

ACTIVITIES

6480 AMHERST CENTRAL SCHOOL DISTRICT-EMPLOYEE HEALTH BENEFIT PLAN - VISION PLAN - DENTAL PLAN: 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."

As a participant, the Amherst Central School District provides this notice to you as Plan Sponsor of the District's Basic Medical Plan, Major Medical Plan, Dental Plan and Vision Plan (Group Health Plan), administered by our Business Associate of the Group Health Plan. This page describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is permitted or required by law. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer at the address below.

Who Will Follow This Notice

This notice describes the Group Health Plan's practices regarding the use of your medical information. Any District employee who has access to your PHI as part of his/her responsibilities to administer the Group Health Plan will follow this notice. Any Business Associate of the Group Health Plan, our stop-loss carrier, is also bound to follow this notice. We may disclose your PHI to a Business Associate to administer claims or to provide member service support, utilization management or other Group Health Plan business functions.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and benefits you receive. We need this record to administer the Group Health Plan and to comply with certain legal requirements. This notice applies to all of your protected health information (PHI), whether made by health care professionals or other personnel. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain

obligations we have regarding the use and disclosure of medical information. We are required by law to:

- a) Keep medical information that identifies you private;
- b) Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- c) Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without a separate authorization from you. For each category of uses or disclosures we will try to give some examples. Not every use or disclosure in a category will be listed.

For Payment. We may use and disclose medical information about you to pay claims for services provided to you and to obtain stop-loss insurance reimbursements or otherwise to fulfill our responsibilities for coverage and providing benefits. We may also use or disclose your PHI when a health care provider requests information about your eligibility for coverage under the Group Health Plan, or we may use your PHI to determine if a treatment you will receive or have received is eligible for coverage. We also use or disclose PHI in order to process any appeal you request.

For Health Care Plan Operations. We may use and disclose medical information about you to fulfill the plan's business functions. For example, we may use medical information to maintain and improve quality, to review health care provider performance, for licensing, stop-loss underwriting, business planning and business development. For example, we may use or disclose your PHI to respond to your questions, or in connection with fraud and abuse detection and compliance programs. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. For example, we may release PHI to your personal representative, such as a guardian or Social Security representative payee, so long as you provide proper documentation of that person's authority to represent you. In addition, we may disclose medical information about you

to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ' donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- a) To prevent or control disease, injury or disability;
- b) To report births and deaths;

- c) To report child abuse or neglect;
- d) To report reactions to medications or problems with products;
- e) To notify people of recalls of products they may be using;
- f) 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;
- g) To notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court. These requests must be in accordance with state or federal law.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

Protective Services for the President. National Security and Intelligence Activities. We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are ever an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (a) for the institution to provide you with health

care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Rights Under New York State Law. You may have rights to the confidentiality of certain medical information through New York State Law, such as HIV/AIDS information or mental health records.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your benefits. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address on the last page. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the District or by our Business Associate of the Group Health Plan 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.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We 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, we may deny your request if you ask us to amend information that:

- a) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- b) Is not part of the medical information kept by this Group Health Plan;
- c) Is not part of the information which you would be permitted to inspect and copy; or
- d) Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.

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. 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 emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

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 our Privacy Officer. 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.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request one in writing from our Privacy Officer at the address below.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have

about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Amherst Central School District Employee Health Benefit Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with Amherst Central School District Employee Health Benefit Plan, contact our Privacy Officer at the address and phone number listed below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your permission, thereafter 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.

Privacy Officer

Michael Belle-Isle

Privacy Officer
District Office
55 Kings Highway
Amherst, New York 14226
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