

## NOTICE OF PRIVACY PRACTICES

### THIS POLICY DESCRIBES HOW PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

This policy is designed and adopted by the Employer to comply with the Health Insurance Portability and Accountability Act.

Employer Name: **City of Mobile, Mobile, Alabama**  
Employer Identification Number: **63-6001318**  
Name of the Health Plan(s): **City of Mobile Health & Dental Plan**  
Where to obtain additional Information: **City of Mobile – Human Resources Department  
205 Government Street  
4<sup>th</sup> Floor, South Tower  
Mobile, AL 36602  
(251) 208-7059  
[www.cityofmobile.org](http://www.cityofmobile.org)**

The Employer is committed to protecting the privacy of information maintained by its health plans (the Plan) or by outside vendors who perform services for the Plan such as administration or other services necessary for the operation of the Plan. The Plan is required by law to protect the privacy of certain information:

“Protected Health Information” or “PHI” is information about you, including information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We protect your privacy by:

- limiting who may see your PHI;
- limiting how we may use or disclose your PHI;
- informing you of our legal duties with respect to your PHI;
- explaining our privacy policies; and
- adhering to the policies currently in effect.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect our employees’ protected health information. The federal Health Insurance Portability and Accountability Act (or “HIPAA”) Privacy Rule requires that you be provided with this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

#### **Copies of this Notice**

You may request a copy of our Notice at any time. If you want more information about our privacy practices, or have questions or concerns, please contact the Human Resources Department.

#### **Changes to this Notice**

The terms of this Notice apply to all records that are created or retained by us which contain your PHI. We reserve the right to revise or amend the terms of this Notice. You will be notified of any material change to our Privacy Notice before the change becomes effective.

#### **Potential Impact of State Law**

The HIPAA Privacy Rule generally does not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections.

## **How We May Use and Disclose Your Protected Health Information (PHI)**

In order to administer our health benefit programs effectively, we will collect, use and disclose PHI for certain of our activities, including payment of covered services and health care operations.

The following categories describe the different ways in which we may use and disclose your PHI. Please note that every permitted use or disclosure of your PHI is not listed below. However, the different ways we will, or might, use or disclose your PHI do fall within one of the permitted categories described below.

**Treatment:** We may disclosure information to doctors, pharmacies, hospitals and other health care providers who take care of you to assist in your treatment or the coordination of your care.

**Payment:** We may use and disclose your PHI for all payment activities including, but not limited to, collecting premiums or to determine or fulfill our responsibility to provide health care coverage under our health plans. This may include coordinating benefits with other health care programs or insurance carriers, such as Medicare or Medicaid. For example, we may use and disclose your PHI to pay claims for services provided to you by doctors or hospitals which are covered by your health plan(s), or to determine if requested services are covered under your health plan.

**Preventive Care Notices:** We may use and disclose your PHI to offer you one of our value added programs like smoking cessation or to provide you with information about one of our disease management programs or other available Employer health products or health services. We may also use and disclose your PHI to provide you with reminders to obtain preventive health services and to inform you of treatment alternatives and/or health related benefits and services that may be of interest to you.

**Marketing:** Your PHI will not be sold, used or disclosed for marketing purposes.

**Release of Information to Plan Sponsors:** PHI may be disclosed to the Employer as follows:

- Summary health information to be used to obtain premium bids for providing health insurance coverage or to modify, amend or terminate its group health plan. Summary health information is information that summarizes claims history, claims expenses, or types of claims experience for the individuals who participate in the Employer's group health plan;
- PHI to the Employer to verify enrollment/disenrollment in your group health plan;
- PHI to the Employer for the day to day administration of the Plan.

**Research:** We may use or disclose your PHI for research purposes if certain conditions are met. Before we disclose your PHI for research purposes without your written permission, an Institutional Review Board (a board responsible under federal law for reviewing and approving research involving human subjects) or Privacy Board reviews the research proposal to ensure that the privacy of your PHI is protected, and to approve the research.

**Required by Law:** We may disclose your PHI when required by law:

- When required by the Secretary of the U.S. Department of Health and Human Services to investigate our compliance efforts; and
- To health oversight agencies, to allow them to conduct audits and investigations of the health care system, to determine eligibility for government programs, to determine compliance with government program standards, and for certain civil rights enforcement actions.

**Public Health Activities:** We may disclose your PHI to public health agencies for public health activities that are permitted or required by law, such as to:

- prevent or control disease, injury or disability;
- maintain vital records, such as births and deaths;
- report child abuse and neglect;
- notify a person about potential exposure to a communicable disease;
- notify a person about a potential risk for spreading or contracting a disease or condition;
- report reactions to drugs or problems with products or devices;
- notify individuals if a product or device they may be using has been recalled; and
- notify appropriate government agency(ies) and authority(ies) about the potential abuse or neglect of an adult patient, including domestic violence.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Health 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.

