

Re: Notification of Rights under Federal Health Insurance Privacy and Portability Act (HIPPA) for the Susquehanna Community School District.

Dear Employee:

In 1996, the Health Insurance Portability and Accountability Act (HIPPA) became law. In 2002, the Department of Health and Human Services amended this law to include new regulation, called the Standards for Privacy of Individually Identifiable Health Information, 65 Fed. 82,462 *et seq.* It requires, among other things, that the Department of Health and Human Services establish national standards for the confidentiality of medical/health information between parties who will share this information. As such, as an Employee or dependent(s), you have a right and assurance under this law that if the Susquehanna Community School District is a party in receiving or relaying of medical/health information, the sharing of this information is for the sole purpose of aiding you or your dependent's medical/health situation or to accommodate you or your dependent's medical/health circumstance.

In federal compliance of this law, effective April 14, 2003, The Susquehanna Community School District has adopted this policy, with all terms and provisions of this Notice.

As required by this "Medical Privacy Rights" Notice, we are enclosing several Documents to read and Form(s) to be completed and sent to the Susquehanna Community School District (SCSD). They are:

- (1) Employee/Dependent(s) Receipt Notice (to be returned in enclosed envelope).
- (2) The SCSD Notice of Privacy Practices concerning you or your dependent(s)' personal medical/health information.
- (3) A Form allowing the SCSD's Office of the Superintendent or his authorized assistant to intercede on your behalf with an authorized employee of the County, State or Federal Department, with all restrictions on the use of you or your dependent(s)'s medical/health information.
- (4) A Form allowing the SCSD' Office of the Superintendent or his authorized assistant to intercede on your behalf with an insurance company for the processing of medical claims or pre-certification, if applicable.
- (5) A Form allowing you to request or inspect, now or in the future, copies of your protected health information on file in the SCSD's Office of the Superintendent.

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Please be assured that SCSD considers all medical/health information to be confidential. Documents concerning you or your dependent(s) medical/health status are kept in a separate and indigenous file from other files or data collection, which is secured by locked file cabinets in a locked office.

Health documents that fall under this law are available only to those who have a direct need to have access to them for purposes of assisting you with claims, or making decisions about medical disease, injury or ability.

It is important for you to know that the Susquehanna Community School District or the Office of the Superintendent will no longer be able to receive, relay or intercede for you or your dependent(s)' behalf with our health carriers, medical providers, government agencies or any District personnel regarding specific medical claims or health records unless you sign the Forms allowing the District to do so. These Forms are enclosed with a self-addressed envelope.

To comply with this new HIPPA Medical Privacy Right law, **it is required that you complete the “Employee/Dependent Receipt of The Susquehanna Community School District’s Notice of Privacy Practices”, attached in this packet. The “Employee/Dependent Receipt... Notice” will be the next page after this letter. Please remove this document, complete, sign and return it with the attached envelope** at your earlier convenience. If you have any concerns about this issue, please call or write to the Administrator below and we can assist you with any concerns or requests you may have:

Susquehanna Community School District
3192 Turnpike St.
Susquehanna, PA 18847
(570) 853-4921
Fax: (570) 853-3768

Sincerely,

Bronson Stone
Superintendent of Schools

Attachments

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
Employee/Dependent(s) Receipt of
The Susquehanna Community School District's Notice of Privacy Practices

Please complete, sign and return this form using the attached envelope.

I, _____, have received and
(Please Print your Name or other Authorized Representative)

reviewed a copy of The Susquehanna Community School District's Notice of Medical Privacy Practices. I acknowledge that I read and understand the Notice and my rights and responsibilities as outlined therein. The Susquehanna Community School District's staff and personnel has implemented and completed an awareness program regarding the Medical/Health Privacy Practices and I answered my questions that I have regarding this Notice.

(Signature of Employee or Authorized Representative)

Date

Susquehanna Community School District
NOTICE OF HIPAA MEDICAL PRIVACY PRATICES

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.

If you have any questions about this Notice, please contact the Districts' Privacy Officer, the Office of the Superintendent, Susquehanna Community School District, 3192 Turnpike Street, Susquehanna, PA 18847-9504, (570) 853-4921.

