

Highland Community College – Notice of Privacy Practices

Effective Date: August 1, 2016

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.

The Highland Community College Group Medical Plan (the “Plan”), which includes medical, flexible spending account, and health savings account coverages offered under the Highland Community College Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA’s privacy rule) to take reasonable steps to ensure the privacy of your personally identifiable health information. This Notice of Privacy Practice is being provided to inform you of the policies and procedures Highland Community College has implemented and your rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of your health information.

Protected health information (or “PHI”) is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

Use and Disclosure of Your Health Information by the Plan that Do Not Require Your Authorization:

The plan may use or disclose your PHI (as defined by HIPAA’s privacy rule) for:

1. ***Payment and Health Care Operations:*** In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits. Your health information may also be used or disclosed in order for the Plan to carry out its own operations regarding the administration of the Plan and provide coverage and services to the Plan’s participants. For example, the Plan may use your health information to support business functions including, but not limited to, quality assessment and improvement, reviewing provider performance, projecting future benefit costs, to determine premiums, and for auditing purposes, business planning and management activities such as planning-related analysis. For example, we may use or disclose your PHI: (i) to provide you with information about one of our

disease management programs; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. ***Disclosure to the Plan Sponsor:*** As required, in order to administer benefits under the Plan or pursuant to an authorization request signed by you.

3. ***Business Associates:*** We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide services, our Business Associates will receive, create, maintain, use, or disclose PHI but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide member service support.

4. ***Requirements of Law:*** When required to do so by any federal, state or local law.

5. ***Health Oversight Activities:*** To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

6. ***Threats to Health or Safety:*** As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to your health or safety or to the health and safety of the public. For example we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability. We also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

7. ***Abuse or Neglect:*** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose your information to a governmental entity authorized to receive such information, if we believe that you have been a victim of abuse, neglect, or domestic violence.

8. Judicial and Administrative Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to you to allow you to raise an objection.

9. Law Enforcement Purposes: To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

10. Coroners, Medical Examiners, or Funeral Directors: For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

11. Organ or Tissue Donation: If you are an organ or tissue donor, for purposes related to that donation.

12. Specified Government Functions: For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

13. Workers' Compensation: As necessary to comply with workers' compensation or other similar programs.

14. Distribution of Health-Related Benefits and Services: To provide information to you on health-related benefits and services that may be of interest to you.

15. Others Involved in your Health Care: *Using our best judgment, we may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care or payment that relates to your care. We may release information to parents or guardians, if allowed by law. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, we may determine whether the disclosure is in your best interest.*

Notice in Case of Breach

Highland Community College is required to maintain the privacy of your PHI; provide you with this notice of its legal duties and privacy practices with respect to PHI; and to notify you of any breach of your PHI.

Use and Disclosure of Your Health Information by the Plan that Does Require Your Authorization: Other than as listed above, the Plan will not use or disclose PHI

without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Your Rights with Respect to Your Health Information

You have the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses and Disclosures

You may request the Plan to restrict uses and disclosures of your health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by you of your own pocket. If you wish to request a restriction, please send it in writing to HIPAA Privacy Officer, at Highland Community College, 2998 West Pearl City Road, Freeport, IL 61032, 815-599-3402.

Right to Inspect and Copy Your Health Information

You may inspect and obtain a copy of your health information the Plan maintains. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer, Highland Community College, 2998 West Pearl City Road, Freeport, IL 61032, 815-599-3402. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Amend Your Health Information

You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, Highland Community College, 2998 West Pearl City Road, Freeport, IL 61032, 815-599-3402. Your request may be denied in whole or part and, if so, the Plan will provide you with a written explanation of the denial.

Right to an Accounting of Disclosures

You may request a list of disclosures made by the Plan of your health information during the six years prior to your request (or

for a specified shorter period of time), however, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which you provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting your HIPAA Privacy Officer, Highland Community College, 2998 West Pearl City Road, Freeport, IL, 61032, 815-599-3402. The accounting will be provided within 60 days from your submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential Communications: You may request that the Plan communicate with you about your health information in a certain way or at a certain location if you feel the disclosure could endanger you. You must provide the request in writing to your HIPAA Privacy Officer, Highland Community College, 2998 West Pearl City Road, Freeport, IL 61032, 815-599-3402. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this Notice: You may request a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. Please contact your HIPAA Privacy Officer, Highland Community College, 2998 West Pearl City Road, Freeport, IL 61032, 815-599-3402 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of your health information as related in this Notice and to provide this Notice to you of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

Complaints and Contact Person: If you wish to exercise your rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, please contact the HIPAA Privacy Officer, Highland Community College, 2998 West Pearl City Road, Freeport, IL 61032, 815-599-3402. You may also file a complaint with the Secretary of Health and Human Services if you believe your privacy rights have been violated.

**Any questions/concerns should be directed to:
Rose Ferguson, HIPAA Privacy Officer, at Highland
Community College, 2998 West Pearl City Road,
Freeport, IL 61032, 815-599-3402.**

Original Notice Effective Date: April 14, 2004

Three-Year Notification Sent: April 5, 2007

Amendments to Notice: 3/07 – Posting placed on G: Drive vs. CougarNet

Three-Year Notification Sent: April 14, 2010

Amendments to Notice: Addition of GINA and HITECH regulations

Three-Year Notification Sent: April 11, 2013

Amendments to Notice: Link to Notice on MyStaffPortal added; and general update of language throughout document, including change in Workers Compensation carrier.

Amendment to Notification Sent: August 27, 2013

Amendment to Notice – The Notice has been updated with the new required breach notice and new language regarding when an authorization is required. The Notice format has been shortened. Amendment posted and provided to all new hires.

Three-Year Notification Sent: August 1, 2016

Amendment to Notice – The Notice has been updated to: include HSA coverage, PHI definition, update language and examples, remove reference to stop-loss insurers, and add business associates, abuse & neglect, and others involved in health care sections.