

# [Notice of Privacy Practices for Participants in the Black Hawk County Group Health Plan](#)

Effective October 21, 2014

## **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.**

**If you have any questions about this notice, please contact Kim Veeder at (319) 833-3011. Black Hawk County's Health Plans are required by law to maintain the privacy of your Health Information and to provide you with this notice of their legal duties and privacy practices with respect to your Health Information and to notify you following a breach of unsecured Health Information. This notice is being issued to comply with the requirements of the Privacy Rules under the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rules").**

### WHO SHOULD READ THIS NOTICE?

This notice is for participants enrolled in the health plans listed below that are sponsored by Black Hawk County and its affiliates.

### WHAT IS HEALTH INFORMATION?

For purposes of this notice, your "Health (or medical) Information" is information that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care furnished to you. It includes genetic information as defined under Title I of the Genetic Information Nondiscrimination Act of 2008.

### WHAT GROUP HEALTH PLANS ARE COVERED BY THIS NOTICE?

The following health plans are covered by this notice (collectively the "Plans"):

#### **Black Hawk County Employee Medical and Prescription Drug Plan**

The term "we," "our" or "us" in this notice refers to the Plans listed above and may include third party administrators and selected Black Hawk County employees, who conduct plan administration functions. The term "you" or "your" refers to employees and dependents who participate in a health plan covered by this notice.

Because insurers of health plans are obligated to send a notice of privacy practices under the HIPAA Privacy Rules, you may also receive a privacy notice from an insurer (such as for the Black Hawk County Employee Medical and Prescription Drug Plan. The insurer's notice will apply only to the plan it insures. This notice will apply for the self-funded health plans sponsored by Black Hawk County listed above.

All of the health plans sponsored by Black Hawk County are part of an organized health care arrangement. This means that these health plans may share your Health Information with each other as needed for the purposes of payment and health care operations, as described in this notice.

### HOW ARE THE PLANS ADMINISTERED?

The Plans do not have employees. Instead, employees of Black Hawk County or third party administrators, retained by Black Hawk County, administer the Plans. For example, PreferredOne Administrative Services and Delta Dental currently are the third party administrators for some of the Plans and administer the Plans in a way similar to the way a health insurance company administers an insured health plan. Each third party administrator has contractually agreed to keep your Health Information confidential, in compliance with HIPAA Privacy Rules. In addition, certain Black Hawk County employees perform administrative services for the Plans. When these employees perform plan administration functions on behalf of the Plans, they keep your Health Information separate and do not share it with other employees within Black Hawk County unless permitted by the HIPAA Privacy Rules.

### HOW MAY YOUR HEALTH INFORMATION BE USED OR DISCLOSED?

The following categories describe the different ways

your Health Information may be used or disclosed. Each permitted use or disclosure falls within one of these categories. However, not every specific use or disclosure permitted in each category is described.

**Payment.** Your Health Information will be used for payment purposes. Payment includes, among other things:

paying claims from providers for any covered treatment and services provided to you; determining disputed claims, eligibility for benefits, coordination of benefits, and cost sharing arrangements; asserting our right to subrogation and reimbursement; examining medical necessity; obtaining payment under stop loss insurance; and conducting utilization review.

We may not however use or disclose any Health Information that is genetic information for underwriting purposes.

#### **Example**

When you obtain a covered health service, your provider may submit Health Information to us, and we may create or access Health Information to arrange payment of the claim.

**Health Care Operations.** Your Health Information may be used to operate and administer the Plans. These operations include, among other things, engaging in care coordination, case management, disease management, risk assessment, premium determination, audit functions, detection of fraud and abuse and quality assessments and improvement activities. We may not however use or disclose any Health Information that is genetic information for underwriting purposes.

#### **Example**

If you are diagnosed with a chronic disease, your Health Information may be used for purposes of disease management. This means you may be contacted by our disease management specialists about possible treatment alternatives.

**Treatment.** Your Health Information may be disclosed to health care providers (doctors, nurses, technicians, dentists, pharmacists, hospitals and other Individuals who are involved in your care) in connection with your treatment.

#### **Example**

Your Health Information may be disclosed to your pharmacist who may request it to coordinate a pending prescription with prior prescriptions.

**Plan Sponsor.** Your Health Information may be disclosed to or used by Black Hawk County for the purpose of conducting plan administration functions, as permitted by the HIPAA Privacy Rules. Black Hawk County will not, however, use or disclose your Health Information created by or received from the Plans for any employment related functions, without your authorization.

**Business Associates.** Third party administrators, auditors, attorneys, consultants and the like ("business associates") will be hired to assist in operating and administering the Plans. Our business associates may use or disclose your Health Information to perform the services for which they have been hired. To protect your Health Information, each business associate must sign a contract limiting its ability to use and disclose Health Information and requiring it to implement appropriate safeguards.

**Communication with You and Your Family.** Generally, Black Hawk County will not discuss your Health Information with you or your family members without a specific signed authorization, unless it relates to basic eligibility or enrollment questions. Rather, inquiries from you or your family members will be directed to PreferredOne Administrative Services or Delta Dental. Unless you object, the third party administrator may disclose your Health Information to a family member, other relative,

person authorized by law, or any other person you identify as involved in your care or the payment related to your care. Only Health Information relevant to that person's involvement in your care or the payment related to your care will be disclosed. You can restrict this disclosure at any time, subject to certain limitations. If you are incapacitated or in the event of an emergency, the third party administrator will exercise professional judgment to determine whether a disclosure of this type is in your best interest.

