Notice Of Privacy Practices

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.

This Notice of Privacy Practices (“Notice”) applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by Palisades School District to its employees, its employee’s dependents and, as applicable, retired employees. This Notice describes how Palisades School District may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the Group Health Plan **or we will post the revised notice on our website and provide a copy of the revised notice as required by the HIPAA privacy regulations**. Copies of our current Notice may be obtained by contacting Palisades School District at the telephone number or address below, or on our Web site at [www.palisadessd.org](http://www.palisadessd.org) under Administration/Business Office.

**DEFINITIONS**

**Group Health Plan** means, for purposes of this Notice, the following employee benefits that we provide to our employees, employee dependents and, as applicable, retired employees: health, dental, vision, flexible spending, prescription drug and employee assistance program.

**Protected Health Information (“PHI”)** means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

**Your Authorization –** Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

**Uses and Disclosures for Payment** – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

**Disclosures to Plan Sponsor -- We may disclose your PHI to designated personnel at the plan sponsor so that the plan sponsor can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Group Health Plan. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law.**

**Unless authorized by you in writing, your health information:**

1. **May not be disclosed by us to any other employee or department of the Plan Sponsor, and**
2. **Will not be used by the Plan Sponsor for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by the Plan Sponsor.**

**Uses and Disclosures for Health Care Operations** – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan. However, we will not use your genetic information for underwriting purposes.

**Family and Friends Involved in Your Care –** If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

**Business Associates –** At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

**Other Products and Services –** We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

**Other Uses and Disclosures –** We may make certain other uses and disclosures of your PHI without your authorization.

1. We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
2. We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations
3. We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
4. We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
5. We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
6. We may disclose your PHI to the proper authorities for law enforcement purposes.
7. We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
8. We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
9. We may use or disclose your PHI for research purposes, but only as permitted by law.
10. We may use or disclose PHI to avert a serious threat to health or safety.
11. We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
12. We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
13. We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

**Breach of Unsecured PHI**

You must be notified in the event of a breach of unsecured PHI. A “breach” is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 **calendar** days after the discovery of the breach.

**RIGHTS THAT YOU HAVE**

**Access to Your PHI –** You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets, including your PHI maintained in an electronic format. If your PHI is available in an electronic format, you may request access electronically and that this be transmitted directly to someone you designate. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from Palisades School District at the address below. We may charge you **a reasonable cost-based** fee **which may include labor for copying the PHI requested, mailing, supplies for creating the paper copy or electronic copy (if requested) and for preparing an explanation or summary of the PHI, if agreed upon.**

**Amendments to Your PHI** – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

**Accounting for Disclosures of Your PHI –** You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. You may not request a time period longer than six years (three years in the case of a disclosure involving an electronic health record). Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your PHI –** You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

**Request for Confidential Communications –** You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

**Right to a Copy of the Notice –** You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below **even if you have agreed to receive the Notice electronically**.

**Personal Representatives -- You have the right to request that we disclose your PHI to your personal representative, or that a personal representative may exercise your rights. A personal representative is a person who, under applicable state law, has the authority to act on your behalf in making decisions related to health care. A personal representative will be required to provide documentation of his or her authority to act on your behalf. We will make sure that this person has this authority and can act on your behalf before taking any action. We may elect not to treat a person as your personal representative if (1) we reasonably believe that you have been or may be subject to domestic violence, abuse, or neglect by such person, or that treating such person as your personal representative could endanger you; or (2) we, using professional judgment, decide that it is not in your best interest to treat the person as your personal representative.**

**Complaints –** If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services **Office for Civil Rights at 200 Independence Avenue, S.W.,** Washington, D.C. **20201 or calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/** within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact Palisades School District’s Privacy Officer by writing to: Palisades School District, Attn: Payroll and Benefits Department, 39 Thomas Free Drive, Kintnersville, PA 18930 or by calling the Benefits Department at 610-847-5131 or faxing to 610-847-8116.

**EFFECTIVE DATE**

This Notice is effective November 17, 2016.