



## Notice of Privacy Practices (HIPAA)

### PURPOSE

Grand Traverse County respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This Notice describes how we protect the confidentiality of the protected health information we receive.

The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) sets forth, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Privacy Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed. Covered entities regulated by HIPAA privacy policy are required to comply with all of its applicable requirements.

### NOTICE

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE GROUP HEALTH PLANS OFFERED BY GRAND TRAVERSE COUNTY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice applies to the privacy practices of all of the group health plans offered by Grand Traverse County (hereinafter collectively the "Plan").

If you have any questions about this notice, please contact the Director of Human Resources.

### Our Obligations Regarding Protected Health Information

We are committed to protecting the privacy of your protected health information. "Protected health information" means individually identifiable health information that is transmitted or maintained in electronic media or in any other medium or form. "Protected health information" does not include individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act, as amended (20 USC § 1232g), in records described at 20 USC § 1232g (a) (4) (B) (iv), in employment records held by a covered entity in its role as employer, and regarding a person who has been deceased for more than 50 years.

We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to the records of protected health information that we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose health information about you. It also describes our obligations and your rights regarding the use and disclosure of protected health information.

In accordance with the law, we are required to:

- maintain the privacy of protected health information;
- give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the notice that is currently in effect.

## **How We May Use and Disclose Protected Health Information**

The following categories describe different ways that we use and disclose protected health information to the extent permitted or required by law. For each category of uses or disclosures we will explain what we mean and may also present some examples. Not every type of use or disclosure within a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

### **For Treatment**

We may use and disclose protected health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose protected health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician so that appropriate meals can be prepared. We also may disclose medical information about you to people outside the treatment facility who may be involved with your medical care.

### **For Payment**

We may use and disclose protected health information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share protected health information with a utilization review or precertification service provider. Likewise, we may share 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.

### **For Health Care Operations**

We may use and disclose protected health information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use 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. We may remove information that identifies you from this set of medical information so others may use it to study health care and delivery without learning the identity of the patients.

## **To Business Associates**

We may contract with individuals and entities known as Business Associates to perform various functions or provide certain services. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose protected health information, but only after they sign an agreement with us requiring them to implement appropriate safeguards regarding protected health information. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

## **Other Insurance Carriers**

We may disclose or use protected health information with other care programs or insurance carriers (such as Medicare) in order to coordinate benefits.

## **Emergencies**

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician, or another physician in the practice, is required by law to treat you and the physician has attempted to obtain your consent but is unsuccessful, he or she may still use or disclose your protected health information to treat you.

## **As Required By Law**

We will disclose protected health information about you when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirement of the law. For example, we may disclose protected health information when required by a court order in a litigation proceeding such as a medical malpractice action. You will be notified, if required by law, of any such uses or disclosures.

## **Public Health Activities**

We may use or disclose protected health information for public health activities and for purposes to a public health authority that is permitted by law to collect or receive information. For example, we may use or disclose protected health information for the purpose of preventing or controlling disease, injury, or disability, to notify a public health authority authorized to receive reports of abuse, neglect, or domestic violence, 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, to notify persons of exposure to disease. We may also disclose protected health information if directed by a public health authority to a foreign government agency that is collaborating with a public health authority.

## **Health Oversight Activities**

We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of the health care system. Oversight agencies seeking this information may include government agencies that monitor the health care system, government programs, and compliance with civil rights laws.

## **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 or imminent threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat. For example, we may disclose protected health information if it is necessary for law enforcement or other authorities to identify or apprehend an individual. We may also disclose protected health information about you in a proceeding regarding the licensure of a physician.

## **Legal Proceedings**

We may disclose protected health information in the course of judicial or administrative proceeding or in response to an order of a court or administrative tribunal. If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful processes.

## **Law Enforcement**

We may release protected health information if asked to do so by a law enforcement official, so long as applicable legal requirements are met, in response to a court order, subpoena, search warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; if you are the victim of a crime and we are unable to obtain your consent; about a death we believe may be the result of criminal conduct; in an instance of criminal conduct at our facility; in emergency circumstances to report a crime, the location of crime or victims, or the identity, description, or location of the person who committed the crime.

## **Criminal Activity**

Consistent with federal and state laws, we may disclose your protected health information if we believe 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 the public. We may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

## **Coroners, Medical Examiners, and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties and in accordance with the law. Disclosure of such information may be made in reasonable anticipation of death.

## **Organ and Tissue Donation**

If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

## **Research**

We may release your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

## **Military and Veterans**

If you are a member of the armed forces, we may release protected health information about you for activities deemed necessary by appropriate military command authorities or for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

## **National Security and Intelligence Activities**

We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law, including the provision of protective services to the President or others legally authorized.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

## **Workers' Compensation**

We may release protected health information about you for workers' compensation or similar programs to comply with workers' compensation laws and other similar legally established programs. These programs provide benefits for work-related injuries or illness.

## **Disclosure to Health Plan Sponsor**

We may disclose information to a health plan sponsor or another health plan maintained by Grand Traverse County for purposes of facilitating claims payments or to use to obtain premium bids for the health insurance coverage offered through the Plan or to decide whether to modify, amend, or terminate a plan. In addition, protected health information may be disclosed to Grand Traverse County personnel solely for purposes of administering benefits under the Plan.

