

PLAN MEMBER NOTICE OF PRIVACY PRACTICES

Galesburg CUSD #205 Health Care Plan

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

For purposes of this Notice: The term “Employer” means the Plan Sponsor designated by the Plan. The term “Plan” means the “Plan” described above.

I. Background Information and Effective Date

The Department of Health and Human Services published a final regulation addressing the privacy of Protected Health Information (as defined in section III below) in August of 2002 (the “Privacy Rule”). As a result, the Plan will comply with the Privacy Rule, effective April 14, 2004 (the “Effective Date”).

II. Health Information to Which this Notice Applies

This Notice applies to “Protected Health Information,” which means any written, oral, or electronic health information that meets the following three requirements:

- The information is created or received by a health care provider, the Plan, or the Employer, as sponsor of the Plan.
- The information includes specific identifiers that identify you or could be used to identify you.
- The information relates to one of the following:
 - providing health care to you,
 - your past, present, or future physical or mental condition, or
 - the past, present, or future payment for your health care.

This includes any of the following documentation, if the documentation reveals your identity and your health status or payment issues: medical records (such as hospital charts or doctor's notes); medical bills (such as bills for hospital or doctor's services); claims data (such as data on claims payments made by the Plan on your behalf); and insurance payment information (such as an Explanation of Benefits).

III. Uses and Disclosures of Protected Health Information by the Plan

The Plan, its business associates, and their agents/subcontractors, if any, may use or disclose your Protected Health Information for purposes of making or obtaining payment for your health care, for purposes of conducting health care operations, or for certain other specified purposes. The Plan has established a policy to guard against unnecessary uses and disclosures of your Protected Health Information. The purposes for which your Protected Health Information may be used and disclosed by the Plan may be summarized as follows:

A. To Make or Obtain Payment for Health Care

The Plan may use or disclose your Protected Health Information to make payment for, or to obtain or facilitate payment of, your health care claims. Payment for health care includes such activities as: making eligibility or coverage determinations; claims management or adjudication; claims appeals determinations; coordination of benefits with another health plan; medical necessity determinations; concurrent or retrospective review of services; utilization review of services; precertification or pre-authorization of services; subrogation of claims; billing; determination of cost sharing amounts; risk adjusting based on enrollee health status and demographics; disclosure to consumer reporting agencies; obtaining payment under a contract of reinsurance; and collection activities.

For example, the Plan may provide Protected Health Information regarding your coverage or treatment to other health plans to coordinate the payment of benefits between or among the other plans and the Plan.

B. To Conduct Health Care Operations

The Plan may use or disclose your Protected Health Information to facilitate the administration and operation of the Plan. Health care operations include such activities as: case management and care coordination; conducting or arranging for medical review, auditing, or legal services; population-based activities to improve health or reduce health care costs; contacting providers or patients with information regarding treatment alternatives; clinical guideline and protocol development; reviewing the competence or qualifications of health care professionals and evaluating health plan performance; underwriting and premium rating; fraud and abuse detection; and activities relating to the creation, renewal, or replacement of a health care contract.

For example, the Plan may use Protected Health Information regarding your coverage or treatment for case management to help ensure that appropriate treatment is being provided for your condition.

The Plan is prohibited from using or disclosing Protected Health Information that is genetic information for underwriting purposes.

C. For Treatment Alternatives or Distribution of Health-Related Benefits and Services

The Plan may use or disclose your Protected Health Information to tell you about treatment alternatives, or to provide you with information about other health-related benefits or services that may be of interest to you.

D. To Assist Employer As Plan Sponsor

The Plan may disclose your Protected Health Information to the Employer, as sponsor of the Plan, to assist the Employer in the performance of plan administrative functions. The Plan also may provide your Protected Health Information or summary health information to the Employer, as plan sponsor, so that the Employer may obtain premium bids or modify, amend, or terminate the Plan. Summary health information does not directly identify you, but summarizes claims history, claims expenses, or types of claims experienced. Finally, the Plan may disclose your enrollment and disenrollment information to the Employer as plan sponsor.

E. When Legally Required

The Plan may disclose your Protected Health Information when required to do so by any federal, state, or local law.

F. In Connection With Judicial and Administrative Proceedings

The Plan may disclose your Protected Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by the order. The Plan also may disclose your Protected Health Information in the course of any judicial or administrative proceeding in response to a subpoena, discovery request, or other lawful process, but only when the Plan receives satisfactory assurance from the party seeking the Protected Health Information that that party made reasonable efforts to either notify you about the request or to obtain an order protecting your Protected Health Information.

G. For Law Enforcement Purposes

The Plan may disclose your Protected Health Information to a law enforcement official for certain law enforcement purposes. For example, the Plan may disclose your Protected Health information pursuant to a law requiring the reporting of certain types of wounds or other physical injuries.

