

## City of Mission

### **HIPAA Notice of Privacy Practices for Personal Health Information**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

Dear Employee:

This is your Notice of Privacy Practices from *City of Mission*. Please read it carefully. You have received this notice because of your employee benefits. *City of Mission* strongly believes in protecting the confidentiality and security of information we collect about you. This notice refers to *City of Mission* as “us”, “we”, or “our”.

This notice describes how we protect the Protected Health Information we have about you which relates to your *City of Mission* employee benefits and how we may use and disclose this information. Protected Health Information includes individually identifiable information, which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to your Protected Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (HIPAA). For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact the *Nereyda Peña, Benefits Coordinator* or you may submit questions in writing directly to: *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572.*

We are required by law to:

- Maintain the privacy of your Protected Health Information (PHI);
- Provide you this notice of our legal duties and privacy practices with respect to your PHI, and;
- Follow the terms of this notice.

We protect your PHI from inappropriate use or disclosure. Our employees, and those companies that help us service your employee benefits, are required to comply with our requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer the plans.

We will not disclose your PHI to any other company for their use in marketing their products to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your employee benefits.

The main reasons for which we may use or disclose your PHI are: 1) to assist you in researching medical, dental, flexible spending account, and/or COBRA claims problems; 2) for benefit enrollment purposes and/or 3) for employee benefit plan administration. The following describes these and other possible uses and/or disclosures, together with some examples.

- **For Payment:** We may use and disclose PHI to assist you in researching claims disputes. For example, we may review PHI, at the employee's request, which is contained on claims submitted by medical or dental providers in an effort to verify that the claims were paid correctly.
- **For Health Care Operations:** We may also use and disclose PHI for benefit plan operations. These purposes include evaluating an employee's eligibility and administering the employee benefit plans. We may also disclose PHI to a business associate for benefit plan enrollment purposes. PHI may also be disclosed as part of the benefit plan renewal process so that we can make an informed decision regarding any such prospective changes to benefit plans.
- **Where Required by Law or for Public Health Activities:** We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety:** We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services:** We may use PHI to provide you with information about benefits available to you under your current benefits plans.
- **For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Required as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **Other Uses of PHI:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosures we have already made with authorization.

## EXAMPLES FOR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use or disclosure PHI as permitted or required by law, including, for example:

- To public health authorities for the purposes of preventing or controlling disease or other public health purposes;
- To appropriate government authorities to report about victims of suspected abuse, neglect, or domestic violence;
- To the Food and Drug Administration to report quality, safety, or effectiveness of the FDA-regulated products or activities;
- In certain limited circumstances to an employer such as if we are asked to evaluate or treat a work-related illness or injury;
- To qualified health authorities for purposes of conducting health oversight activities;
- In response to subpoenas, discovery requests, or other lawful legal processes in the course of a judicial or administrative proceeding;
- To law enforcement authorities as required or permitted by law such as, for example, to report a death, to report a crime on our premises, or if it appears necessary to alert law enforcement to respond to an emergency;
- To persons involved with respect to matters pertaining to a decedent, or relating to cadaveric organ, eye or tissue donation;
- In certain instances, for research purposes;
- We may disclose PHI if we believe, in good faith, that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
- We may disclose PHI for certain specialized government functions such as, for example, to Armed Forces Authorities with reference to military personnel or for national security purposes.

Other uses and disclosures will be made only with written authorization, which may be revoked by notifying our Privacy Officer. We may not sell protected health information.

### **Your Rights Regarding Personal Health Information We Maintain About You**

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to us at the location listed in our discussion of that right.

- **Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572*. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. An individual chosen by us who was not involved in the original decision to deny your request will conduct the review. We will comply with the outcome of that review.
- **Right to Amend Your Personal Health Information:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend

your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572*. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- Is accurate and complete;
  - Was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
  - Is not part of the PHI kept by or for us; or
  - Is not part of the PHI that you would be permitted to inspect and copy
- 
- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of PHI about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes or national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572*. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  - **Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care of payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. To request a restriction, you must make your request in writing to *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572*. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both and to whom you want the limits to apply. We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.
  - **Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572* and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
  - **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with [Name of Employer], please forward all correspondence to *City of Mission, Human Resources Department, 1201 E. 8<sup>th</sup> Street, Mission, TX 78572*. All complaints must be submitted in writing. You will not be

penalized for filing a complaint. If you have questions about how to file a complaint, please contact *City of Mission, Human Resources Department, 956-580-8630*.

#### **ADDITIONAL INFORMATION**

**Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. You will receive a copy of any revised notice from *City of Mission* by mail, email, hand delivery or other appropriate means.