



HIPAA 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.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI.

The group health plan, as a covered entity, is required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices. We are also required by law to notify you following a breach of unsecured PHI. A breach is the acquisition, use, or disclosure of PHI in an unpermitted manner which compromises the security or privacy of the PHI. PHI is unsecured if it is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of technology or methods as provided by law.

We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals subject to the Notice at that time.

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations

Federal law allows a covered entity to use and disclose PHI, for the purposes of treatment, payment and health care operations, without your authorization. Examples of the uses and disclosures that we may make under each section are listed below:

- **Treatment:** Treatment refers to the provision, coordination or management of health care by a doctor, hospital or other health care provider. A covered entity may use or disclose PHI for treatment activities of a health care provider. For example, the covered entity may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from the treating dentist.
- **Payment:** Payment refers to the activities undertaken by a health plan to obtain premiums or fulfill its responsibility for coverage and provision of benefits; or activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care. A covered entity may use or disclose PHI for its own payment or may disclose PHI to another covered entity or health care provider for the payment activities of the entity that receives the information. Examples of uses and disclosures under this section include the sending of PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with other insurers to determine coordination of benefits or settle subrogation claims; providing PHI to the group health plan's utilization review company for pre-certification or case management services; providing PHI in the billing, collection and payment of premiums and fees to plan vendors such as PPO Networks, utilization review companies, prescription drug card companies and reinsurance carriers; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the Plan.



- **Health Care Operations:** Health Care Operations refers to the basic business functions and activities necessary for the covered entity to operate. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the covered entity's performance or the performance of a particular network or vendor; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the plan; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the group health plan; disclosure of PHI to consultants who provide legal, actuarial and auditing services to the covered entity; and use of PHI in general data analysis used in the long term management and planning for the covered entity.

Other Uses and Disclosures Allowed Without Authorization

We may use or disclose your PHI, without your consent, authorization or opportunity to object under the following circumstances:

- We may disclose PHI to you, as the covered individual. We may use your PHI to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may disclose your PHI to our Business Associates to assist us in these activities.
- We may disclose your PHI to a personal representative designated by you to receive PHI such as a friend or relative or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
- We may disclose your PHI to the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA Privacy Rules.
- We may disclose your PHI to a Business Associate as part of a contracted agreement to perform services for the covered entity. Each Business Associate must provide satisfactory assurance that it will appropriately safeguard the PHI.
- We may disclose your PHI to a health oversight agency, such as the Department of Labor (DOL), the Internal Revenue Service (IRS) and the Insurance Commissioner's Office, for oversight activities authorized by law.
- We may disclose and use your PHI in response to an order, subpoena, discovery request or other lawful process in the course of any judicial or administrative proceeding.
- We may disclose your PHI as required for law enforcement purposes to a law enforcement official. Such permitted disclosures include the following:
 1. Pursuant to legal process or as otherwise required by law.
 2. In response to a request for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, under certain conditions (and only certain types of PHI may be disclosed).
 3. Under limited circumstances, in response to a request for information about an individual who is suspected to be a victim of a crime.
 4. Decedent information for the purpose of alerting law enforcement if the covered entity suspects that death resulted from criminal conduct.
 5. PHI that covered entity believes is evidence of criminal conduct on its premises.
 6. In limited circumstances, in response to a medical emergency.



- We may disclose PHI to a coroner, medical examiner, or funeral director with respect to a deceased person.
- We may disclose your PHI to an organ procurement organization in limited circumstances.
- We may disclose your PHI to avert a serious threat to your health or safety or the health or safety of others.
- We may disclose your PHI to federal officials specialized government functions, including for lawful intelligence, counterintelligence, military and other national security purposes.
- We may disclose your PHI to public health authorities for public health purposes.
- We may disclose to a government authority PHI about an individual reasonably believed to be the victim of abuse, neglect or domestic violence.
- We may disclose and use your PHI as required to comply with workers' compensation laws or other similar programs established by law.
- We may disclose your PHI to the Plan Sponsor, as necessary to carry out administrative functions of the Plan such as evaluating renewal quotes for reinsurance of the Plan, funding check registers, reviewing claim appeals, approving subrogation settlements and evaluating the performance of the Plan.
- We may disclose and use your PHI as is otherwise required or permitted by law.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

OTHER USES AND DISCLOSURES

You will generally be given an opportunity to agree or object before we will:

- Disclose your PHI to a family member, relative, friend or other individual directly relevant to such person's involvement with your care or payment.
- Use or disclose your PHI for disaster relief purposes.

Your written authorization will generally be obtained before we will:

- Use or disclose notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. We may use and disclose such notes when needed by the covered entity to defend against litigation filed by you and for limited other purposes.
- Use or disclose PHI for marketing purposes. If the marketing involves remuneration, the authorization must state that remuneration is involved.



- Disclose any PHI in a sale. Any authorization must state that the disclosure will result in remuneration to the covered entity.

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

YOUR RIGHTS

Right to Request Restrictions on Uses and Disclosures

You have the right to request that the covered entity limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request the covered entity restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Contact listed below and must state the specific restriction requested and to whom that restriction would apply.

The covered entity is not required to agree to a restriction that you request unless the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which the individual, or person other than the covered entity on behalf of the individual, has paid in full. If it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The covered entity is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Contact listed in this Notice.

Right to Access to Your Protected Health Information

You have the right to inspect and copy your PHI that is contained in a designated record set for as long as the covered entity maintains the PHI. A designated record set contains claim information, premium and billing records and any other records the covered entity has created in making claim and coverage decisions relating to you. Federal law does prohibit you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Amend Protected Health Information

You have the right to request that PHI in a designated record set to be amended for as long as the Plan maintains the PHI. The covered entity may deny your request for amendment if it determines that the PHI was not created by the covered entity, is not part of designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the covered entity has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of disclosures of your PHI that the covered entity has made during the six years prior to the date of your request, if any, for reasons other than disclosures (i) for



treatment, payment and health care operations, as described above, (ii) for national security, intelligence or law enforcement purposes, as provided by law, and (iii) disclosures made to you or your personal representative. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Contact listed in this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the covered entity or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Contact listed in this Notice. The covered entity will not retaliate against you for filing a complaint.

PRIVACY CONTACT

If you have any questions about this Notice, please contact the Privacy Contact for the covered entity at the following address:

Privacy Contact: Director of Personnel

Telephone: 617-625-6600 X 3310

Fax: 617-666-4426

Email: wroche@somervillema.gov

Address: City Hall, 93 Highland Avenue, Somerville MA 02143

EFFECTIVE DATE OF NOTICE

This notice becomes effective on November 27, 2013

