

City of Mesa Health Plan

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

The City of Mesa Health Plan (self-insured group health plan, which includes Medical and Dental Benefits, Utilization Management, Claims Administration, Pharmacy Benefit Management, Flexible Spending Account Administration, and COBRA Benefit Administration as sponsored by the City of Mesa) (hereinafter referred to as the “Plan”), is required by law to maintain the privacy of your protected health information (“PHI”), to give you this notice of the Plan’s legal duties and privacy practices regarding health information about you, and to follow the terms of the notice currently in effect.

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act (HIPAA). You may find these regulations at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice summarizes key points in the regulations. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from other fully-insured group health benefit plans offered by the City of Mesa. Each of these notices will describe your rights as it pertains to that plan and in compliance with HIPAA.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan, to receive complaints, and to answer any questions about this Notice. The Privacy Officer may be contacted at:

Privacy Officer
Employee Benefits Administration
20 E. Main Street
Suite 600
Mesa, AZ 85201
Phone: (480) 644-2299 Fax: (480) 644-4548

What is PHI?

PHI is health information, including demographic information collected from an individual, that is created or received by a health care provider, health plan, employer, or health care clearing house that relates to the past, present, or future physical or mental health or condition of an individual, or the past, present, or future payment for the provision of health care to an individual, that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and that is transmitted by electronic media, maintained in electronic media or transmitted or maintained in any other form or medium. PHI is not individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g, or employment records held by a covered entity in its role as employer (i.e. FMLA, Workers' Compensation, or Department of Transportation exam records).

How the Plan/Plan Sponsor (i.e. City of Mesa) May Use and Disclose Your PHI Without Your Authorization

For Treatment. Your PHI may be used or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, the name of your treating primary care physician may be disclosed to a treating specialist so that the specialist may ask for your x-ray results.

For Payment. We may use or disclose your PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may tell your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

For Health Care Operations. Your PHI may be used as necessary to support the day-to-day activities and management of the Plan. For example, your information may be used to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.

To the Plan Sponsor. The Plan may disclose your PHI to the Plan Sponsor for purposes of treatment, payment or health care operations.

For Law Enforcement Purposes. Your PHI may be disclosed to law enforcement agencies or governmental agencies to comply with legally required or government-mandated reporting.

For Public Health, Abuse or Neglect, and Health Oversight. Your PHI may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. Or, we may be required to alert a person who may have been exposed to a disease or at risk for contacting or spreading a disease.

Other Authorizations Required by Law. Your PHI may also be used or disclosed for other authorizations required by law, including: legal proceedings and law enforcement; workers' compensation; PHI related to inmates; certain approved research purposes; organ donation; for

military, national security and intelligence activities; to our Business Associates; for use by coroners, medical examiners, and funeral directors; and any other reason such a use or disclosure would be required by law.

Use of Genetic Information Prohibited. If the Plan intends to use or disclose your PHI for underwriting purposes, the Plan is prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

Additional Uses of PHI

The Plan/Plan Sponsor may use and disclose PHI to contact you to remind you that you have an appointment. We may also use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Uses and Disclosures that Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Internal City Departments. Your PHI may be automatically disclosed to internal departments as described below. If you disagree with this automatic disclosure, contact the Privacy Officer to request that such disclosure not occur without your written authorization:

- Payroll, Human Resources, Benefits and other appropriate departments upon your death or injury/illness supporting a need for short- or long-term disability or time off under the Family Medical Leave Act.
- Safety Services/Workers' Compensation in the event of a work-related injury.

Fundraising. You will be notified if the Plan intends to send fundraising communications to you. You have the right to opt out of such fundraising communications with each solicitation. Please contact the Privacy Officer if you wish to opt out.

Uses and Disclosures of PHI that Require Your Authorization

Disclosure of your PHI or its use for any purpose other than those listed in this Notice requires your specific written authorization, including disclosure of most psychotherapy notes, use of your PHI for marketing purposes (including subsidized treatment communications), and the sale of your PHI. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Your Individual Rights

You have the following rights regarding PHI we have about you:

Request Restrictions on PHI Uses and Disclosures. You have the right to request in writing restrictions on the use and disclosure of your PHI. For example, you could request that we not share information about a particular diagnosis with your spouse. We are not required to grant your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and the information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree with your request, we will comply unless the information is needed to provide you with emergency treatment or your request would interfere with the Plan’s ability to pay a claim.

Inspect and Copy Your PHI. You have the right to inspect and copy your PHI, excluding psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; information used for quality control or peer review analysis and not used to make decisions about you; or as otherwise prohibited under federal law. Requests to inspect and obtain a copy of your PHI should be submitted in writing to the Privacy Officer listed in this Notice. In most cases, the Plan will provide the requested access within thirty (30) days of receipt of a request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. The Plan will notify you in writing if an extension is necessary.

Amend Your PHI. You have the right to request in writing that the Plan amend your PHI. Requests to amend your PHI should be submitted in writing to the Privacy Officer listed in this Notice. We must act on your request for an amendment no later than sixty (60) days after receipt of the request.

Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or by phone at work. To request confidential communications, submit your request in writing to the Privacy Officer listed in this Notice. Your request must specify how or where you wish to be contacted. We will accommodate your reasonable requests.

Accounting Disclosures. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, health care operations or for which you provided written authorization. Please submit your request in writing to the Privacy Officer listed in this Notice. The Plan will respond and provide the accounting within sixty (60) days of receipt of the request. The plan is allowed an additional thirty (30) days to respond if it cannot respond within the initial timeframe. The Plan will notify you of any delay and the reason for such delay. The Plan will charge a reasonable, cost-based fee for more than one accounting within a twelve-month period.

Electronic or Paper Copy. You have the right to obtain an electronic or paper copy of this Notice of Privacy Practices. Please submit your request for either to the Privacy Officer listed in this notice.

Notification of a Breach. You have the right to be notified upon a breach of your unsecured PHI.

Our Duties to You

The Plan is required by law to:

- Maintain the privacy of you PHI;
- Give you this notice of our legal duties and privacy practices regarding your PHI;
- Follow the terms of this Notice that is currently in effect.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in federal and state laws and regulations. We will provide you with a revised Notice of Privacy Practices upon any changes or modifications by posting the revised notice on the City's website: www.mesaaz.gov/benefits. Revised notices will also be provided upon written request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed in this Notice. The Plan will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.