City of Fall River Health Plans

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.

City of Fall River and its health plans ("the Health Plans") are providing this notice to you as required by the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated there under.
This Privacy Notice describes how the Health Plans may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Disclosures Under the Privacy Rule

Under the HIPAA Privacy Rule we may and do use and disclose protected health information without your prior written authorization for certain purposes. For example, we use protected health information in providing your health coverage. We use that information for treatment (for example, to help your providers coordinate and manage your health care), for payment (for example, to provide payment to your health care providers for the health care they provide to you) and for health care operations (for example, to conduct quality assessment and improvement activities). All of the above disclosures are made only for the purposes described in this Notice or as permitted by law.
The Privacy Rule also permits disclosure of protected health information by a covered entity without the member's prior written authorization, and without providing the member the opportunity to agree or object, in the following situations:

- Where use or disclosure is required by law.
- To a public health authority that is authorized by law to collect or receive such information.
- To a governmental authority where there is a reasonable belief by the covered entity that the individual is a victim of abuse, neglect or domestic violence.
- To a health oversight agency for oversight activities authorized by law.
- In the course of certain judicial or administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.
- To a law enforcement official for certain law enforcement purposes.
- To a coroner, medical examiner or funeral director for identification of a decedent and similar purposes.
- To organ procurement organizations or similar entities for the purpose of facilitating transplantations, etc.
- For medical research that has been approved by an institutional review board or similar medical panel.
- Where the covered entity in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.
- For certain specialized government functions including: certain military and veterans activities, certain national security and intelligence activities, protective services for the President and other leaders; certain medical suitability determinations by the Department of State; and certain correctional and law enforcement custodial situations.
- As authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

A covered entity is prohibited from using or disclosing genetic information for underwriting purposes.

Uses and disclosures of protected health information other than those listed, above, may only be made with your written authorization. You may revoke any such authorization by executing a Revocation of Authorization form, a copy of which is available from the Town's Health Benefits Office.

Your Rights

You have the right to inspect and copy your protected health information that is maintained in a designated record set by us. We will provide you with access to this information within thirty (30) days of receiving a written request for it. We will charge a reasonable fee for copying and mailing the records. Your rights with respect to the inspection and copying of records are more fully described at 45 CFR 164.524.

You have the right to request restrictions on certain uses and disclosures of protected health information (as provided at 45 CFR 164.522(a)) to carry out treatment, payment or health care operations. While we are not required to agree to a requested restriction, we will carefully consider any request.
You have the right to request that we allow you to receive communications of protected health information from us by alternative means or at alternative locations if you state that the disclosure of all or part of that information could endanger you. We will accommodate any such reasonable request.

You have the right, subject to certain limitations set forth at 45 CFR 164.526, to request that we amend protected health information, or a record that relates to you, in a designated record set for as long as that information is maintained in the designated record set. Your request to correct, amend, or delete information should be in writing. We will notify you if we make an adjustment as a result of your request. If we do not make an adjustment, we will send you a letter explaining why within 30 days. In the case of a denial, you may ask us to make your request part of your records, or you may file a statement of disagreement with us. You may also file a complaint with us or with the Secretary of Health and Human Services. If we make an amendment we will attempt to inform and provide the amendment within a reasonable time to anyone identified by you as possessing
the subject protected health information as well as to persons who we know have the protected health information that has been amended.

You have the right to receive an accounting of the disclosures (if any) of your protected health information that we have made. This right to an accounting does not apply to uses or disclosures that were made in connection with treatment, payment or health care operations, nor does it apply to disclosures that you authorized or to other disclosures listed at 45 CFR 164.528(a). This right to disclosures is more fully described at Section 164.528.

You have the right to be notified when a breach of your unsecured protected health information has occurred.

You have the right to opt out of receiving any fundraising communications. Uses or disclosures of your protected health information for marketing purposes requires your prior written authorization. A disclosure that constitutes the sale of protected health information requires your prior written authorization.

You have the right to obtain upon request a paper copy of this notice from the Town's Health Benefits Office.

General

The Health Plans are required by law to maintain the privacy of protected health information and to provide individuals with notice of the Health Plans' legal duties and privacy practices with respect to protected health information.
The Health Plans are required to abide by the terms of this notice. We reserve the right to change this notice. Any changes to this notice may be effective for all protected health information that the Health Plans maintain. A revised notice will be mailed to you within thirty (30) days of its effective date.

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with our Privacy Official, **MADELINE COELHO**, **508-324-2661**. Please be assured that you will not be retaliated against for filing a complaint. You may also contact our Privacy Official to receive further information concerning our privacy policies