

# HIPAA Notice of Privacy Practices

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.**

**If you have any questions about this Notice, please contact Raymond Ritchie, Chief Operating Officer, Nye County School District at (775) 727-7743.**

**This Notice is effective on October 1, 2013.**

## **OUR COMMITTEMENT REGARDING YOUR PERSONAL HEALTH INFORMATION**

The Nye County School District is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to **Nye County School District, Capitol Administrators, Diversified Dental, Nevada Preferred Providers, First Health Network, and RESTAT** (collectively, the Plans). The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that **Nye County School District** uses and discloses medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. The Plans will not use your PHI or disclose it to others without your authorization, except for the following purposes:

### **FOR PAYMENT**

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be paid out of the Plan.

## FOR TREATMENT

The Plans may disclose your PHI, or your covered dependents' PHI, to a health care provider or administrator for its provision, coordination or management of your health care and related services. For example, prior to providing a health service to you, your doctor may ask the Plans for information concerning whether and when the service was previously provided to you. The Plan may use and disclose your PHI for treatment activities of a health care provider.

## FOR HEALTH CARE OPERATIONS

The Plans may use and disclose your PHI for our health care operations, or the health care operations of a third-party administrator of the plans. For example, the Plans may use PHI to conduct quality assessment and improvement activities. Other health care operations may include providing appointment reminders or sending you information about treatment alternatives or other health-related benefits and services. The Plans may also disclose your PHI to another health plan or provider who has a relationship with you, so that it can conduct quality assessment and improvement activities — for example, to perform case management.

## REGARDING THE DISCLOSURE TO EMPLOYER OR OPERATING COMPANY

The Plans may disclose your PHI to your employer, or to a company acting on your employer's behalf, so that it can monitor, audit and otherwise administer the employee health benefits plan in which you participate. The **Nye County School District** is not permitted to use PHI for any purpose other than administration of your health, dental, vision, and EAP benefits. The Plans will not disclose PHI to your employer for the purposes of employment-related actions or decisions or in connection with any other benefit or employee benefits plan of your employer. The **Nye County School District Health Plan, Capitol Administrators, Diversified Dental, Nevada Preferred Providers, First Health Network, and Restat** (collectively, the Plans), contain(s) additional information and will identify employees who are authorized to receive and use PHI.

## REGARDING THE DISCLOSURE TO HEALTH CARE VENDORS AND ACCREDITATION ORGANIZATIONS

The Plans may disclose your PHI to companies with whom we contract, if they need it to perform services we have requested. For example, the Plan may provide PHI to vendors who provide important information and guidance to plan members with chronic conditions such as diabetes and asthma. PHI may be disclosed to accreditation organizations such as the **National Committee for Quality Assurance** (NCQA) for quality measurement purposes. When the Plans enter into these arrangements, the Plans obtain a written agreement to protect your PHI.

## FOR PUBLIC HEALTH ACTIVITIES

The Plans may disclose your PHI for the following public health activities and purposes:

- a. To report health information to public health authorities that are authorized by law to receive such information for the purpose of controlling disease, injury or disability.
- b. To report child abuse or neglect to a government authority that is authorized by law to receive such reports.
- c. To report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity.
- d. To alert a person who may have been exposed to a communicable disease, if the Plans are authorized by law to give this Notice.

## REGARDING HEALTH OVERSIGHT ACTIVITIES

The Plans may disclose your PHI to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefits programs, such as Medicare or Medicaid, or other regulatory programs that need health information to determine compliance.

## FOR RESEARCH

The Plans may disclose your PHI for medical research purposes, subject to strict legal restrictions.

## TO COMPLY WITH THE LAW

The Plans may use and disclose your PHI to comply with the law.

### **Judicial and Administrative Proceedings**

The Plans may disclose your PHI in a judicial or administrative proceeding or in response to a legal order.

### **Law Enforcement Officials**

The Plans may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

## FOR THE HEALTH AND SAFETY OF THE GENERAL PUBLIC

The Plans may disclose your PHI to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the general public.

## REGARDING VARIOUS GOVERNMENT FUNCTIONS

The Plans may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State.

## FOR WORKERS' COMPENSATION

The Plans may disclose your PHI when necessary to comply with workers' compensation laws.