The Susquehanna Community School District (SCSD) understands that medical information about you and your dependent(s), employee, retiree, student, parent or guardian is personal. SCSD is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information health information and to inform you about:

- SCSD's uses and disclosures of Protected Health Information (PHI);
- You privacy right with respect to you PHI;
- SCSD's duties with respect to your PHI;
- Your right to file a complaint with the SCSD and the Secretary of the U. S. Department of Health and Human Services; and
- The person or Office to contact for further information about SCSD 's Privacy practices.

The term "Protected Health Information" (PHI) included all individually identifiable health information transmitted or maintain by the SCSD and its agents, regardless of form (oral, written, electronic). The following is a list of the potential Uses and Disclosures regarding PHI and your rights:

I. Uses and Disclosures to Carry Out Treatment, Payments and Other Health Care Operations

The SCSD and/or its agents may use PHI without your consent, authorization or opportunity to agree or object to carry treatment, payment and other health care

operations. The SCSD also will disclose PHI to the health care providers of the SCSD for purposes related to treatment, payment and other health care operations. The health care providers have amended their plan documents to protect your or your dependent(s) PHI as required by federal law.

A. For Treatment

Treatment is the provision, coordination or management of health care and related services. It also includes, but not limited to, consultations and referrals between one or more of your or your dependent(s)' providers through SCSD.

For example, a health care provider agent of SCSD, like the School Nurse or a Sports Team Trainer, may disclose information regarding a medical occurrence or treatment to a hospital or physician so that the referred provider (Hospital or Physician) may ask questions about the occurrence or the injury with greater details.

B. For Payment

Payment includes, but not limited to, actions to make coverage determinations and payment (Including billing, claims managements, subrogation, plan reimbursements, worker compensation review, reviews for medical necessity and appropriateness of care and utilization reviews, governmental benefits, and pre-authorizations.

An example is the SCSD or one of its health care provider agents may tell a doctor whether you are eligible for coverage of what percentage of the bill will covered by health care coverage.

C. For Healthcare Operations

Health care operations include, but not limited to, quality assessment improvement, reviewing competence or qualifications of health care professions, underwriting, premiums rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, SCSD or one of its health care provider agents may use information about your claims to refer you to a disease management program, project future benefits costs or audit the accuracy of its claims processing functions.

II. Uses and Disclosures that Require Your Written Authorization

Your written authorization generally will be obtained before the SCSD or one of its health care provider agents will use or disclose psychotherapy notes about you or your dependents(s) from your associated psychotherapist. Psychotherapy notes are separately files notes about your or dependent(s) conversation with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. SCSD or one of its health care provider agents may use and disclose such notes when needed by SCSD or one of its health care provider agents to defend against litigation files by you or your dependent(s).

III. Uses and Disclosures that Require that You Be Given an Opportunity to Agree/Disagree Prior to the Use or Release

Use and disclosure of your PHI is allowed without your consent, authorization or request under the following circumstances:

When required by law.

When permitted for purposes of public health activities, including when necessary to report defects, to permits product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence. In such case, SCSD or one of its health provider agents will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been made. Disclosure generally may be made to the minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

SCSD or one of its health care provider agents may disclose your or your dependent(s) to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example: to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefits programs (for example: to investigate Medicare or Medicaid fraud).

The SCSD or one of its health care provider agents may disclose your or your dependent(s) PHI when required for judicial or administrative proceeding. For

example, your or your dependent(s) PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to SCSD or one of its health care provider agents that the requesting party has made a good-faith attempt to provide sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

When required by law enforcement purposes (for example: to report certain types of wounds).

For law enforcement purposes, including for the purposes of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the covered entity (i.e., SCSD) is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the SCSD or one of its health care provider agent's best judgment.

When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

The SCSD or one of its health care provider agent may use or disclose PHI for research, subject to conditions.

When consistent with applicable law and standards of ethical conduct, if SCSD or one of its health care provider agents, in good faith, believes the use or disclosure is necessary to prevent or lesser a serious and imminent threat to the health or safety of a person or the public and the disclosure is a person reasonably able to prevent or lesser the threat, including the target of the threat.

