years from the date of your request. You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or

- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. Also, if your request pertains to any records that are part of an electronic health record, the types of disclosures that may be listed in the accounting and the timeframe for the accounting may vary from that described above based on regulations issued under the HITECH Act.

If you want to exercise this right, your request to the Plan must be in writing. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

If the Plan doesn’t maintain the list of disclosures of your health information but knows where it is maintained, you will be informed of where to direct your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy and Security Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time by contacting the Director of Business Services.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy and Security Notice currently in effect. This notice takes effect on September 23, 2013. However, the Plan reserves the right to change the terms of its privacy and security policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If material changes are made to the Plan’s privacy and security policies described in this notice, you will be provided with a revised Privacy and Security Notice from the Director of Business Services, as required by law. New employees who are entitled to a copy of this Privacy and Security Notice will receive a copy of the current version from the Director of Business Services.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, please contact the Director of Business Services at 284-4357.

Contact

For more information on the Plan’s privacy and security policies or your rights under HIPAA, contact the Director of Business Services at 284-4357.

APPROVED: May 17, 2004
 March 23, 2007
 September 23, 2013