

# 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.**

Lancaster County sponsors a self-insured group *Dental Plan* and *Flexible Spending Account Plan* for county employees. This notice describes how the Plans maintain the privacy of your health information and your rights under the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The HIPAA Privacy Regulations are found at 45 *Code of Federal Regulations* Parts 160 and 164.

The Privacy Regulations govern the use and disclosure of your individually identifiable health information that is transmitted or maintained by the Plan. This is called "Protected Health Information" or "PHI" under the Regulations.

The Plan must follow the privacy practices contained in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. If the privacy practices are changed, a revised version of this notice will be provided to individuals then covered by the Plan for which the Plan still maintains PHI.

## **USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION:**

Your written authorization is required before the Plan may disclose your PHI to persons not specifically authorized to receive the information under the Privacy Regulations. When your authorization is required for disclosure of your PHI, you will also have the right to revoke the authorization at any time.

## **USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION:**

**Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations.** The Plan has the right to and will use PHI without your authorization or opportunity to agree or object so the Plan can carry out treatment, payment and health care operations. The Plan may also disclose PHI to the Plan Sponsor and to certain agents and employees of the Plan Sponsor. The Plan Document has been amended to protect your PHI as required by the Privacy Regulations.

The Plan may disclose your protected health information to other persons or organizations known as business associates who provide services for the Plan under contract. We require our business associates to protect the information we provide to them pursuant to the Privacy Regulations.

**Individuals Involved With Your Care Or Payment Of Your Care.** The Plan may disclose your PHI to family members, other relatives and your close personal friends if the information is directly relevant to the family or friend's involvement with your care or payment for that care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

## **Other Uses and Disclosures for Which Authorization is Not Required.**

- 1. Required By Law.** The Plan may use or disclose your health information to the extent that the use or disclosure is required by law.
- 2. Public Health Activities.** The Plan may use or disclose your health information for public health activities required or permitted by law. These activities generally include the following: to prevent or control disease, injury or disability; to report births or deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; or to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- 3. Health Oversight Activities.** The Plan may use or disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, licensure and inspections. These agencies might include

government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights law.

- 4. Abuse or Neglect.** The Plan may use or disclose your health information if we believe that you have been a victim of abuse, neglect, or domestic violence, to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state law.
- 5. Coroners, Medical Examiners and Funeral Directors.** The Plan may use or disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation.
- 6. Law Enforcement.** The Plan may use and disclose health information for law enforcement purposes, including but not limited to the following: in response to legal proceedings; to identify or locate a suspect, fugitive, material witness or missing person; pertaining to a victim of a crime; pertaining to a death believed to be the result of criminal conduct; pertaining to crimes occurring on-site; and in emergency situations to report a crime, the location of the crime or victims involved.
- 7. Organ and Tissue Donation.** The Plan may use or disclose your health information to people involved with obtaining, storing, or transplanting organs, eyes or tissue of cadavers for donation purposes.
- 8. Military and National Security Activities.** The Plan may use or disclose your health information to authorized federal officials for conducting intelligence, counterintelligence, and other national security activities.
- 9. Legal Proceedings.** The Plan may use or disclose your health information in the course of any judicial or administrative proceeding, in response to a court or administrative order and in certain conditions in response to a subpoena, discovery request or other lawful process.

**10. Workers' Compensation.** The Plan may use or disclose your health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

**11. Health Or Safety.** The Plan may use or disclose your health information to law enforcement or other agency to prevent a serious threat to your health and safety or the health and safety of other people.

**12. Inmates.** The Plan may use or disclose health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

**13. For Research.** Under certain circumstances, and only after a special approval process, the Plan may use or disclose your health information to help conduct research.

**YOUR RIGHTS WITH REGARD TO YOUR HEALTH INFORMATION:**

**Right To Inspect And Copy.** You have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes; information gathered in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. You may be charged a reasonable fee for a copy of your records.

**Right to Request To Correct Or Amend.** If you believe your health information is incorrect, you may ask us to correct or amend the information. Your request must be made in writing and must include a reason for the correction or change. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

**Right To Request Restrictions.** You have the right to ask for restrictions on how your health information is used or disclosed for treatment, payment and health care operations. Your request must be in writing and must include what information you want to

limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. We are not legally required to agree with your requested restriction(s).

**Right To Request Confidential Communications.** You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests.

**Right to An Accounting Of Disclosures.** You have the right to ask that we provide you with a list of the disclosures we have made of your health information after April 14, 2004. This list will not include disclosures made for treatment, payment or health care operations. This list will not include disclosures made to you or your legal representative, law enforcement/corrections regarding inmates, certain health oversight activities, our directory, national security or pursuant to your authorization.

**Right To Revoke Your Authorization.** If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

**Right To A Paper Copy Of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. We will not retaliate against you for filing such a complaint.

**If you have any questions or concerns regarding your privacy rights, the information in this notice, or if you wish to file a complaint, please contact the following individual for information:**

Lancaster County  
ATTN: Privacy Officer  
555 South 10th Street  
Lincoln, NE 68502  
(402) 441-7883

**This Notice of Privacy Practices is effective April 14, 2004.**