

## **HIPAA PRIVACY NOTICE**

**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.**

### **NOTICE OF PRIVACY PRACTICES**

#### **CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION**

This notice is required by law to tell you how the Lafayette Parish School System's Insurance Department (hereinafter referred to as "the Insurance Department") protects the confidentiality of your "Protected Health Information" (PHI) in our possession. "Protected Health Information" is defined as any individually identifiable information regarding a patient's medical history, mental or physical condition, or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment, and claims records. The Insurance Department receives, uses and discloses your PHI to administer your employee insurance benefit plans or as permitted or required by law. Any other disclosure of your PHI is prohibited.

We must follow the privacy practices that are described in this notice; however, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute it to you within sixty (60) days of the change to our practices. You may also request a copy of this notice from the privacy official at the Insurance Department whose name appears in the Contact section at the end of this notice.

#### **Permitted Uses and Disclosures of Your PHI**

We are permitted to use your PHI without your prior authorization for the purposes listed in this section. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. We may provide PHI to any of the companies with which we have an agreement to administer your group health, dental, life, or disability insurance benefits for the purpose of administering those benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. These business affiliates have implemented privacy policies and procedures and comply with applicable federal and state laws.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by governmental agencies,

judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military or veterans activities, for workers' compensation purposes, and for use in creating summary information that can no longer be traced to you.

### **Examples of Uses and Disclosures of Your PHI for Treatment, Payment, or Health Care Operations**

#### *Treatment*

We may disclose PHI to facilitate treatment, such as when your doctor calls to verify your enrollment in the Lafayette Parish School System Group Health Benefits Plan.

#### *Payment*

We may disclose PHI to obtain reimbursement for the health care provided to you, such as providing the school district's reinsurance company with the claims information necessary to secure reimbursement of payments made on your behalf.

#### *Health Care Operations*

We may disclose PHI to obtain the information needed to respond to a patient complaint or to a claim appeal.

### **Disclosures the Insurance Department Must Make, Regardless of Whether or Not We Have an Authorization From You**

We are required to disclose your PHI to you or your authorized personal representative, when required by the U.S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. The Insurance Department must disclose your PHI, even if we have not received your prior authorization, in response to the following:

- ▶ court order;
- ▶ order of a board, commission, or administrative agency for the purposes of adjudication pursuant to its lawful authority;
- ▶ subpoena in a civil action;
- ▶ investigative subpoena of a government board, commission, or agency;
- ▶ subpoena in an arbitration;
- ▶ law enforcement search warrant; or
- ▶ coroner's request during investigations.

### **Disclosures the Insurance Department May Make With Your Authorization**

The Insurance Department will not use or disclose your PHI without your prior authorization in a situation in which the law requires us to secure your authorization first. You can later revoke that

authorization in writing to stop future use and disclosure. The authorization will be obtained from you by the Insurance Department or by a person requesting your PHI from the Insurance Department.

### **Your Rights Regarding PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.** You may access your PHI by contacting the Insurance Department at the address listed below. You must include in your written request (1) your name, address, and telephone number and (2) the PHI you are requesting. The Insurance Department may charge a reasonable fee for providing copies of your PHI. The Insurance Department will only maintain that PHI which we obtain or utilize in providing your health care benefits. You may not inspect or copy the following PHI:

- ▶ psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;
- ▶ information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- ▶ if you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- ▶ protected health information contained in records kept by a federal agency or contractor; or
- ▶ protected health information obtained from someone other than the Insurance Department under a promise of confidentiality, and the access requested would be reasonably likely to reveal the source of the information.

We may also deny a request for access to PHI if a licensed health care professional has determined that the disclosure is reasonably likely to endanger your life or physical safety or that of another person or if the PHI makes reference to another person who may be at risk for substantial harm if the PHI is disclosed.

If we deny a request for access, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

**You have the right to request a restriction of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required to make.

**You have the right to correct or update your PHI.** This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases, we may

deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person or company to amend your PHI. Please contact the Insurance Department at the address below if you have questions about amending your PHI.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.** We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. This right also does not apply to disclosures to persons involved in your care or for other notification purposes as provided by law. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes or for disclosures made prior to April 14, 2003.

**You have the right to request and receive a paper copy of this notice from us.**

### **Complaints**

You may complain to us or to the U.S. Secretary of Health and Human Services if you believe that the Insurance Department has violated your privacy rights. You may file a complaint with us by notifying the Lafayette Parish School System's Risk Manager at the address below. We will not retaliate against you for filing a complaint.

### **Contact**

You may contact the Insurance Department at the address and telephone number listed below for further information about the complaint process or about any of the information contained in this notice.

Attn: Ramona Bernard, Risk Manager  
Insurance Department  
Lafayette Parish School System  
P. O. Drawer 2158  
Lafayette, LA 70502-2158  
Telephone: (337)236-6934

**This notice is effective on and after April 14, 2003.**