



## **CITY OF DALLAS**

### **Notice of Medical Privacy Practices**

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

#### **Protecting Your Personal Health Information**

The City of Dallas understands that your health information is personal and private. We are committed to protecting the privacy of your health information and the health information of your family members that we, and the Health Plans we sponsor for the benefit of our employees, receive and maintain. This health information is referred to in this Notice as “your protected health information.”

We are required by law – the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) – to:

- Make sure that your protected health information is kept private
- Give you this Notice of our legal duties and privacy practices with respect to your protected health information
- Follow the terms of this Notice, as currently in effect.

This Notice is effective April 14, 2003 and applies to all of the medical records the City and our business associates maintain that have been provided to us through the Health Plans. If you are covered under one of the City’s insured Health Plans, you may receive a similar notice from your Health Plan’s insurance carrier.

#### **How Your Personal Health Information May be Used and Disclosed**

The City’s Health Plans may disclose your protected health information to the claims payers, to business associates, and to certain employees of the City. These individuals may only use your protected health information for Health Plan payment and operations and certain other limited purposes, as described below. We may not and will not use your protected health information for any employment-related actions or decisions or in connection with any of the City’s non-Health Plan benefits. Violations of these rules are subject to disciplinary action.

The City has certified that it will not use or disclose your protected health information other than as provided in this Notice or as required by law. Any business associates who are given your protected health information must agree to be bound by these restrictions and conditions concerning your protected health information.

**Health Plan Payment** - We will use and disclose your protected health information for Health Plan payment activities. For example, the Health FSA third party administrator (“TPA”) will use protected health information to determine coverage eligibility, process reimbursement claims, and coordinate benefits with other health care programs or insurance carriers.

**Health Care Operations** – We may use and disclose your protected health information for Health Plan operations, such as monitoring the Carriers and TPAs to ensure that they are properly and accurately paying claims in accordance with the terms of the Health Plan documents, and that they are providing proper and timely services to you as required under the Health Plans. Designated employees of the City may receive, use, and disclose protected health information when assisting you with Health Plan problems or questions, such as eligibility, benefit coverage, and appeals. Protected health information also may be used when conducting quality assessment and improvement activities; underwriting and soliciting bids from potential Carriers or TPAs, establishing City and employee premium contributions and funding-related activities; determining need for disease management programs; submitting claims for stop-loss coverage; arranging medical or legal reviews or fraud detection programs; and managing costs. We may also share your protected health information with business associates who assist us in monitoring Health Plan costs, utilization, plan design, Health Plan disputes, and similar Health Plan payment and operations. Our auditors, attorneys, and other business associates may use protected health information in assuring accurate and complete compliance with the Health Plans’ terms.

**As Required By Law or Judicial Order** - We will disclose information about you when required to do so by federal, state or local law, including when required by court orders and subpoenas, or by the police or other authorized governmental organizations. For example, we may disclose protected health information when required by a domestic relations order, a child support order, or a court order involving a civil lawsuit or criminal prosecution. In most instances, this information will be provided by the Carrier or the TPA.

**To Avert a Serious Threat to Health or Safety** – We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would only be to someone able to help mitigate or prevent the threat to health or safety and only to the extent necessary to mitigate or prevent the problem.

**Special Situations** – Although unlikely, we may be required or permitted by HIPAA to use or disclosure protected health information in certain special situations, including, but not limited to, disclosures: (1) required to comply with workers’ compensation requirements; (2) to assist law enforcement, such as to identify a missing person or witness; (3) to health oversight agencies, for example in the course of Medicare audits and compliance with other applicable laws; and (4) to report on public health risks, such as to report adverse reactions to medicines.

**Disposal of Protected Health Information** – Once we no longer need your protected health information we will either destroy it, return it, or if neither is feasible, we will store it securely and prohibit further uses and disclosures except to the extent use or disclosure is unavoidable.



**Your Written Authorization to Release Information**

In addition to the uses and disclosures of protected health information described in this Notice or as provided in HIPAA regulations, your protected health information will be used or disclosed only with your written permission. If you give us your written authorization to use or disclose your protected health information, you may revoke that permission, in writing, at any time, but not for any actions we have already taken. If you revoke your permission, you must be specific about which entity’s permission is being revoked.

**Your Rights Regarding Your Protected Health Information**

Right to Inspect and Copy – You have the right to inspect and copy your protected health information that is held in the Health Plan’s official file, with certain exceptions, such as you cannot be given access to psychotherapy notes or information prepared for litigation. If you request a copy of the information, you may be charged a fee for the related costs, such as copying and mailing. If your request to inspect or copy your protected health information has been denied, you will be notified in writing of your rights of appeal at that time.

Right to Amend - If you feel that protected health information held in the Health Plan’s official file is incorrect or incomplete, you must submit a written request that the information be amended; you must support the basis for your request. We are not required to grant your request if we do not maintain or did not create the information, or if it is correct. We must respond to your request within 60 days, unless a written notice of a 30-day extension is provided.

Right to an Accounting of Disclosures - You have the right to request an accounting, or list, of certain uncommon disclosures of your protected health information. Your request for a list of disclosures must state the time period for which you are requesting the accounting, but your request may not cover a time period that is longer than six years and may not include the period before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronically). The first list you request within a 12-month period will be free. For additional lists, you may be charged for the costs of providing the list. Your request for an accounting of the disclosures of your protected health information must be responded to no later than 60 days after receipt of the request, unless a written notice of a 30-day extension is provided.

Right to Request Restrictions - You have the right to request a restriction or limitation on the protected health information we use or disclose about you for Health Plan payment or operations. You also have the right to request a limit on the protected health information disclosed about you to someone who is involved in your care or the payment for your care, such as a family member or friend when you are incapacitated or unavailable. In your request for restrictions, you must indicate: (1) what information you want to limit; (2) whether you want to limit the use, disclosure, or both; and (3) to whom you want the limits to apply, for example, prohibit disclosures to your spouse.

Right to Request Confidential Communications - You have the right to request that communications with you regarding your protected health information be made in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. Although we are not required to agree to your request, we will accommodate all requests we deem reasonable.

Use of Personal Representatives – Your personal representative may act on your behalf. For example, a parent is a personal representative of a dependent minor, and a person with your power of attorney or a court order may be your personal representative.

**Changes To This Notice**

We reserve the right to change this Notice and will distribute as required. We reserve the right to make the revised Notice effective for protected health 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 on the Plan website at [www.dallascityhall.com](http://www.dallascityhall.com).

**Complaints and Questions**

If you have questions about your HIPAA privacy rights or if you believe your rights have been violated, you may contact the City or one of the Health Plan representatives listed below or you may file a complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint.

<b><u>Human Resource Department</u></b>	<b><u>Health Plan Representatives Contact Information</u></b>	
ATTN: Human Resources 1500 Marilla Street Dallas, Texas 75201-6390 Phone: 214/670-3120 Fax: 214/670-3764	United Healthcare (UHC) - PPO & EPO Plans United Healthcare (UHC) – PPO/EPO Prescription Services Matsh@Work Solutions – Voluntary Benefit Plans Safeguard – Dental Indemnity Plan Safeguard – Dental HMO Plan Spectera – Vision Care United Healthcare (UHC) – Flexible Spending Accounts Alliance Work Partners (EAP Program)	800/736-1364 877/842-6048 800/557-1046 800/962-9633 800/880-1800 800/638-3120 877/311-7849 800/343-3822