



**The City of Oklahoma City
Group Indemnity Health Plan**

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Updated May 24, 2013

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 describes how protected health information may be used or disclosed by the City of Oklahoma City's Group Indemnity Health Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law. This Notice also sets out legal obligations concerning your protected health information, and describes your rights to access and control your protected health information.

Protected health information (or "PHI") is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), or a health care clearing house and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

This Notice of Privacy Practices has been drafted to be consistent with what is known as the "HIPAA Privacy Rule," and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

If you have any questions or want additional information about the Notice or the policies and procedures described in this Notice, please contact: Privacy Officer, 420 W. Main, Suite 110, Oklahoma City, OK, 73102, (405) 297-2144.

CITY'S RESPONSIBILITIES

The City is required by law to maintain the privacy of your protected health information. The City is obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to protected health information, and we must abide by the terms of this Notice. The City reserves the right to change the provisions of our Notice and make the new provisions effective for all protected health information that it maintains. If material changes are made to the Notice, a revised Notice will be mailed to the address that the City has on record for the eligible member.

PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following is a description of how the City's Group Indemnity Health Plan is most likely to use and/or disclose your protected health information.

Payment and Health Care Operations

The City has the right to use and disclose your protected health information for all activities that are included within the definition of "payment" and "health care operations" as set out in 45 C.F.R. § 164.501 (this provision is a part of the HIPAA Privacy Rule). The City has not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

Payment

The City will use and disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill responsibilities for coverage and providing benefits. For example, your protected health information may be disclosed when a provider requests information regarding your eligibility for coverage under the health plan, or your information may be used to determine if a treatment that you received was medically necessary.

Health Care Operations

The City will use or disclose your protected health information to support business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. For example, your protected health information may be used or disclosed: (i) to provide you with information about one of our disease management programs; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.

Business Associates

The City's Group Indemnity Health Plan contracts with individuals and entities (Business Associates) to perform various functions on the City's behalf or to provide certain types of services. To perform these functions or to provide the services, the City's Business Associates will receive, create, maintain, use or disclose protected health information, but only after the Business Associates are required to agree in writing to contract terms designed to appropriately safeguard your information. For example, your protected health information may be disclosed to a Business Associate to administer claims or to provide service support, utilization management, subrogation, or pharmacy benefit management. Examples of business associates would be the third party administrator, BlueCross BlueShield, which by contract handles many of the functions in connection with the operation of the Group Indemnity Health Plan; the retail and mail order pharmacy manager, Express Scripts; UnitedHealthcare; American Fidelity Assurance Company; and the City of Oklahoma City. These companies are just examples of present business associates. These business associates will change without notice from time to time.

Your protected health information may be disclosed or used to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, your protected health information may be disclosed to a health care provider when needed by the provider to render treatment to you, and protected health information may be disclosed to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that your protected health information may be shared with other insurance

carriers in order to coordinate benefits, if you or your family members have coverage through another insurance company.

Plan Sponsor

Your protected health information may be disclosed to the plan sponsor of the Group Indemnity Health Plan, the City of Oklahoma City, for purposes of plan administration or pursuant to an authorization request signed by you.

POTENTIAL IMPACT OF STATE LAW

The HIPAA Privacy Regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

SPECIAL CIRCUMSTANCES AND STATE AND FEDERAL LAWS

Special situations and certain state and federal laws may require the release of your health information. For example, the City may be obligated to release your health information for the following reasons:

- To comply with state and federal laws that require us to release your health information to others.
- To report information to state and federal agencies that regulate our business, such as the U.S. Department of Health and Human Services and your state’s regulatory agencies.
- To assist with public health activities; for example, the City may report health information to the Food and Drug Administration for the purpose of investigating or tracking a prescription drug and medical device malfunctions.
- To report information to public health agencies if the City believes there is a serious threat to your health and safety or that of the public or another person; this includes disaster relief efforts.
- To report certain activities to health oversight agencies; for example, the City may report activities involving audits, inspections, licensure and peer review activities. 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.
- To assist court or administrative agencies; for example, the City may provide information pursuant to a court order, search warrant or subpoena.
- To support law enforcement agencies; for example, the City may provide health information to law enforcement agents for the purpose of identifying or locating a fugitive, material witness or missing person.

- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- To report information to a government authority regarding child abuse, neglect or domestic violence.
- To share information with a coroner or medical examiner as authorized by law (the City may also share information with funeral directors, as necessary to carry out their duties).
- To use or share information for procurement, banking or transplantation of organs, eyes or tissues.
- To report information regarding job-related injuries as required by your state workers compensation laws.
- To share information related to specialized government functions, such as military and veteran activities, national security and intelligence activities and protective services for the President and others.
- To researchers when their research has been approved by an institutional review board that has approved the research proposal and established protocols to ensure the privacy of your health information.

REQUIRED DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following is a description of disclosures that the City is required by law to make:

Disclosures to the Secretary of the U.S. Department of Health and Human Services

The City is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

Disclosures to You

The City is required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. The City is also required to provide, upon your request, an accounting of most disclosures of your protected health information that are for reasons other than payment and health care operations and are not disclosed through a signed authorization.

