

**Gloucester County Public Schools Employee Health Care Plan,
Gloucester County Public Schools Employee Dental Care Plan,
Gloucester County Public Schools Employee Flexible Benefits Plan ¹**

NOTICE OF PRIVACY PRACTICES

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

This Notice tells you about the ways in which the Gloucester County Public Schools Employee Health Plan, Gloucester County Public Schools Employee Dental Plan and Gloucester County Public Schools Employee Flexible Benefits Plan (referred to as the “Plan”) may use and disclose your protected health information and your rights concerning your protected health information. “Protected health information” is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

This Notice describes the legal obligations of the Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”). The Plan is required by HIPAA to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. The Plan must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

This Notice does NOT apply to The School Board of Gloucester County (“Company”) in its role as your employer or to any non-health benefit plan or programs sponsored by the Company, such as sick leave, worker’s compensation, short-or-long term disability, or life insurance, even though such plans or programs might involve the use or disclosure of your health-related information.

If you have any questions about this Notice or about our privacy practices, please contact the Plan’s Privacy Official or Deputy Privacy Official(s). See the end of the Notice for the complete contact information.

PLAN’S RESPONSIBILITIES

The Plan is required by law to:

¹ *This Notice applies to the medical, dental, prescription drug, vision and flexible benefits under the Plan in this Notice. The Plan contracts with a number of outside service providers to provide you the benefits just described. You may receive separate notices from the Plan’s service providers regarding their particular privacy practices.*

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of its legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The Plan may use and disclose your protected health information for different purposes. As appropriate for the particular Plan, the examples below are provided to illustrate the types of uses and disclosures it may make without your authorization for payment, health care operations and treatment. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

- **Payment.** The Plan uses and discloses your protected health information in order to determine eligibility for Plan benefits, to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may use and disclose your protected health information to process claims for covered services, to coordinate benefits or to respond to appeals. The Plan may also share your protected health information with a utilization review or precertification service provider. The Plan may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- **Health Care Operations.** The Plan uses and discloses your protected health information in order to perform its Plan activities, such as quality assessment activities or administrative activities. For example, the Plan may use your protected health information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, the Plan will not use your genetic information for underwriting purposes. Generally, genetic information involves information about differences in a person's DNA that could increase or decrease his or her chance of getting a disease (for example, diabetes, heart disease, cancer or Alzheimer's disease).
- **Treatment.** The Plan may use and disclose your protected health information to assist your health care providers (doctors, pharmacies, hospitals and others) in your diagnosis and treatment. For example, the Plan may disclose your protected health information to providers to enable them to supply you with information about alternative treatments or to assist your health care providers in managing your health conditions.
- **Plan Sponsor.** The Plan may disclose your protected health information to certain employees of Gloucester County Public Schools, the sponsor of the Plan, for Plan administration purposes that are described in the document that governs the Plan. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as

otherwise required by HIPAA, unless you have authorized further disclosures. Gloucester County Public Schools is required to certify to the Plan that it will use your protected health information in accordance with the applicable privacy regulations.

- **To Business Associates.** The Plan may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, the Plan may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with the Plan.
- **Organized Health Care Arrangements.** The Plan participates in what the federal privacy rules call an “Organized Health Care Arrangement” (OHCA). The purpose of that participation is that it allows protected health information to be shared between the members of the OHCA, without authorization by the persons whose protected health information is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the OHCA to share protected health information with the Plan for purposes such as shopping for other insurance bids. The members of the OHCA are as follows:
 - Gloucester County Public Schools Employee Health Care Plan
 - Gloucester County Public Schools Employee Dental Care Plan
 - Gloucester County Public Schools Employee Flexible Benefits Plan
 - Anthem BlueCross BlueShield
 - United Concordia
 - Cigna
 - EyeMed
- **Enrolled Dependents And Family Members.** The Plan will mail explanation of benefits forms and other mailings containing protected health information to the address it has on record for the employee who is enrolled in the Plan.

OTHER PERMITTED OR REQUIRED DISCLOSURES

- **As Required By Law.** The Plan must disclose protected health information about you when required to do so by federal, state, or local law. For example, the Plan may disclose your protected health information when required by national security laws or public health disclosure laws.
- **Public Health Activities.** The Plan may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims Of Abuse, Neglect Or Domestic Violence.** The Plan may disclose protected health information to government agencies about abuse, neglect or domestic violence.