### Example

The third party administrators for the Plans will communicate with a covered employee about the claims payment information relating to the covered spouse or dependent of such employee, unless the covered spouse or dependent has requested (and the Plan has agreed) that the use or disclosure of such information is restricted.

**Health Education.** Your Health Information may be used to inform you about treatment alternatives or other health related benefits and services that may be of interest to you.

**Judicial or Administrative Proceedings.** Your Health Information may be disclosed in response to a court or administrative order, subpoena, discovery request or other lawful process if certain conditions are met and the required assurances are received.

**As Required by Law.** Your Health Information may be disclosed if such disclosure is required by law (e.g., to federal governmental agencies, such as the Department of Health and Human Services for the purpose of determining compliance with HIPAA Privacy Rules).

**Public Health Activities.** Your Health Information may be disclosed to public health or other appropriate authorities to lessen a serious and imminent threat to the health or safety of you or the public, including abuse of a vulnerable adult or child, subject to certain limitations and conditions.

**Parents of Minors.** Health Information of a minor child, in most cases, will be disclosed to a parent or guardian of that minor, subject to certain limitations

imposed by State law.

**Workers' Compensation.** Your Health Information may be used to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

**Other Permitted Uses and Disclosures.** Your Health Information also may be disclosed to prevent abuse, neglect or domestic violence; for health oversight activities; for the purpose of conducting research; for law enforcement purposes; to coroners, medical examiners or funeral directors; for purposes of organ donations; to avert a serious threat to health or safety and/or for specialized governmental functions.

**Your Authorization.** To use or disclose your Health Information for reasons other than the categories listed above, we must obtain a signed written authorization from you. You may authorize, in writing, the use or disclosure of your Health Information to any person and for any purpose specified in the authorization. You may revoke such authorization in writing at any time, but your revocation will not impact any uses or disclosures that occurred while your authorization was in effect. In certain instances, your employment with Black Hawk County may be conditioned on you signing and not revoking an authorization.

### WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?

This section describes your rights regarding your Health Information. All requests relating to any of the rights described in this section must be made in writing and must be submitted as follows:

For the Black Hawk County Medical and Prescription Drug Plan, submit requests to:

Privacy Officer, Kim Veeder  
316 E 5<sup>th</sup> St.  
Waterloo IA 50703  
(319) 833-3011  
kveeder@co.black-hawk.ia.us

**Right to Access.** You may request to inspect and copy your Health Information. If you request a

copy, we may charge a fee for the costs of copying, mailing or other associated supplies. You will receive written notification if your request is denied. If your Health Information is maintained electronically, you have a right to obtain a copy of it in an electronic format. We will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to determine a mutually agreeable form and format. If we cannot agree on an electronic form and format, you will receive a paper copy. You may also choose to have your Health Information transmitted directly to an entity or person you clearly designate.

**Right to Amend.** If your Health Information is incorrect or incomplete, you may request that it be amended. Your request must include a reason supporting the amendment. You will receive written notification if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended to the Health Information in question.

**Right to an Accounting of Disclosures.** You may request a list of the disclosures of your Health Information, if any, that have been made other than disclosures made to you or authorized by you or for payment or health care operations. Your request must state a time period for which the accounting of disclosures will be provided, not to exceed the preceding six years from the date of the request. If you request a list more than once in a 12 month period, you may be charged a reasonable cost based fee. You will be notified of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions.** You may request a restriction of the Health Information that is disclosed about you to your family members, or for purposes of payment or health care operations. Generally, the Plan is not required to agree to such a restriction. If we do agree to the request, but we were not required to do so, we will abide by your restriction unless we need to use your Health Information to provide emer-

gency treatment. In addition, we may generally elect to terminate the restriction at any time.

Black Hawk County (such as a health care provider) must comply with a requested restriction if the disclosure is to a health plan for purposes of payment or health care operations and the Health Information relates to a health care item or service for which an Individual paid in full out of pocket. For example, if you receive medical care and choose to pay the provider for the entire amount of care in full out of pocket, you can request that the provider not disclose such information to the Plans and the provider must agree to such request.

**Right to Request Confidential Communications.** If disclosure of your Health Information could endanger you, you may request that communication with you about health matters occur by alternative means or at an alternative location. For example, you may request that you only be contacted at work or by mail. Your request must include a statement that use or disclosure may endanger you and specify how or where you wish to be contacted.

**Right to Notification of Breach.** You have a right to receive notice following an unauthorized access, use or disclosure of your PHI if that unauthorized access, use or disclosure is considered a "breach" as defined by the HIPAA Privacy Rules.

**Right to a Paper Copy of This Notice.** This notice is available on our internet website [www.co.black-hawk.ia.us](http://www.co.black-hawk.ia.us).

You may also request a paper copy of this notice at any time by contacting the Black Hawk County Privacy Officer.

**Complaints.** If your privacy rights have been violated, you may file a complaint with the Black Hawk County Privacy Official or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. Complaints must be made in writing and submitted either to:

Black Hawk County  
Attn: Privacy Official  
316 E 5<sup>th</sup> St.  
Waterloo IA 50703