H. For Health Oversight Activities

The Plan may disclose your Protected Health Information to a health oversight agency for health oversight activities authorized by law, including: audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, certain government benefit programs, certain entities subject to government regulatory programs, or certain entities subject to civil rights laws. The Plan may not disclose your

Protected Health Information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

I. In the Event of a Serious Threat to Health or Safety

Under certain circumstances, the Plan may, consistent with applicable law and standards of ethical conduct, use or disclose your Protected Health Information if the Plan, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the health or safety of the public.

J. For Specified Government Functions

Under certain circumstances, the Plan may use or disclose your Protected Health Information to facilitate specified government functions related to: the military and veterans; national security and intelligence activities; protective services for the President of the United States and others; or correctional institutions and inmates.

K. For Public Health Activities

The Plan may disclose your Protected Health Information for public health activities, such as to assist public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other public health activities as specified in the Privacy Rule.

L. For Disaster Relief Purposes

Under certain circumstances, the Plan may use or disclose your Protected Health Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

M. In Connection with Decedents

The Plan may disclose your Protected Health Information to funeral directors or coroners to enable them to carry out their lawful duties.

N. For Workers' Compensation Purposes

The Plan may disclose your Protected Health Information to the extent necessary to comply with laws related to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault.

O. For Involvement In, and Notification Of, Your Care

The Plan may use or disclose your Protected Health Information to your relatives, close personal friends, personal representatives, or other persons you identify who are involved in your care or payment for your care, or to notify family members or others responsible for your care of your condition or location. In these situations, when you are present and not incapacitated, the Plan will either (1) provide you with an opportunity to disagree to the use or disclosure and, if

you do not disagree, your Protected Health Information may be used or disclosed, (2) obtain your agreement to the use or disclosure, or (3) infer your consent from the circumstances.

P. To Assist Victims of Abuse, Neglect, or Domestic Violence

The Plan may, under certain circumstances, disclose Protected Health Information about individuals who are reasonably believed to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

Q. For Cadaveric Organ, Eye, or Tissue Donation

The Plan may use or disclose Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

R. For Certain Government-Approved Research Activities

The Plan may use or disclose Protected Health Information about you for research as provided under the Privacy Rule.

S. To Other Covered Entities

The Plan may disclose Protected Health Information to health care providers to assist them in connection with their treatment or payment activities. In addition, the Plan may disclose Protected Health Information to other entities subject to the Privacy Rule to assist them with their payment activities or certain of their health care operations. For example, the Plan might disclose your Protected Health Information to a health care provider when needed by the provider to render treatment to you.

T. With An Authorization

Other than as stated above, the Plan will not use or disclose your Protected Health Information without your written authorization. In addition, the use and disclosure of psychotherapy notes, the use and disclosure of Protected Health Information for marketing purposes, and disclosures that constitute a sale of Protected Health Information, will not be made by the Plan without your written consent.

If you authorize the Plan to use or disclose your Protected Health Information, you may revoke that authorization in writing at any time. If you revoke the authorization, the Plan will no longer use or disclose your Protected Health Information for the reasons covered by your written authorization. Your revocation will not affect any uses or disclosures the Plan has already made prior to the date the Plan receives notice of the revocation.

IV. Your Rights Regarding Your Protected Health Information

You have the following rights regarding the Protected Health Information retained by the Plan:

A. Right to Request Restrictions

You have the right to request that the Plan restrict:

- Uses and disclosures of your Protected Health Information to carry out payment or health care operations.
- Certain uses and disclosures for disaster relief and other notification purposes and for involvement in your care.
- Certain uses and disclosures after your death to individuals involved in your care prior to death.

If you make a request to the Plan for a restriction as described above, the Plan is not required to agree to such a restriction.

If you wish to make a request for a restriction, please make a request in writing to the privacy officer designated in paragraph VIII below. Your request should include the following: (1) the Plan to which the request applies; (2) what uses and/or disclosures you want to limit; and (3) to whom you want the restriction to apply (for example, disclosures to your spouse).

B. Right to Receive Confidential Communications

You have the right to request that the Plan communicate with you in a certain way if you feel that the disclosure of your Protected Health Information could endanger you. For example, you may ask that the Plan only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to the privacy officer designated in paragraph VIII below. Your request must be reasonable and should include the following: (1) the Plan to which the request applies; (2) an alternative address or other means of contacting you; and (3) a statement that the disclosure of all or part of the Protected Health Information to which the request pertains could endanger you. The Plan will attempt to accommodate these requests for confidential communications.

