



Pflugerville ISD Health Plan Notice of Privacy Practice Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Your request must be in writing, signed by you, clearly identifying where the health information should be sent.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis for denial.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Your request must be in writing, signed by you, and must include a reason to support the requested correction.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Your request must be in writing unless it is not feasible to do so at which time we will accept a verbal request.
- We will accommodate your request if you advise the disclosure of your health information through our usual means could endanger you, if your request is reasonable, the request includes an alternative means and includes whether payment, if any will also be handled this way.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care. In certain instances federal law does not permit a restriction.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you or your representative asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. All requests must be made in writing and signed by you.



Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 6.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.



Help manage the health care treatment you receive (Treatment)

- We can use your health information and share it with professionals who are treating you.

Example: Care managers may disclose health information to a home health care agency to make sure you get the services needed after discharge from a hospital.

Run our organization (Health Care Operations)

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Example: We use health information about you to develop better services for you. This may include reviewing health plan performance, assessing and improving the quality of health care services, coordinating/managing care, underwriting, obtaining reinsurance, and other items as necessary for the operation of the health plan.

Pay for your health services (Payment)

- We can use and disclose your health information as we pay for your health services.

Example: Payment purposes include determining eligibility for benefits, reviewing services for medical necessity, performing utilization review, subrogation, and coordinating benefits.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with entities to provide a health plan or health plan services, and we provide that company with certain information for administrative purposes. A plan sponsor must protect health information in accordance with the law.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.



Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Share with business associates

- We may contract with individuals or entities known as Business Associates to perform various functions on the Plans' behalf. These Business Associates may receive, create, maintain, transmit, use and/or disclose your health information but only after they agree in writing to implement appropriate safeguards regarding your protected health information. For example, we may disclose your health information to a Business Associate for claims processing, pharmacy benefit management, health care operations, and such.

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or response to a subpoena.



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, posted on our intranet, and in one of our periodic mailings to inform participants of the updated notice.

Other Instructions for Notice

For additional information please send an email to the Risk Management/Leave & Benefits HR Director at benefits@pfisd.net or call 512-594-0026. To exercise any of the individual rights described above a request in writing should be sent to:

Benefits Department
Pflugerville Independent School District Health Plan
1401 West Pecan
Pflugerville, TX 78660