

STATEMENT OF HIPAA PRIVACY POLICY FOR WILLIAMSON COUNTY GOVERNMENT BENEFITS ADMINISTRATION

Effective: April 4, 2004

Revisions Effective: February 17, 2010

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A. LEGAL DUTY TO PROTECT HEALTH INFORMATION.

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As an employer Williamson County Government (“Employer”) that provides a health benefit plan (“Plan”) is required to protect the privacy of health information about its employees, health benefit plan subscribers, and beneficiaries (“Participants”) that can be individually identified with the subject. This information is known as “protected health information,” or “PHI” for short. The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that covered entities, including health benefit plans, provide notice of their legal duties and privacy practices concerning PHI, which are best summarized as follows:

- Plan will protect PHI that it creates or receives about a Participant’s past, present, or future health condition, health care the Plan provides to the Participant, or payment for a Participant’s health care.
- Plan will notify Participants about how it will protect the Participant’s PHI.
- Plan will explain how, when and why it will use and/or disclose PHI about the Participants.
- Plan may only use and/or disclose PHI as is described in this Statement of HIPAA Privacy Policy.

In most cases Plan does not collect any PHI concerning its Participants. In most instances Plan simply collects demographic and enrollment data concerning the Participants and transmits the same to its contracted administrators, health insurers, or health maintenance organizations. This type of information is not considered PHI.

However, Plan sometimes collects PHI concerning claims for short term disability benefits and to assist and process denied claim appeals. In these cases, this PHI will be covered by this Statement of Privacy Policy.

This Statement describes the types of uses and disclosures that Plan may make. In addition, Plan may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Statement.

The Plan reserves the right to change the terms of this Statement and to make new privacy provisions effective for all PHI that Plan maintains.

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B. USES AND DISCLOSURES OF PHI NOT REQUIRING AUTHORIZATION.

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1. **Plan may use and disclose PHI about Participants to provide health care treatment.** Plan may use and disclose PHI to provide, coordinate or manage health care and related services. This may include communicating with other health care providers regarding treatment and coordinating and managing health care with others.
2. **Plan may use and disclose PHI to obtain payment for services.** Generally, Plan may use and give your medical information to others to bill and collect payment for the treatment and services. Plan may share information about these services with other health plan(s), if any, and health care providers. Plan may also share portions of your medical information with the following:
 - Billing departments;
 - Collection departments or agencies;
 - 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. **Plan may use and disclose PHI for health care operations.** Plan may use and disclose PHI in performing business activities (“health care operations”), allowing Plan to improve the quality of care and reduce health care costs. Examples of PHI uses and disclosures related to “health care operations” include the following:
 - Reviewing and improving the quality, efficiency and cost of the health benefits.
 - 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.
 - Reviewing and evaluating the skills, qualifications, and performance of health care providers.
 - Providing training programs for students, trainees, health care providers or non-health care professionals (e.g., billing clerks or assistants, etc.).

- 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 Plan's activities. For example, PHI may be seen by doctors reviewing the services provided, and by accountants, lawyers, and others who assist Plan in complying with applicable laws.
- Conducting business management and general administrative activities related to Plan organization and the services it provides.
- Resolving grievances.
- Reviewing activities and using or disclosing PHI in the event that we sell the Plan, its property or give control of our business or property to another.
- Complying with this Privacy Statement and with applicable laws.

4. Other circumstances. Plan may use and/or disclose PHI for a number of circumstances without consent, including:

- When the use and/or disclosure is required by law.
- When the use and/or disclosure is necessary for public health activities.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities.
- When the disclosure is for judicial and administrative proceedings.
- When the disclosure is for law enforcement purposes.
- When the use and/or disclosure relates to decedents.
- 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.
- When the use and/or disclosure is to avert a serious threat to health or safety.
- When the use and/or disclosure relates to specialized government functions.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.

