

# Notice of Privacy Practices for Protected Health Information for

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Bartow County Schools is the plan sponsor of the plan(s) ("Plan(s)") identified in this Notice of Privacy Practices ("Notice"). This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI"). The Plan(s) is/are required by law to provide you with a copy of this Notice setting forth the Plan's/Plans' legal duties and privacy practices with respect to your protected health information.

## **How Your Protected Health Information Will Be Used**

The Plan(s) has/have the right to use and disclose your protected health information ("PHI") for treatment, payment and health care operations. The Plan(s) may also use or disclose your protected health information without your authorization in certain extraordinary circumstances described in this Notice. For other purpose, you will need to provide written authorization before the Plan(s) use(s) or disclose(s) your protected health information.

## **Your Rights**

You have the right to review and receive a copy of your protected health information, request additional restrictions on the use or disclosure of your information, request that the Plan's confidential communications of your information be sent in an alternative manner or to an alternative location, request that the plan amend your information, receive an accounting of the Plan's disclosure of your information and get a paper copy of this Notice at any time. Please note that your rights may be subject to certain limitations.

## **Contact Information**

To exercise any of your rights described in this notice, for more information, or to file a complaint, please contact:

**Julie Kittle**

**770-606-5800**

## **Frequently Asked Questions**

### **What is this purpose of this Notice?**

The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The law requires the Plan(s) to:

safeguard the privacy of your protected health information ("PHI");  
provide you with a copy of this Notice setting forth the Plan's/Plans' legal duties and privacy practices with respect to your protected health information; and abide by the terms of this Notice.

The Plan(s) that is/are subject to the HIPAA Privacy rule is/are as follows:

**Ameritas Dental Plans**

**Eyemed Vision Plans**

### **What is Protected Health Information?**

Protected health information, or "PHI," is any individually identifiable health information about you created or received by the Plan(s).

### **How will my Protected Health Information be used?**

Under HIPAA, the Plan(s) is/are required to disclose your protected health information:

to you or your personal representative when you request access to your information;  
to the Secretary of the U.S. Department of Health and Human Services, if necessary, to ensure compliance with the HIPAA Privacy Rule; and to the extent required by federal, state or local law.

The Plan(s) may use or disclose your protected health information for treatment, payment, or health care operations without obtaining written authorization from you, as described below:

**Treatment.** Treatment activities may include, but are not limited to, the provision, coordination or management of health care by one or more health care providers.

**Payment.** Payment activities may include, but are not limited to, receiving claims processing, determining eligibility, processing payments and reviewing the medical necessity of the treatment.

**Health Care Operations.** Health care operations may include, but are not limited to, plan administration activities such as enrollment in the plan, eligibility verification, arranging for medical reviews, claims auditing, providing you with information about disease management programs or alerting you to other services that may be available.

The Plan(s) may contract with other service providers, known as "business associates," to perform various administrative functions. If so, it may disclose your protected health information to the business associate, but only after the business associate agrees in writing to appropriately safeguard the privacy of your health information.

### **When might my Protected Health Information be used or disclosed without my authorization?**

The Plan might use or disclose your protected health information, without your authorization, in the following circumstances:

For public health activities such as preventing or controlling disease;  
For a health oversight agency for activities authorized by law;  
In the course of any judicial or administrative proceeding or in response to a court or administrative tribunal;  
For a law enforcement purpose to a law enforcement official;  
For a national security purpose to an authorized federal official;  
If the Plan believes that you are a victim of abuse, neglect or domestic violence;  
To researchers if their studies ensure the privacy of your protected health information;  
To prevent a serious threat to the health or safety of you or the public; and  
To comply with workers compensation laws.

### **How do I authorize release of my Protected Health Information?**

You need to provide written authorization to the Privacy Officer to release your protected health information. You have the right to limit the type of information that you authorize the Plan to disclose as well as to specify the person(s) to whom the information should be disclosed. You also have the right to revoke your authorization by contacting the Privacy Officer in writing.

### **What are my rights?**

With respect to your protected health information, you have the right to:

Review and receive a copy of your protected health information held by the Plan. Your request should be made in writing to the Privacy Officer. A reasonable cost-based fee may be charged for copying and mailing the requested information.

Request additional restrictions on the use or disclosure of your protected health information for treatment,

payment or health care operations. The Plan is not required to agree to your request. To request a restriction, please write to the Privacy Officer and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Privacy Officer will notify you in writing whether they will agree to the requested restriction.

■ Request that the Plan's confidential communications of your protected health information be sent in an alternative manner or to an alternative location if you believe that a disclosure by mail to your address on file in the Plan's records could endanger you. To request communications by alternative means or to an alternative location, please make your request in writing to the Privacy Officer. The Plan is not required to accommodate your request unless your request is reasonable and you state that the Plan's disclosure of your protected health information via the ordinary communication process may endanger you.

Request that the Plan amend your protected health information if you believe that information is incorrect or incomplete.

Receive an accounting of the Plan's disclosure of your protected health information.

Obtain a paper copy of this Notice at any time.

#### **How do I file a complaint?**

If you believe that your privacy rights have been violated, you may file an internal complaint with the Privacy Officer and/or you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. The Plan(s) will not retaliate against you for filing a complaint.

#### **How do I contact the Privacy Officer?**

Julie Kittle

770-606-5800

#### **How do I contact the Secretary of the U.S. Department of Health and Human Services?**

U.S. Department of Health and Human Services  
Office of Civil Rights 200 Independence Avenue,  
S.W. Washington, D.C. 20201

(202) 619-0257 Toll free: 1-  
877-696-6775  
<http://www.hhs.gov/contacts>

#### **Can the Plan(s) make changes to this Notice?**

The Plan(s) reserve(s) the right to change this Notice or the privacy policies at any time. Any revised Notice will be made available to you.

#### **What is the effective date of this Notice?**

1/1/2014