

**HENRICO COUNTY GENERAL GOVERNMENT AND PUBLIC SCHOOLS
IMPORTANT NOTICE**

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 (the "Notice") is provided to you on behalf of:

County of Henrico Health Plan (the "Plan")

This Notice describes the legal obligations of the Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

The Plan's Duty to Safeguard Your Protected Health Information.

Generally, "Protected Health Information" ("PHI") is individually identifiable information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that 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 the provision of health care to you. The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Benefits representative, or contact the Plan's Privacy Official identified below), and will be posted on any website maintained by Henrico County General Government and Public Schools that describes benefits available to employees and dependents.

How the Plan May Use and Disclose Your Protected Health Information.

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative, for example, a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

● **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

- **Treatment:** Generally, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
- **Treatment Options:** The Plan may inform you about treatment options or health-related benefits or services. For example, if appropriate, you may receive a mammography reminder.
- **Payment:** The Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (for example, covered by this Plan, and your spouse's plan, or covered by the plans covering your father and mother), the Plan may share your PHI with the other plans to coordinate payment of your claims.
- **Health care operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.

- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
 - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Henrico County General Government and Public Schools) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources department or benefits office for purposes of enrollments and disenrollments, payroll deductions, census, claim resolutions, and other matters related to Plan administration; the payroll office for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; the general services department, as needed for preparation of data compilations and reports related to Plan administration; the information technology department, as needed for preparation of data compilations and reports related to Plan administration; the finance department for purposes of oversight and audit, and other matters related to Plan administration; the employee health benefits committee and internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan's provision of benefits.
 - **Required by law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 - **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to a public health authority.
 - **For health oversight activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
 - **Relating to decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
 - **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
 - **For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes (including disclosures to Business Associates as described below), and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. The Plan may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object. Further, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. In such cases, you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your protected health information:

- **To request restrictions on uses and disclosures:** You have the right to request that the Plan not use or disclose information for treatment, payment, or other administrative purposes except when specifically authored by you, when required by law, or in emergency circumstances. You also have the right to request that the Plan limit the PHI that it discloses to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to your Benefits representative. The Plan will consider your request, but in most cases is not legally bound to agree to the restrictions. To the extent the Plan agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing. However, the Plan will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the PHI pertains solely to a health care item or service that has been paid for out-of-pocket and in full.
- **To request confidential communications:** You have the right to ask that the Plan communicate with you in a certain way or at a certain location. 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 your Benefits representative. The Plan will accommodate your request as long as it is reasonable.

- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, or as otherwise provided by law or regulation, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing to your Benefits representative. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you would like copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you would like copied and to receive, upon request, prior information on the cost of copying.
- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing to your Benefits representative, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to correctional facilities, to law enforcement agencies or health oversight agencies under certain circumstances, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request to your Benefits representative for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
- **To be notified of a breach:** You have the right to be notified in the event that the Plan or one of its business associates discovers a breach of your unsecured PHI.
- **To receive a paper copy of this notice:** You have the right to a paper copy of this notice. Ask your Benefits representative or the Plan's Privacy Official, identified below, for a copy of this notice at any time.

How to Complain about the Plan's Privacy Practices.

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Contact Person for Information, or to Submit a Complaint.

If you have questions about this Notice or the Plan's privacy practices, please contact the Plan's Privacy Official (see below). If you have any complaints about the Plan's privacy practices or handling of your PHI, please contact the Plan's Privacy Official (see below).

Privacy Official.

The Plan's Privacy Official, the person responsible for ensuring compliance with this Notice, is:

George T. Drumwright, Jr.
Deputy County Manager/Community Services
Telephone Number: (804) 501-4515

Business Associates.

In connection with the Plan's payment and health care operations, the Plan contracts with individuals and entities called Business Associates to perform various functions on its behalf or to provide certain services. To perform these functions or provide these services, the Plan's Business Associates will receive, create, maintain, use or disclose PHI, but only after the Plan requires the Business Associates to agree in writing to terms designated to safeguard PHI. In particular, **Southern Health Services, Inc.** will provide plan supervision and claims administration services as a Business Associate to the Plan.

Effective Date.

The effective date of this Notice is: January 1, 2011.