5. Participant's right to object to certain uses and disclosures. Unless a Participant objects, in writing, Plan may use or disclose PHI in the following circumstances:

- Plan may share with a family member, relative, friend or other person identified by a Participant, PHI directly related to that person's involvement in Participant's care or payment for Participant's care.

Plan may share with a family member, personal representative or other person responsible for Participant's care PHI necessary to notify such individuals of Participant's location, general condition or death.

- Plan may share with a public or private agency (for example, American Red Cross) PHI about a Participant for disaster relief purposes. Even if the Participant objects, Plan may still share the PHI, if necessary for the emergency circumstances.

Participants who wish to object to Plan's use or disclosure of PHI in the above circumstances, please contact person Gina Cavanaugh, Privacy Officer, Williamson County Benefits Administration.

6. **Plan may contact Participants with information about treatment, services, products or health care providers.** Plan may use and/or disclose PHI to manage or coordinate healthcare, including informing Participants about treatments, services, products and/or other healthcare providers.
7. **Plan may not disclose PHI to persons involving in making decisions concerning employment.** Plan will keep PHI in a locked file cabinet to which only persons with access are those within the Benefits Administration department determined to require such access. Plan will not disclose PHI to anyone else within Williamson County Government for any reason, unless specifically authorized by a Participant. Plan may destroy PHI, without notice, when we no longer need to maintain such (*i.e.*, claim appeal is fully, and finally adjudicated; Participant returns to work and/or short term disability benefits are exhausted).
8. **Plan may not receive remuneration in exchange for Participant PHI.**

The Plan will not solicit or receive any remuneration in exchange for a Participant's PHI unless expressly authorized by the Participant or permitted by the HITECH Act or its accompanying regulations. The Plan also agrees to not utilize PHI in marketing efforts unless such communications are explicitly permitted by law.

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C. ANY OTHER USE OR DISCLOSURE OF PHI REQUIRES YOUR WRITTEN AUTHORIZATION FROM A PARTICIPANT.

Under any circumstances other than those listed above, Plan must ask for the Participant's written authorization before using or disclosing PHI. If the Participant signs a written authorization allowing disclosure, the Participant can later cancel the authorization both orally and in writing. If cancelled in writing, Plan will not disclose PHI after cancellation is received, except for disclosures which were being processed before cancellation was received.

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D. PARTICIPANT RIGHTS REGARDING PHI.
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1. **Participants have the right to request restrictions on uses and disclosures of PHI.** Plan 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, Participant's have the right to request that Plan restrict the use and disclosure of PHI. The Plan must comply with requested restrictions 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, the Plan is not required to agree to requested restrictions. Even if the Plan agrees to requested restrictions, in certain situations 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. Participants may request a restriction by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064.
2. **Participants have the right to request different ways to for Plan to communicate with them.** Participants may request the how and where Plan contacts them about PHI. For example, they may request that Plan contact you at work or by email. Plan must accommodate reasonable requests, but, when appropriate, may condition that accommodation on Participant providing Plan with information regarding how payment, if any, will be handled and specification of an alternative address or other method of contact. Participants may only request alternative communications by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 115, Franklin, Tennessee 37064.
3. **Participants have the right to see and copy their PHI.** Participants have the right to request to see and receive a copy of PHI contained in Plan's records used to make decisions about them. Again, the request must be in writing. Plan may charge Participants related fees. Instead of providing you a full copy of the PHI, Plan may give a summary or explanation of the PHI, if the Participant agrees in advance to the form and cost of the summary or explanation.

There are certain situations in which Plan is not required to comply with a request to see and copy PHI. Plan must communicate such a denial in writing, stating why Plan will not grant the request and describing any rights the Participant may have to request a review of the denial. Participants may request to see and receive a copy of PHI by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064.