C. Right to Inspect and Copy

In general, you have the right to inspect and obtain a copy of your Protected Health Information. A request to inspect or obtain a copy of your Protected Health Information must be made in writing to the privacy officer designated in paragraph VIII below and must include: (1) the desired form or format of access; (2) a description of the Protected Health Information to which the request applies; and (3) appropriate contact information. If you request a copy of your Protected Health Information, you may be charged a reasonable fee for the costs of copying, postage, and other supplies associated with your request.

Under very limited circumstances, your request to inspect or obtain a copy of your Protected Health Information may be denied. In most cases, if your request is denied, you may request a review of the denial in accordance with the privacy complaint procedure, a copy of which can be obtained from the privacy officer at the address in paragraph VIII below.

D. Right to Amend

If you believe that Protected Health Information the Plan has about you is inaccurate or incomplete, you may ask that the Plan amend that Protected Health Information. You have the right to request an amendment for as long as the Protected Health Information is kept by the Plan. A request to amend your Protected Health Information must be made in writing to the privacy officer designated in paragraph VIII below. The request to amend must include the name of the Plan to which the request applies, a description of the amendment requested, and a reason to support the request.

Your request for an amendment may be denied if you request an amendment of Protected Health Information that the Plan determines: (1) was not created by the Plan. unless the originator of the Protected Health Information is no longer available to make the amendment; (2) is not part of the Plan's records; (3) is not Protected Health Information that you would be permitted to inspect or copy; or (4) is accurate and complete.

If your request is denied, you may request a review of the denial in accordance with the privacy complaint procedure, a copy of which can be obtained from the privacy officer at the address in paragraph VIII below.

E. Right to an Accounting of Disclosures

You have a right to request a list of the disclosures made by the Plan of your Protected Health Information. The list will not include the following types of disclosures: (1) disclosures to you of your own Protected Health Information; (2) disclosures for purposes of payment and health care operations; (3) disclosures you authorize; (4) disclosures to persons involved in your care or for disaster relief or other notification purposes; (5) disclosures for national security, intelligence, or law enforcement purposes; (6) disclosures that are part of a limited data set, as defined in the Privacy Rule; or (7) disclosures that are incident to a use or disclosure otherwise permitted or required by the Privacy Rule.

A request for an accounting must be made in writing to the privacy officer designated in paragraph VIII below. The request must specify the name of the Plan to which the request applies, as well as the time period for which you are requesting the accounting. The time period for which you request an accounting may not start earlier than the April 14, 2004 Effective Date of the Privacy Rule and may not be for a period of time going back more than six (6) years. The first accounting you request within a 12-month period will be free of charge. For additional accountings within that same 12-month period, you may be charged a reasonable fee for the costs of providing the accounting. You will be notified in advance of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

F. Right to Receive a Paper Copy of this Notice

You have the right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously or agreed to receive this Notice electronically. For those employees with access to the Employer Company Intranet Site, you may obtain a paper copy of this Notice, which is posted in the Things You Need to Know part of the Employer Intranet home page. If you do not have access to Intranet Site, you may contact your local Human Resources representative for a paper copy of this Notice.

V. Other Obligations of the Plan

In addition to the other obligations set forth in this Notice, the Plan is required to:

- Maintain the privacy of your Protected Health Information in a manner consistent with the Privacy Rule
- Provide you with this Notice of its legal duties and privacy practices with respect to your Protected Health Information
- Notify affected individuals following a breach of unsecured Protected Health Information
- Abide by the terms of this Notice

VI. Changes to this Notice

The Plan reserves the right to change this Notice and to make the revised or changed Notice effective for Protected Health Information the Plan already has about you, as well as for any such information received in the future. If the Plan changes any of their privacy policies and procedures, the Plan will revise the Notice as appropriate and will provide a copy of the revised Notice to you by mail within 60 days of the change. For those employees with access to Employer Intranet Site, you also may obtain a paper copy of this Notice, which is posted in the Things You Need to Know part of the Site's home page. If you do not have access to the Intranet Site, you may contact your local Human Resources representative for a paper copy of this Notice.

VII. Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the privacy officer designated in paragraph VIII below or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Information

The Plan has designated the individual described below as the privacy officer. The privacy officer is the contact person for all issues regarding patient privacy and your privacy rights. You may contact the privacy officer at the following address and telephone number if you have a

question about the privacy of your Protected Health Information, your privacy rights, or this Notice.

[Contact & Title]	<u>Karen Addis Frakes/Administrative Assistant for Insurance/HR</u>
[Plan Sponsor]	<u>Galesburg CUSD #205</u>
[Street Address]	<u>932 Harrison Street</u>
[City, State & Zip]	<u>Galesburg IL 61401</u>
[Telephone Number]	<u>309-973-2000 or FAX: 309-343-7757</u>

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER DESIGNATED IN PARAGRAPH VIII ABOVE.

513-188