Disclosures to Personal Representative

The City will disclose your protected health information to an individual who has been specifically designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. However, before the City will disclose protected health information to such a person, it must have a written notice of his/her designation, along with the documentation that supports his/her qualification (such as power of attorney) as Personal Representative.

Even if you designate a personal representative, the HIPAA Privacy Rule permits the City, as sponsor of the Group Indemnity Health Plan, not to release protected health information to a personal representative, if in the exercise of our professional judgment, the City decides that it is not in the best interest of the individual to release such information.

WRITTEN PERMISSION TO USE OR SHARE YOUR INFORMATION

Family/Friends: The City will not disclose your protected health information to a friend or family member who is involved in your medical care or who helps pay for your care unless you direct the City in writing to disclose your limited PHI. The City may disclose your limited 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 the opportunity to agree or object to the use or disclosure cannot practicably be provided because of your incapacity or in the event of an emergency circumstance, the City may, in the exercise of professional judgment, determine whether the disclosure is in your best interests and, if so, disclose limited protected health information that is directly relevant to the person or entity involved with your health care.

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that has already been used or disclosed, relying on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The following is a description of your rights with respect to your protected health information.

Right to Request a Restriction

You have the right to request a restriction on the protected health information used or disclosed about you for payment or health care benefits.

The City is not required to agree to any restrictions that you may request. If the City agrees to the restriction, every effort will be made to comply with the restriction unless the information is needed to provide emergency treatment to you.

You may request a restriction by writing to the Privacy Officer, 420 W. Main, Suite 110, Oklahoma City, OK, 73102. It is important that you direct your request for restriction to this address so that your request may be processed. Requests sent to persons or offices other than the address indicated might delay processing the request. In your request, please tell the Privacy Officer: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information.

Right to Request Confidential Communications

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the City communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that you only be contacted at your work or via your work e-mail.

You may request confidential communications by writing to the Privacy Officer, 420 W. Main, Suite 110, Oklahoma City, OK, 73102. It is important that you direct your request for confidential communications to this address to process your request. Requests sent to persons or offices other than the one indicated might delay processing the request. In your written request please tell the Privacy Officer: (1) that you want us to communicate your protected health information with you in an alternative manner or at an alternative location; and (2) that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger.

The City will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you. As permitted by the HIPAA Privacy Rule, “reasonableness” will include, when appropriate, making alternate arrangements regarding payment.

Accordingly, as a condition of granting your request, you will be required to provide information concerning how payment will be handled. For example, if you submit a claim for payment, state or federal law (or our own contractual obligations) may require that disclosure of certain financial claim information to the eligible member (e.g., an EOB). Unless you have made other payment arrangements, the EOB (in which your protected health information might be included) will be released to the eligible member.

Once the information for such a request is received, the request will be processed as soon as possible, usually within ten business days.

Prior to receiving the information necessary for this request, during the time it takes to process it, protected health information may be disclosed (such as through an Explanation of Benefits, “EOB”). Therefore, it is extremely important that you contact the Privacy Officer as soon as you determine that you need to restrict disclosures of your protected health information. In an emergency, you may begin the process by calling the phone number on the Summary Page of this Notice.

If you terminate your request for confidential communications, the restriction will be removed for all your protected health information, including protected health information that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your protected health information will endanger you.

Right to Inspect and Copy

You have the right to inspect and copy your protected health information that is contained in a “designated record set.” Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not be allowed to inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your protected health information that is contained in a designated record set, you must submit your request by calling the number listed in the summary page of this Notice. It is important that you call this number to request an inspection and copying so that your request can be processed as timely as possible. Requests sent to persons or offices, other than the one indicated might delay processing the request. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request.

The City may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact the Privacy Officer at the number provided in this Notice. A licensed health care professional chosen by the City will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, the City will inform you in the denial that the decision is not reviewable.

Right to Amend

If you believe that your protected health information is incorrect or incomplete, you may request that the City amend your information. You may request that your information be amended by writing to: Privacy Officer, 420 W. Main, Suite 110, Oklahoma City, OK, 73102. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to this address so that the City can begin to process your request. Requests sent to persons or offices, other than the one indicated might delay processing the request.

In certain cases, the City may deny your request for an amendment. For example the City may deny your request if the information you want to amend is not maintained by the City, but by another entity. If your request is denied, you have the right to file a statement of disagreement with the City. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right of an Accounting

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of protected health information will be for purposes of payment or health care operations, and therefore, will not be subject to your right to an accounting. There also are other exceptions to this right.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by submitting your request in writing to Privacy Officer, 420 W. Main, Suite 110, Oklahoma City, OK, 73102. It is important that you direct your request for an accounting to this address so that the City can begin to process your request. Requests sent to persons or offices other than the one indicated might delay processing the request.

Your request may be for disclosures made up to six years before the date of your request, but not for disclosures made before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, the City may charge you for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

COMPLAINTS

If you believe your privacy rights have been violated, you may initiate a complaint with the City by calling the Privacy Officer at (405) 297-2144. A copy of a complaint form is available from this contact office.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

The City's Group Indemnity Health Plan will not penalize or any other way retaliate against you for filing a complaint with the Secretary or with the City's Privacy Officer.