- 4. Participants have the right to request amendment of their PHI.** Participants have the right to request that Plan make amendments to the PHI in Plan's records used to make decisions about Participants. As always, the request must be in writing and must explain the reason(s) for the amendment. Plan may deny the request if:
- a) The PHI was not created by Plan (unless Participant can prove the creator of the information is no longer available to amend the record);
 - b) The claimed information is not PHI, or part of the records used to make decisions about the Participant;
 - c) Plan believes the information is correct and complete; or
 - d) Participant would not have the right to see and copy the record as described in paragraph 3 above.

Plan will communicate in writing the reasons for the denial and describe the Participant's rights to insert a written statement disagreeing with the denial. If Plan accepts the request to amend the information, Plan will make reasonable efforts to inform others of the amendment, including persons specified by Participant who have received their PHI and who need the amendment. Participants may request an amendment of your PHI by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064.

- 5. Participants have the right to a listing of disclosures Plan has made.** If requested in writing, Participants may receive a written list of certain of Plan's disclosures of PHI, limited to uses and disclosures for the six (6) years before your request (not including disclosures made prior to April 14, 2003). Plan will maintain a log for all non-routine uses and disclosures that do not involve any of the following:
- Treatment
 - Billing and collection of payment for treatment
 - Health care operations
 - Made to or requested by a Participant, or authorized by a Participant
 - Occurring as a byproduct of permitted uses and disclosures
 - Made to individuals involved in Participant's care (e.g., physicians, hospitals, etc.), 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 is de-individually identifiable (e.g.,, does not contain certain information which would identify a Participant)

The log will include the following elements:

- a. The date of the disclosure;
- b. The name (and address, if available) of the person or organization receiving the information;
- c. A brief description of the PHI disclosed; and
- d. The purpose of the disclosure.

If a Participant requests a list of disclosures more than once in 12 months, Plan can charge the Participant a reasonable fee for such. Participants 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. **Right to a copy of Plan's Privacy Notice, Statement and Practices.** Participants to request a paper copy of Plan's HIPAA Privacy Notice, Statement and Practices at any time by writing to Privacy Officer, Williamson County Benefits Administration, 1320 West Main Street, Ste. 204B, Franklin, Tennessee 37064. Furthermore, Plan provide a copy of the same no later than the date a Participant first becomes eligible to receive benefits, or as soon as practicable thereafter.
7. **Right to File a Complaint.** Participants who think their privacy rights have been violated by Plan, or want to complain about our privacy practices, can contact the person listed below:

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

Participants may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Plan will not take any action against a Participant or change our treatment of them in any way if they file a complaint.

8. **Remedial Measures for Violations of the Privacy Policy or the HIPAA Privacy Rule.** 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.
9. **Right to receive notification of certain breaches.**
In the case of a breach of PHI, the Plan shall notify a Participant in the event it reasonably believes that a Participant's PHI has been accessed, acquired or disclosed as a result of such breach and it reasonably believes that such breach poses a significant risk of financial, reputational, or other harm to a Participant. 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.

Participants are entitled to receive such notice in the following form: (1) written notification by first-class mail at Participant's last known address, or, if Participant specifies 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 other form of appropriate communication) that precludes direct written notification, Participant shall be provided a substitute form of notice, including, a conspicuous posting on the home page of the Plan's 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 Participants can learn whether or not unsecured PHI is possibly included in a breach; (3) in urgent circumstances, the Plan, in addition to written notification, may provide Participants information by telephone or other means, as appropriate. The Plan shall also provide notice to prominent media outlets following the discovery of a breach involving unsecured PHI of more than 500 Participants.

Regardless of the method by which notice is provided to Participants, Participants 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 name, Social Security number, date of birth, home address, account number, or disability code); (3) the steps Participants should take to protect themselves from potential harm resulting from the breach; (4) a brief description of what the Plan is doing to investigate the breach, to mitigate losses, and to protect against any

further breaches; and (5) contact procedures for Participants to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address. The Plan shall also provide notice to the Secretary of the Department of Health and Human Services of any breach that requires Plan to notify Participants pursuant to this paragraph.