



City of Middletown

RISK MANAGER

245 DeKoven Drive Middletown, CT 06457

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Notice Date: August 20, 2013

To: All Employees Covered by the City of Middletown's or The Middletown Public Schools' Group Health Plan

Re: REVISED NOTICE OF PRIVACY PRACTICES

Attached you will find a revised Notice of Privacy Practices, which now includes the following statements, as required by the U.S. Department of Health & Human Services (HHS).

- Individuals will be notified upon a breach of unsecured PHI (protected health information).
- Written authorization is generally required for uses or disclosures for marketing purposes and the sale of PHI, as well as for most disclosures of psychotherapy notes (if applicable).
- The use or disclosure of genetic information PHI for underwriting purposes is prohibited
- Individuals may opt-out of fundraising communications (if applicable).

This notice will also be posted to the following websites...

www.cityofmiddletown.com, Department "**Risk Management**", [Employee and Retiree Health Benefits, Other Plan Information and Notices](#)

www.middletownschoools.org, Department "**Human Resources**", [Insurance & Benefits](#)

NOTICE OF PRIVACY PRACTICES UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The City of Middletown Group Benefit Plans (the "Plans") are required by federal law, specifically the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, to protect the privacy of your personal health information and to provide you with notice of their legal duties and privacy practices (the "Notice") under HIPAA.

This Notice explains:

- How the Plans may use and disclose your personal health information (called "Protected Health Information" or "PHI") and their legal duties with respect to such information
- Your rights regarding this information

Protected Health Information ("PHI")

Under HIPAA, PHI is defined as confidential, personal, individually identifiable health information that is transmitted or maintained in any form, which is collected from you or created or received by a health plan, provider, health care clearinghouse or your employer on behalf of a group health plan that relates to (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

"Identifiable" means that a person accessing this information could identify the individual or could reasonably use it to identify an individual.

Some examples of PHI include health care claim forms, detailed claim reports, explanations of benefits and notes documenting discussions with plan participants.

How the Plans May Use Your Information

The Plans are permitted by HIPAA privacy regulations to use and disclose your PHI in order to administer the Plans (as described below) without your authorization:

For treatment. The Plans may use and disclose your PHI to coordinate or manage health care services you receive from providers. For example, so that your treatment and care are coordinated, case managers from your insurance provider may discuss your condition with your physician. Or, our benefits administrator may contact your physician concerning potential drug interactions or the availability of generic or formulary alternatives.

Please note, however, that disclosure of psychotherapy notes beyond the treating therapist generally requires your specific authorization.

For payment. The Plans may use and disclose your PHI to determine plan eligibility and responsibility for coverage and benefits and to facilitate payment for the treatment and services you receive from health care providers. For example, to make sure that you receive the correct benefits and claims are paid accurately, the Plans may use your information when the Plans confer with other health plans to resolve a coordination of benefits issue. The Plans may also use your PHI for utilization review and case management activities.

For operation and administration of the Plans. The Plans may use your PHI in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used to ensure quality and efficient plan operations, for example, to assist in the evaluation of a vendor who supports the Plans.

The Plans may also disclose your PHI to The Segal Company, the City's health benefits consultant (on behalf of the plan sponsor) and/or in the case of the Middletown Public Schools, to Lindberg & Ripple, as their health benefits consultant (on behalf of the plan sponsor), in connection with these activities. Both The Segal Company and Lindberg & Ripple have designated a limited number of employees who are the only ones permitted to access and use your PHI for the above purposes of treatment, payment and operation and administration of the Plan. When appropriate, the Plans may share two types of PHI with other Company employees:

- Enrollment/disenrollment data - information on whether you participate in the health plan or whether you have enrolled or disenrolled from a plan option (for example, an HMO)
- De-identified Summary Health Information - summaries of claims from which names and other identifying information have been removed. Summary information may be used by the Company for obtaining premium bids or modifying, amending or terminating the Plans. The Company agrees not to use or disclose your PHI for employment-related actions, such as hiring or termination, or for any other purposes not authorized by the HIPAA privacy regulations.

If you are covered under an insured health plan (such as an HMO), the insurer will provide you with its own Notice of Privacy Practices.

