

**NOTICE OF  
THE CITY OF HARRISONBURG,  
VIRGINIA  
HEALTH PLAN 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.**

**USE AND DISCLOSURE OF HEALTH  
INFORMATION**

The term "Health Plan" will be used throughout this Notice to describe the health benefits provided under the City of Harrisonburg Welfare Benefit Plan. The Health Plan may use your protected health information (PHI) for purposes of making or obtaining payment for your care and in conducting health care operations. PHI includes any individually identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payments for your health care, as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996. The Health Plan has established policies and procedures to guard against unnecessary disclosure of your PHI.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED.**

Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

To Make or Obtain Payment. The Health Plan may use or disclose your PHI to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits or to settle subrogation claims.

To Conduct Health Care Operations The Health Plan may use or disclose PHI as necessary to facilitate the administration of the Health Plan and to provide coverage and services to Health Plan participants. "Health care operations" includes such activities as: conducting quality assessment studies to evaluate the Health Plan's performance or the performance of a particular network or vendor; determining the cost impact of benefit design changes; the disclosure to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the Health Plan; the disclosure to stop-loss or reinsurance carriers to obtain claim reimbursements to the Health Plan; disclosure to Health Plan consultants who provide legal, actuarial and auditing services to the Health Plan; and in general data analysis used in the long term management and planning for the Health Plan.

For Treatment Alternatives. The Health Plan may use and disclose your PHI so that it may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Distribution of Health-Related Benefits and Services. The Health Plan may use or disclose your PHI so that it may provide you with information on health-related benefits and services that may be of interest to you.

For Disclosure to the Plan Sponsor. The Health Plan may disclose your PHI to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of the Health Plan. The Health Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or so that it may modify, amend, or terminate the plan.

When Legally Required. The Health Plan will disclose your PHI when it is required to do so by any federal, state or local law.

Public Health Risks. The Health Plan may disclose your PHI for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify Health Plan participants of product recalls, repairs or replacements; to notify **a person who may have been exposed to a disease or may** be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a Health Plan participant has been the victim of abuse, neglect or

domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

To Conduct Health Oversight Activities. The Health Plan may disclose your PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Health Plan, however, may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. As permitted or required by state law, the Health Plan may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal, provided that the Health Plan discloses only the PHI expressly authorized by such order. The Health Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if reasonable efforts have been made to notify you about the request or to obtain an order protecting your PHI.

For Law Enforcement Purposes. The Health Plan may release PHI if asked to do so by a law enforcement official as part of certain law enforcement activities.

In the Event of a Serious Threat to Health or Safety. The Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your PHI, if the Health Plan in good faith believes that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

For Specified Government Functions. The Health Plan may disclose the PHI of military personnel, veterans, and inmates of a correctional institution in certain situations. It may also disclose your PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

For Worker's Compensation. The Health Plan may release your PHI to the extent necessary to comply with laws related to worker's compensation or similar programs.

#### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the Health Plan will not disclose your PHI other than with your written authorization. If you authorize the Health Plan to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke your permission, the Health Plan will no longer use or disclose your PHI for the reasons covered by your written authorization.

You understand that the Health Plan is unable to retract any disclosures it has already made, and that it is required to retain its records of the care that it provided to you.

### YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your PHI that the Health Plan maintains:

Right to Request Restrictions. You have the right to request that the Health Plan restrict its uses and disclosures of PHI in relation to your treatment, payment and health care operations. Any such request must be made in writing to the Contact Person listed in this Notice and must state the specific restriction requested and to whom that restriction would apply. If you wish to make a request for restrictions, please contact the Director of Finance, 345 South Main Street, Harrisonburg, Virginia (540-432-7702).

The Health Plan is not required to agree to a restriction that you request. However, 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 Health Plan 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 Director of Finance, 345 South Main Street, Harrisonburg, Virginia (540-432-7702).

Right to Inspect and Copy Your 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 Health Plan maintains the PHI. A designated record set contains claim information, premium and billing records and any other records the Health Plan 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. A request to inspect and copy records containing your PHI must be made in writing to the Director of Finance, 345 South Main Street, Harrisonburg, Virginia (540-432-7702) or fax to 540-432-7779. If you request a copy of your PHI, the Health Plan may charge a reasonable fee for copying costs, assembling costs, and postage, if applicable, associated with your request.

Right to Amend Your Health Information. If you feel that PHI the Health Plan has about you is incorrect or incomplete, you may ask the Health Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plan. To request an amendment, your request must be made in writing and submitted to the Director

of Finance, 345 South Main Street, Harrisonburg, Virginia (540-432-7702) or fax to 540-432-7779. In addition, you must provide a reason that supports your request.

The Health Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Health Plan may deny your request if you ask it to amend information that:

- is not part of the medical information kept by or for the Health Plan;
- was not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or 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 Health Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you.

Right to an Accounting. You have the right to request a list of all disclosures of your PHI that the Health Plan has made, if any, for reasons other than disclosures for treatment, payment or health care operations as described above and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to: (1) PHI created by the Health Plan after April 14, 2003 and to (2) disclosures made by the Health Plan within six years prior to the date that the request is made. The request must be made in writing to the Director of Finance, 345 South Main Street, Harrisonburg, Virginia (540-4.32-7702) or fax to 540-432-7779. The Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Health Plan will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Director of Finance, 345 South Main Street, Harrisonburg, Virginia (540-432-7701) or fax to 540-432-7779. You also may obtain a copy of the current version of this notice on the City's Internet home page at [www.ci.harrisonburg.va.us](http://www.ci.harrisonburg.va.us).

#### DUTIES OF HEALTH PLAN

The Health Plan is required by law to maintain the privacy of your PHI as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Health Plan

reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. If the Health Plan changes its policies and procedures, the Health Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change

You have the right to file a complaint with the Health Plan and the Secretary of the Department of Health and Human Services, if you believe that your privacy rights have been violated. Any complaints to the Health Plan should be made in writing to the Director of Finance, 345 South Main Street, Harrisonburg, Virginia or fax to 540-432-7779. The Health Plan encourages you to express any concerns you may have regarding the privacy of your PHI. You will not be retaliated against in any way for filing a complaint

### CONTACT PERSON

The Health Plan has designated the Director of Finance as its contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at 345 South Main Street, Harrisonburg, Virginia (540-432-7702) or fax to 540-432-7779.

### EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT the City's Director of Finance, 345 South Main Street, Harrisonburg, Virginia (540-432-7702) or via fax at 540-432-7779.