## OTHER

The Plans may disclose your PHI when necessary to file claims with reinsurers or stop-loss carriers or to obtain coverage with reinsurers or stop-loss carriers. The Plans may also disclose your PHI to subrogation vendors to recoup payments made by the Plans that were reimbursed by other insurance arrangements.

## USES AND DISCLOSURES WITH YOUR WRITTEN CONSENT

The Plans will not use or disclose your PHI for any purpose other than the purposes described in this Notice without your written authorization. For example, the Plans will not supply PHI to another company for its marketing purposes or to a potential employer with whom you are seeking employment without your signed authorization. You may revoke an authorization that you previously have given by sending a written request to our office, but not with respect to any actions the Plans have already taken.

## DISCLOSURE TO OTHERS INVOLVED IN YOUR CARE

The Plans may disclose PHI about you to a relative, a friend, the subscriber of your benefits or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with knowledge of your PHI, we may confirm PHI or answer questions. You have the right to stop or limit this type of disclosure by completing the appropriate form from your human resources manager. If you are a minor, you may also have the right to block parental access to your PHI in certain circumstances, if permitted by state law.

**You have the following individual rights regarding medical information we maintain about you:**

**Right to request additional restrictions.** You may request restrictions on our use and disclosure of your PHI for the treatment, payment and health care operations purposes explained in this Notice. Although the Plans will consider all requests for restrictions carefully, the Plans are not required to agree to a requested restriction. To request restrictions, you must make your request in writing to **Capitol Administrators, Inc., 2920 Prospect Park Dr. Suite #210, Rancho Cordova, CA 95670**. In your request, you must tell us a) what information you want to limit; b) whether you want to limit our use, disclosure or both; and c) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to receive confidential communications.** You may ask to receive communications of your PHI from the Plans by alternative means of communication or at alternative locations. Although the Plans will consider reasonable requests carefully, the Plans are not required to agree to all requests. To request confidential communications, you must make your request in writing to **Capitol Administrators, Inc., 2920 Prospect Park Dr. Suite #210, Rancho Cordova, CA 95670**. Your request must specify how or where you wish to be contacted.

**Right to inspect and copy your protected health information.** You may ask to inspect or to obtain a copy of your PHI that is included in certain records the Plans maintain. Under limited circumstances, the Plans may deny you access to a portion of your records. If you request copies, The Plans may charge you for copying and mailing costs. In addition you may obtain a copy of this Notice at our website <http://www.nye.k12.nv.us/>. To obtain a paper copy of this Notice, send your request to **Nye County School District, 484 S. West Street, Pahrump, Nevada 89048**.

**Right to amend your records.** You have the right to ask The Plans to amend your PHI that is contained in the Plans records. If the Plans determine that the record is inaccurate, and the law permits the Plans to amend it, the Plans will correct it. If your doctor or another person created the information that you want to change, you should ask that person to amend the information. To request an amendment, your request must be made in writing and submitted to **Capitol Administrators, Inc., 2920 Prospect Park Dr. Suite #210, Rancho Cordova, CA 95670**. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept the Plan Administrator.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to receive and accounting of disclosures.** On request, you may obtain an accounting of disclosures the Plans have made of your PHI. The accounting that the Plans provide will not include disclosures made before April 14, 2003; disclosures made for treatment, payment or health care operations; disclosures made earlier than six years before the date of your request; and certain other disclosures that are excepted by law. If you request an accounting more than once during any 12-month period, the Plans will charge you a reasonable fee for each accounting statement after the first one.

**Right to receive paper copy of this Notice.** You may contact your human resources manager to obtain a paper copy of this Notice, even if you previously agreed to receive this Notice electronically.

If you wish to make any of the requests listed above under “Individual Rights,” you must complete and mail us the appropriate form. To obtain the form please contact your human resources manager. Forms should be mailed to the address printed on the forms. After the Plans receive your signed, completed form, the Plans will respond to your request.

**For more information or complaints.** If you want more information about your privacy rights, do not understand your privacy rights, are concerned that the Plans have violated your privacy rights or disagree with a decision that the Plans made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the **Secretary of the U.S. Department of Health and Human Services**. Please contact our Privacy Office to obtain the correct address for the Secretary. We will not take any action against you if you file a complaint with the Secretary or with the Plans.

You may contact our office at:

**Capitol Administrators, Inc., 2920 Prospect Park Dr. Suite #210, Rancho Cordova, CA 95670 Toll Free: 800-654-6701 Fax: 916-669-0576**

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.