Other Permitted Uses and Disclosures

Federal regulations allow the Plans to use and disclose your PHI, without your authorization, for several additional purposes, in accordance with law:

- For reporting and notification of potential physical abuse, neglect or domestic violence to an appropriate government authority
- For public health and safety
- For oversight activities of a health oversight agency
- For judicial and administrative proceedings
- When requested by law enforcement officials
- When requested by a coroner or medical examiner
- When requested by certain organ, eye or tissue donation programs

- To avert a serious threat to health or safety
- When requested by specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)
- For workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness
- As otherwise required or permitted by law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law
- If the Plans use or disclose PHI for underwriting purposes, the Plans will not use or disclose for that purpose PHI that includes your genetic information. Also, any entity covered by the HIPAA privacy rules (such as a business associate of the Plans or a provider) must comply with an individual's request that a specific health care item or service not be disclosed to the Plans, even for payment or health care management, if the individual or other person outside the Plans has paid the full amount due.

Required Uses and Disclosures

Upon your request, the Plans are required to give you access to your PHI in order to inspect and copy it. You may always request and receive a copy of health information that is maintained as an Electronic Health Record (as defined by the HIPAA rules).

You may also have an Electronic Health Record sent to another entity or person, so long as the request is clear, conspicuous, and specific and made in writing. The Plans are also required to use and disclose your PHI when requested by the Secretary of the Department of Health and Human Services to investigate or determine the Plans' compliance with the privacy regulations.

In Special Situations...

The Plans may disclose your PHI to a family member, relative, close personal friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care. The Plans also may use your PHI to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death.

If you are incapacitated and there is an emergency or you otherwise do not have the opportunity to agree to or object to this use or disclosure, the Plans will do what in their judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

The Plans will make other uses and disclosures only after you authorize them in writing, by law including those pertaining to the uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information unless otherwise required. You may revoke your authorization in writing at any time. Any revocation you make will not affect information that was used or disclosed prior to revocation. With only limited exceptions, we will send all mail to

the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plans, and includes mail with information on the use of benefits under the Plans by the employee's spouse and other family members.

If a person covered under the Plans has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Your Rights Regarding Protected Health Information

You have the right to:

- Inspect and copy certain PHI used to make decisions about your health care benefits
- Request that inaccurate information be amended or corrected
- Receive a paper copy of this notice, even if you agreed to receive it electronically
- Receive an accounting of certain disclosures of your PHI made by us (as described on the previous page under "Other Permitted Uses and Disclosures") and a written access report that indicates who has accessed electronic protected health information maintained by the Plans.

However, you are not entitled to an accounting of several types of disclosures including, but not limited to: Disclosures made for payment, treatment or operation and administration of the Plans; Disclosures made to you; Disclosures you authorized in writing; Disclosures made incidental to otherwise permissible disclosures; Disclosures made before April 14, 2003.

In addition, you have other rights stated below.

Right to Request Restrictions You may ask us to restrict how the Plans use and disclose your PHI as the Plans carry out payment, treatment, or health care operation and administration. You may also ask us to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. While the Plans will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, except for a requested restriction which pertains only to a health care item or service for which the individual or other person outside the Plans has paid the full amount due.

Right to be Notified of a Breach of Your Information In the event of a breach of your information as defined under the HIPAA/HITECH Rule, you have a right to be notified of that breach and measures being taken by the plan to mitigate the effect of that breach.

Right to Request Confidential Communications You may request to receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have PHI sent by mail or to an address other than your home. While we are not required to agree to all requests, the Plans will accommodate all reasonable requests for confidential communications. *For more information about exercising these rights, contact the office listed below under "Contacting Us "*

Complaints If you believe that your privacy rights have been violated, you may file a written complaint without fear of reprisal. Direct your complaint to the office listed below under

"Contacting Us" or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201

About this Notice

This Notice is effective on September 23, 2013. The Plan is required to provide you this Notice regarding the Plans' privacy policies and procedures and to abide by the terms of this Notice, as it may be updated from time to time. The Plan reserves the right to change their privacy practices and to apply such changes to all PHI they maintain or receive prior to the date of the change. If the Plan materially change any practices described in this Notice, you will receive a revised version of this Notice by mail.

Contacting Us You may exercise the rights described in this notice by contacting the Privacy Officer identified below, who will provide you with additional information. The contact is:

*Dawn M. Warner
Office of the General Counsel
Risk Management Division
245 DeKoven Drive
Middletown, CT 06457
Telephone: 860-638-4825*

Conclusion The use and disclosure of PHI by the Plans is regulated by HIPAA. This Notice is a summary of these regulations; however, in the event of a discrepancy between the information in this Notice and the regulations, the regulations shall control.