When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

IV. Other Uses of Medical Information

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization. If you provide us permission to use or disclose medical information about you, you

may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you or your dependents.

VI. Minimum Necessary Standard

When using or disclosing PHI or which requesting PHI from another covered entity, SCSD and its health care provider agents will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- A. Disclosures to or requests by a health care provider for treatment;
- B. Uses or disclosures made to the individual;
- C. Disclosures made to the Secretary of the U. S. Department of Human Services;
- D. Uses or disclosures that are required by law; and
- E. Uses or disclosures that are required for the Plan's compliance with legal regulations.

VII. Medical Information Not Subject to This Notice

This Notice does not apply to health information that has been de-identified. De-identified information is information that does not identify any individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individually identifiable health information.

In addition, SCSD and its health care provider agents may use or disclose "summary health information" to a Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPPA.

VIII. Your Rights Regarding Medical Information the District Maintain About You

A. Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your or your dependent(s)' care. Usually, this includes medical and billing records and also psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you or your dependent(s), you must submit your request in writing to the Privacy Officer of the Susquehanna Community School District, Superintendent of School, 3192 Turnpike St Susquehanna, PA 18847-9504, (570) 853-4921. If you request a copy of the information, the District may charge a fee for the costs of copying, mailing or other supplies or services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by SCSD or one of its health care provider agents will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

The requested information will be provided within thirty (30) days if the information is maintained offsite. A single thirty (30) day extension is allowed if the SCSD or its health care provider agents are unable to comply with the deadline.

You or your personal representative will be required to complete the form to the following official: The Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St, Susquehanna, PA 18847-9504, (570) 853-4921.

B. Right to Amend

If you feel that medical information we have about is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by, or for SCSD or one of its health care provider agents. To request an amendment, your request must be made in writing and submitted to the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St, Susquehanna, PA 18847-9504, (570) 853-4921. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it not in writing or does not included a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by SCSD, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by SCSD or one of its health care provider agents;

3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

C. Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you or your dependent(s). To request this list or accounting of disclosures, you must submit your request in writing to the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St, Susquehanna, PA 18847-9504, (570) 853-4921. Your request must state a time period that may not be longer than six (6) years and not include dates before February 26, 2003. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. SCS D will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you or your dependent(s) for emergency treatment. To request restrictions, you must make your request in writing to: Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St, Susquehanna, PA 18847-9504. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosures or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters 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: Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St, Susquehanna, PA 18847-9504. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

F. Your Right to File a Complaint With the Susquehanna Community School District (SCSD) or the Secretary of the Department of Health and Human Services (HHS).

If you believe your rights have been violated, you may file a complaint with SCSD or the Secretary of HHS. To file a complaint, contact the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St. Susquehanna, PA 18847-9504, (570) 853-4921. *All complaints must be submitted in writing.* You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S. W., Washington, D. C. 20201. **You will not be penalized or discriminated against for filing a complaint.**

G. Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a Copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to paper copy of this Notice. To obtain a paper of this Notice, contact the following official: the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St., Susquehanna, PA 18847-9504, (570) 853-4921.

IX. Applicable Federal Law and Regulations

PHI use and disclosure by SCSD and its health care provider agents is regulated by a federal law known as the Health Insurance Portability and Accountability Act, or HIPPA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. A copy of these Regulations will be at the office of the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St. Susquehanna, PA 18847-9504.

This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

X. Changes to this Notice

This Notice is effective beginning April 14, 2003 and the SCSD and its health care provider agents are required to comply with the terms of this Notice. However, SCSD reserve the right to change this Notice. The SCSD also reserve the right to make the revised or changes effective for medical information SCSD already have about you or your dependent(s), as well as any information SCSD receive in the future. SCSD will post a copy of the current Notice in the public bulletin boards near an employees' meeting area and a community meeting area. The Notice will contain on the first page in the top center, the effective date. Any revised version of this Notice will be distributed within sixty (60) days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this Notice.