

**HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT  
(HIPAA)  
NOTICE OF PRIVACY PRACTICES**

---

**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out payment and health care operations, and for other purposes that are permitted or required by law. It also sets out our legal obligations concerning your protected health information. Additionally, this Notice describes your rights to access and control your protected health information.

This Notice applies only to certain health-related products provided by your Employer (or, if you are a retiree or COBRA participant, your former employer) and administered by third parties. "Health-related products" are individual or group products that provide, or pay the cost of, medical, dental or vision care. It does not apply to certain products (such as life insurance or disability insurance policy) that may involve some use or disclosure of health information, but whose primary function is not the reimbursement of the costs of medical care.

Protected health information 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, 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.

If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact: School Board of Levy County, PO Box 129, 480 Marshburn Drive, Bronson, FL 32621, (352)486-5231.

**OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your protected health information. We are obligated to provide you with a copy of this Notice of our legal duties and our privacy practices with respect to protected health information. And, we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all protected health information that we maintain. If we make a material change to our Notice, we will notify you.

**PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following is a description of how we are most likely to use and/or disclose your protected health information.

**Payment and Health Care Operations**

We have the right to use and disclose your protected health information for all activities that are included within the definitions of "payment" and "health care operations" as set out in 45 C.F.R. 164.501 (this provision is a part of what is known as "the HIPAA Privacy Regulations"). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. 164.501 for a complete list.

- **Payment**

We will use or disclose your protected health information to evaluate plan experience, to determine cost share, or otherwise fulfill our responsibilities for coverage and providing benefits as established under your benefit plan. For example, we may disclose your protected health information when a provider requests information regarding your eligibility for coverage under your health plan, or we may use your information to determine if a treatment that you received was medically necessary.

- **Health Care Operations**

We will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: (i) to provide you with information about a disease management program, (ii) to respond to a customer service inquiry from you, (iii) to review the quality of medical services being provided to you, or (iv) to conduct audits or medical review of claims activity.

- **Business Associates**

We contract with individuals and entities (known as "business associates") to perform various functions on our behalf or to provide certain types of services. Some of the functions they provide are administering claims, member services, utilization

management, subrogation, and pharmacy benefit management. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

- **Plan Sponsor**

We may disclose your protected health information to the plan sponsor of your group health plan.

### **OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information.

#### **Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.

#### **Required by Law**

We may use or disclose your protected health information to the extent that federal, state, or local law requires the use or disclosure. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Regulations.

#### **Public Health Activities**

We may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

#### **Abuse or Neglect**

We may disclose your protected health information 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.

#### **Legal Proceedings**

We may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Regulations.

#### **Law Enforcement**

Under certain conditions, we also may disclose your protected health information to law enforcement officials. Some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (3) it is necessary to provide evidence of a crime that occurred on our premises.

#### **Coroners, Medical Examiners, Funeral Directors, and Organ Donation**

We may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose protected health information to organizations that handle organ, eye or tissue donation and transplantation.

#### **Research**

We may disclose your protected health information to researchers when an institutional review board or privacy board has (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.

#### **To Prevent a Serious Threat to Health or Safety**

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

#### **Military Activity and National Security, Protective Services**

Under certain conditions, we may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military services, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

#### **Workers' Compensation**

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

### **Others Involved in Your Health Care**

Unless you object, we may disclose your protected health information to a friend or family member that you have identified as being involved in your health care. 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 protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

### **Required Disclosures of Your Protected Health Information**

The following is a description of disclosures that we are required by law to make.

#### **Disclosures to the Secretary of the U.S. Department of Health and Human Services**

We are required to disclose your protected health information the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.

#### **Disclosures to You**

We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon your request, an accounting of many disclosures of your protected health information that are for reasons other than payment and health care operations.

### **Other Uses and Disclosures of Your Protected Health Information**

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

### **Your Rights**

The following is a description of your rights with respect to your protected health information.

#### **Right to Request a Restriction**

You have the right to request a restriction on the protected health information we use or disclose about you for payment or health care operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

You must request a restriction in writing. In your request tell us: (1) the information whose disclosure you want to limit and (2) how you want to limit our use and/or disclosure of the information.

#### **Right to Request Confidential Communications**

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you can ask that we only contact you at your work address or via your work e-mail.

You must request a restriction in writing. In your request tell us: (1) the parts of your protected health information that you want us to communicate with you in an alternative manner or at an alternative location and (2) that the disclosure of all or part of the information in a manner inconsistent with your instructions would put you in danger.

#### **Right to Inspect and Copy**

You have the right to inspect and obtain a copy of your protected health information that is contained in a “designated record set.” Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or obtain a copy of psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and obtain a copy of your protected health information that is contained in a designated record set, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

**Right to Amend**

If you believe that your protected health information is incorrect or incomplete, you may request that we amend your information. You must request that we amend your information in writing. Additionally, your request should include the reason the amendment is necessary.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

**Right to an Accounting**

You have a right to an accounting of most disclosures of your protected health information that are for reasons other than payment or health care operations. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You must request an accounting by submitting your request in writing. Your request may be for disclosures made up to 6 years before the date of your request, but in no event, for disclosures made before April 14, 2003. Your first request within a 12-month period will be free. For additional requests, we may charge you for the costs of providing the request. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice, even if you have agreed to accept this Notice electronically.

To fulfill any of the above requests in writing, send a description of your request to: School Board of Levy County, PO. Box 129, Bronson, FL 32621.

**Complaints**

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by writing to School Board of Levy County, PO Box 129, Bronson, FL 32621, ATTN Privacy Officer.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

**Effective Date**

This notice was published and becomes effective on April 1, 2003