

NOTICE OF PRIVACY POLICY & PRACTICES OF THE WILLIAMSON COUNTY HEALTH BENEFIT PLAN

**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.**

**Effective: April 21, 2004
Revisions effective: February 17, 2010**

If you have any questions or requests, please contact:

**Ms. Gina Cavanaugh
Privacy Officer
Williamson County Benefits Administration
1320 West Main Street, Ste. 204B
Franklin, Tennessee 37064**

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A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

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We are required to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

Please be advised that in most cases we do not collect any PHI concerning you. In most instances we collect demographic and enrollment data concerning you and transmit the same to our contracted administrators, health insurers, or health maintenance organizations. This type of information is not considered PHI.

However, we sometimes collect PHI concerning claims for short term disability benefits and to assist in denied claim appeals. In these cases, this PHI will be covered by this privacy policy and statement of practices.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices; and
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice).

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B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

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1. We may use and disclose PHI about you to provide health care treatment to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your other health plan(s), if any, and your health care providers. Sharing information allows us to ask for coverage under your other plans or policies and for approval of payment before services are provided. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Attorneys, and others who recover claims paid on our behalf;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus).

3. We may use and disclose your PHI for health care operations.

We may use and disclose PHI in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for “health care operations” include the following:

- Reviewing and improving the quality, efficiency and cost of the health benefits that we provide to you and our other employees. For example, we may use PHI about you to develop ways to assist our contracted health

insurers and administrators and staff in deciding what medical treatment should be provided to others.

- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the National Committee for Quality Assurance (NCQA).
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Planning for our organization's future operations, and fundraising for the benefit of our organization.
- Conducting business management and general administrative activities related to our organization and the services it provides, including providing info.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.

4. We may use and disclose PHI under other circumstances without your authorization.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain

circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of this Notice.

6. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

7. We may not disclose your PHI to persons involving in making decisions concerning your employment.

We will keep your PHI in a locked file cabinet to which only persons with access are those within the Benefits Administration department determined to require such access. We will not disclose your PHI to anyone else within Williamson County Government for any reason, unless specifically authorized by you. We may destroy your PHI, without notice, when we no longer need to maintain such (i.e., your claim appeal is fully, and finally adjudicated; you return to work and/or short term disability benefits are exhausted).

8. We may not receive remuneration in exchange for your PHI.

We will not solicit or receive any remuneration in exchange for your PHI unless you expressly authorized us to do so or unless such is otherwise permitted by law. We will

not utilize your PHI in marketing efforts unless such communications are explicitly permitted by law.

**** ANY OTHER USE OR DISCLOSURE OF PHI ****
**** ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

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C. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

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1. You have the right to request restrictions on uses and disclosures of PHI about you.

We will limit disclosure, use and requests of PHI, to the extent practicable, to a limited data set or to the minimum amount necessary to accomplish the intended purpose of such use, disclosure, or request. However, you have the right to request that we restrict the use and disclosure of PHI about you. We must comply with your requested restriction if, except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. Otherwise, we are not required to agree to your requested restrictions. Even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at work or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 115, Franklin, Tennessee 37064.

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of PHI contained in our records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by writing to Privacy Officer, Williamson

County Benefits Administration, 1320 West Main Street, Ste. 115, Franklin, Tennessee 37064.

4. You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to the PHI in our records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not PHI or part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 115, Franklin, Tennessee 37064.

5. You have the right to a listing of disclosures we have made.

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.4 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064. We will provide a copy of this Notice no later than the date you are first eligible to receive benefits from us, or as soon as practicable thereafter.

7. You have the right to receive notification of certain breaches.

In the case of a breach of PHI, we shall notify you in the event we reasonably believe that your PHI has been accessed, acquired or disclosed as a result of such breach and we reasonably believe that such breach poses a significant risk of financial, reputational, or other harm to you. All notifications required under this paragraph shall be made without unreasonable delay and in no case later than sixty (60) calendar days after the discovery of a breach.

You are entitled to receive such notice in the following form: (1) written notification by first-class mail at your last known address, or, if you specify as a preference, by electronic mail; (2) in the case in which there is insufficient, or out-of-date contact information (including a phone number, email address, or any other form of appropriate communication) that precludes direct written notification to the you, you shall be provided a substitute form of notice, including, a conspicuous posting on the home page of the our web site or notice in major print or broadcast media. Such a notice in media or web posting will include a toll-free phone number where you can learn whether or not your unsecured PHI is possibly included in a breach; (3) in urgent circumstances, we, in addition to written notification, may provide you information by telephone or other means, as appropriate. We shall also provide notice to prominent media outlets following the discovery of a breach involving unsecured PHI of more than 500 covered individuals.

Regardless of the method by which notice is provided to you, you are entitled to a notification including, to the extent possible, the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (2) a description of the types of unsecured PHI that were involved in the breach (such as your name, Social Security number, date of birth, home address, account number, or disability code); (3) the steps you should take to protect yourself from potential harm resulting from the breach; (4) a brief description of what we are doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and (5) contact procedures for you to ask

questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address. We shall also provide notice to the Secretary of the Department of Health and Human Services of any breach that requires us to notify you pursuant to this paragraph.

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D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

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If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact the person listed below:

Ms. Gina Cavanaugh
Privacy Officer
Williamson County Benefits Administration
1320 West Main Street, Ste. 204B
Franklin, Tennessee 37064

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

As part of the Plan's duties under the Privacy Rule the Benefits Department will investigate all Complaints, and other information brought to the attention of the Plan in which the disclosures, procedures, or other rights set forth in this Policy may have been violated. In order that enforcement of the rights and duties set forth herein is effective, remedial measures and corrective action may be initiated by appropriate County personnel concerning any employee's failure to comply with this Policy or the HIPAA Privacy Rule, including, but not limited to, termination of employment.

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E. EFFECTIVE DATE OF THIS NOTICE

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This Notice of Privacy Practices is effective on April 21, 2004.
Revisions to The Notice of Privacy Practices are effective on February 10, 2010.