**Lawsuits and Other Legal Disputes:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule.

**Law Enforcement:** We may disclose your PHI to law enforcement officials under certain conditions. For example, we may disclose PHI:

- to permit identification and location of witnesses, victims, and fugitives;
- in response to a search warrant or court order;
- as necessary to report a crime on our premises;
- to report a death that we believe may be the result of criminal conduct; or
- in an emergency, to report a crime.

**Coroners, Medical Examiners, or Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties.

**Organ and Tissue Donation:** We may use or disclose your PHI to organizations that handle organ and tissue donation and distribution, banking, or transplantation.

**To Prevent a Serious Threat to Health or Safety:** As permitted by law, we may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military and National Security:** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counter-intelligence, and other national security activities.

**Inmates:** If you are a prison inmate, we may disclose your PHI to the prison or to a law enforcement official for: (1) the prison to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the prison.

**Underwriting:** We will not use genetic information about you for underwriting purposes.

**Workers' Compensation:** As part of your workers' compensation claim to a worker's compensation carrier.

**To You:** When you ask us to, we will disclose to you your PHI that is in a "designated record set." Generally, a designated record set contains medical, enrollment, claims and billing records we may have about you, as well as other records that we use to make decisions about your health care benefits. You can request the PHI from your designated record set as described in the section below called "Your Privacy Rights Concerning Your Protected Health Information."

**To Your Personal Representative:** If you tell us to, we will disclose your PHI to someone who is qualified to act as your personal representative according to any relevant state laws. In order for us to disclose your PHI to your personal representative, you must send us a written authorization naming the individual with sufficient identification for verification and documentation that supports the person's qualification according to state law (such as a power of attorney or guardianship). The HIPAA Privacy Rule permits us to choose not to treat that person as your personal representative when we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse or neglect by the person; (ii) treating the person as your personal representative could endanger you; or (iii) in our professional judgment, it is not in your best interest to treat the person as your personal representative.

**To Family and Friends:** Unless you object, we may disclose your PHI to a friend or family member who has been identified as being involved in your health care. We also may disclose your PHI 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 PHI, then we may, using our judgment, determine whether the disclosure is in your best interest.

**Parents as Personal Representatives of Minors:** In most cases, we may disclose your minor child's PHI to you. However, we may be required to deny a parent's access to a minor's PHI according to applicable state law.

### **Right to Provide an Authorization for Other Uses and Disclosures**

- Other uses and disclosures of your PHI that are not described above will be made only with your **written authorization**.
- You may give **written authorization** permitting use of your PHI to anyone for any purpose.
- We will obtain your **written authorization** for uses and disclosures of your PHI that are not identified by this Notice, or are not otherwise permitted by applicable law.

Any authorization that you provide to us regarding the use and disclosure of your PHI may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your authorization. We may also be required to disclose PHI as necessary for purposes of payment for services received by you prior to the date when you revoked your authorization. Your authorization must be in writing and contain certain elements to be considered a valid authorization.

### **Your Privacy Rights Concerning Your Protected Health Information (PHI)**

You have the following rights regarding the PHI that we maintain about you. Requests to exercise your rights as listed below must be in writing and sent to the Human Resources Department.

**Right to Access Your PHI:** You have the right to inspect or get copies of your PHI contained in a designated record set. Generally, a "designated record set" contains medical, enrollment, claims and billing records we may have about you, as well as other records that we may use to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. You may request that we provide copies of your PHI in a format other than photocopies such as by electronic means in certain situations. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing, and explain your right to have the denial reviewed.

**Right to Amend Your PHI:** You have the right to request that we amend your PHI if you believe there is a mistake in your PHI, or that important information is missing. Approved amendments made to your PHI will also be sent to those who need to know, including (where appropriate) Employer's vendors (known as "Business Associates"). We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your PHI, we will tell you our reasons in writing, and explain your right to file a written statement of disagreement.

**Right to an Accounting of Certain Disclosures:** You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI.

**Right to Request Restrictions:** You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.

**Right to Request Confidential Communications:** You have the right to request that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively, and the subscriber's right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include benefit booklets and newsletters.

**Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically. To request a paper copy of this Notice, please contact the Human Resources Department.

**Right to Notification of a Breach of Your PHI:** You have the right to and will be notified following a breach of your unsecured PHI or if a security breach occurs involving your PHI.

**Your Right to File a Privacy Complaint**

If you believe your privacy rights have been violated, or if you are dissatisfied with Employer's privacy practices or procedures, you may file a complaint with the Employer Privacy Officer and with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a privacy complaint with us, you may contact the Human Resources Department.

**Additional Information and Assistance:**

You may contact the Human Resources Department for additional information and assistance about this Privacy Notice.