## **Disclosures to the OHCA**

The various health plans which may be participating in an organized health care arrangement (OHCA) may share protected health information with each other, as necessary, to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

## **Others Involved in Your Health Care**

We may disclose your protected health information to a friend or family member that is involved in your health care to the extent necessary to help with your care or with payment for your health care, unless you object or request a restriction. If you are unable to agree, such as in an emergency circumstance, and the situation indicates that it would be in your best interest, we may disclose your

protected health information as necessary to a family member, friend or other person you identify to the extent necessary to help with your care.

## **Disclosures to the Secretary of the U.S. Department of Health and Human Services**

We may disclose protected health information to the Secretary of the U.S. Department of Health and Human Services to determine compliance with the requirements of 45 CFR Title II, §164; for example, when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

## **Disclosures to You**

We will disclose to you or your personal representative most of your protected health information when you request access to this information. We will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, we must be given written documentation that supports and establishes the basis for the personal representation.

## **Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biological product deviations, product defects, or problems; to track products; to enable product recalls; to make repairs/replacements; or to conduct post marketing surveillance.

## **Data Breach Notification Purposes**

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

## **Disaster Relief**

We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practically do so.

## **Other Uses and Disclosures**

Other uses and disclosures of protected health information that are not described above will be made only with your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

## **Revocation of Authorization**

If you provide us with an authorization, you may revoke the authorization in writing by mailing by first-class mail or hand-delivering a signed letter to the Director of Human Resources, stating (1) the authorization you would like to revoke, including the date the authorization was given, if known, and (2) your name and date of birth. Such revocation is not effective until received by the applicable covered entity. This revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

## **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding protected health information we create, receive, and maintain about you:

### **Right to Request Confidential Communications**

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

### **Right to Access**

You have the right to inspect and copy protected health information that may be used to make decisions about your Plan benefits. You must submit your request in writing to Grand Traverse County Human Resources. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances as provided by law. In accordance with the law, depending on the circumstances, if you are denied access to protected health information, you may request that the denial be reviewed.

Health care providers may create, gather, or manage certain electronic health records regarding your protected health information. To the extent those records are in the possession of the Plan, you have the right to inspect and copy the electronic health records. If you submit such a request and we maintain any such records, we will charge you our actual labor costs to comply with your request.

### **Right to Amend**

If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Human Resources Director. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the protected health information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

The Plan must act on your request for an amendment to your protected health information no later than 60 days after receipt of your request. The Plan may extend the time for making a decision for no more than 30 days, but it must provide you with a written explanation for the delay. If the Plan denies

your request, it must provide you with a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Director of Human Resources. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, health care providers may create, gather or manage electronic health records regarding your protected health information. To the extent those records are in the possession of the Plan, you will have the right to request an accounting of the disclosures of the electronic health records (including for purposes of treatment, payment or health care operations) during the three (3) years that preceded the request.

HIPAA provides several important exceptions to your right to an accounting of the disclosure of your protected health information. The Plan will not include in your accounting any of the disclosures for which there is an exception under HIPAA. The Plan must act on your request for an accounting of the disclosures of your protected health information no later than 60 days after receipt of the request. The Plan may extend the time for providing you an accounting by no more than 30 days, but it must provide you a written explanation for the delay.

### **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 treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Your written request must include the protected health information you wish to limit, whether you want to limit our use, disclosure, or both, and (if applicable) to whom you want the limitations to apply (for example, disclosures to your spouse). **To the extent permitted by law, we are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your protected health information a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to the health care item or service for which you have paid us "out-of-pocket" in full.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

### **Out-of-Pocket Payments**

If you paid out-of-pocket in full (or, in other words, you have requested that we will not bill your health plan) for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

## **Right to Receive Notice of a Breach**

We will notify you following a breach of unsecured protected health information as required by law. We will also inform the Secretary of the Department of Health and Human Services and take any other steps as required by law.

## **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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact any Human Resources staff member. You may also obtain a copy of this notice at our website, [www.gtcowntymi.gov](http://www.gtcowntymi.gov) or on the intranet at [www.gtcowntymi.gov/72](http://www.gtcowntymi.gov/72).

The Plan must make its internal practices, books, and records related to the use and disclosure of protected health information received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with these privacy protections. When the Plan no longer needs protected health information disclosed to it by the Plan, for the purposes for which the protected health information was disclosed, the Plan must, if feasible, return or destroy the protected health information that is no longer needed. If it is not feasible to return or destroy the protected health information, the Plan must limit further uses and disclosures of the protected health information to those purposes that make the return or destruction of the protected health information infeasible.

## **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to Human Resources. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed.

## **Right to an Electronic Copy of Electronic Medical Records**

If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or, if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

## **Uses of Protected Health Information Requiring an Authorization**

The following uses and disclosures may be made only with written permission:

- Uses and disclosures of protected health information for marketing purposes
- Uses and disclosures that constitute the sale of your protected health information
- Uses and disclosures for any purposes not described in the notice
- Uses and disclosures of psychotherapy notes as set forth by law

## **Genetic Information**

Plans (other than a long-term care plan) are prohibited from using or disclosing protected health information that is genetic information for underwriting purposes.

## **A Note about Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your protected health information or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child. We retain discretion to deny access to your protected health information to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

## **Changes to This Notice**

We reserve the right to change this notice at any time and to make the revised or changed 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 our website. We will notify you of changes as required by law. Until such amendment is made, we are required by law to abide by the terms of this notice.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, contact the Director of Human Resources. All complaints must be submitted in writing. In addition to filing a complaint with the Plan, you may file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Policy 7/2019