- **Health Oversight Activities.** The Plan may disclose protected health information to government oversight agencies (e.g., U.S. Department of Labor) 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.
- **Judicial And Administrative Proceedings.** The Plan may disclose protected health information in response to a court or administrative order. The Plan may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** The Plan may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **Coroners, Funeral Directors, Organ Donation.** The Plan may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties. The Plan may also disclose protected health information in connection with organ or tissue donation.
- **Research.** The Plan may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.
- **To Avert A Serious Threat To Health Or Safety.** The Plan may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions.** The Plan may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, the Plan may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Workers' Compensation.** The Plan may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

The Plan will not use or disclose your protected health information for the following purposes without your prior written authorization:

- **Psychotherapy Notes.** Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against the Plan), the Plan will not use or disclose any mental health professional's psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior authorization.

- **Marketing Or Sales.** The Plan will not use or disclose your protected health information for any paid marketing activities or sell your protected health without your prior authorization. The Plan shall not directly or indirectly receive remuneration in exchange for any protected health information of an individual, unless an authorization is obtained from the individual, in accordance with 45 C.F.R. § 164.508, that specifies whether protected health information can be exchanged for remuneration by the entity receiving protected health from the individual, unless otherwise permitted under the HIPAA Privacy Rule.
- **Other Uses And Disclosures Not Described In This Notice.** Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time, in writing, except to the extent that the Plan has already taken action on the information disclosed or if the Plan is permitted by law to use the information to contest a claim or coverage under the Plan.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding protected health information that the Plan maintains about you.

- **Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. The Plan may charge a fee for the costs of producing, copying and mailing your requested information, but the Plan will tell you the cost in advance. If the information you requested is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If the Plan cannot agree on an electronic form and format, it will provide you with a paper copy.
- **Right To Amend Your Protected Health Information.** If you feel that protected health information maintained by the Plan is incorrect or incomplete, you may request that the Plan amend the information. Your request must be made in writing and must include the reason you are seeking a change. The Plan may deny your request if, for example, you ask the Plan to amend information that was not created by the Plan, as is often the case for health information in the Plan's records, or you ask to amend a record that is already accurate and complete.

If the Plan denies your request to amend, the Plan will notify you in writing. You then have the right to submit to the Plan a written statement of disagreement with the Plan's decision and the Plan has the right to rebut that statement.

- **Right To An Accounting Of Disclosures By The Plan.** You have the right to request an accounting of disclosures the Plan has made of your protected health information. The list will not include the Plan's disclosures related to your treatment, payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not include disclosures made more than six years before the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, the Plan may charge for providing the accounting, but the Plan will tell you the cost in advance.

- **Right To Be Notified Of A Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of unsecured protected health information.
- **Right To Opt Out Of Fundraising Communications.** You have the right to opt out of fundraising communications from the Plan.
- **Right To Restrict Disclosures To Plan.** You have the right to restrict certain disclosures of protected health information to a health plan where the individual pays out of pocket in full for the health care item or service. Only health care providers, NOT the Plan, are required to agree to your requested restriction.
- **Right To Request Restrictions On The Use And Disclosure Of Your Protected Health Information.** You have the right to request that the Plan restricts or limits how the Plan uses or discloses your protected health information for treatment, payment or health care operations. *The Plan does not have to agree to your request.* For example, the Plan may be unable to grant a request to restrict the Plan's use of your information because it could impede the administration of the Plan. If the Plan agrees, the Plan will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit how the Plan uses or discloses your information, or both; and (3) to whom you want the restrictions to apply.
- **Right To Receive Confidential Communications.** You have the right to request that the Plan use a certain method to communicate with you about the Plan or that the Plan send Plan information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from the Plan could endanger you. The Plan 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 a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- **Contact Information For Exercising Your Rights.** You may exercise any of the rights described above by contacting our HIPAA Privacy Official or Deputy Privacy Official(s). See the end of this Notice for the contact information.

CHANGES TO THIS NOTICE

The Plan reserves the right to change the terms of this Notice at any time regarding your protected health information that the Plan maintains or receives in the future, as allowed or required by law. The Plan will provide you with a copy of the new Notice whenever the Plan makes a material change to the privacy practices described in this Notice. The Plan also posts a

copy of its current Notice on the Company's intranet site. Any time the Plan makes a material change to this Notice, the Plan will promptly revise and issue the new Notice with the new effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Plan and/or with the Secretary of the Department of Health and Human Services. All complaints to the Plan must be made in writing and sent to the Plan's HIPAA Privacy Official at the address provided at the end of this Notice.

The Plan supports your right to protect the privacy of your protected health information. *Neither the Plan nor the Company will retaliate against you or penalize you for filing a complaint.*

CONTACT THE PLAN

If you have any complaints or questions about this Notice or you want to submit a written request to the Plan as required in any of the previous sections of this Notice, please contact:

Privacy Official:

Division Superintendent (804) 693-1425

Deputy Privacy Official(s):

Director of Finance (804) 693-7811

Director of Human Resources (804) 693-7902

Payroll Specialist II (804) 693-7817