

Sonoma County Office of Education
NOTICE OF PRIVACY PRACTICES

Effective April 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT SCOE EMPLOYEES MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS DOES NOT COVER STUDENTS OR SERVICES TO STUDENTS.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Your PHI is health information that contains identifiers, such as your name, social security number, or other information that reveals who you are. For example your medical records are PHI because they include your name and other identifiers.

This notice is provided to you in accordance with federal and state privacy laws, including the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), enacted to protect your PHI. This notice describes the practices, and legal duties of the health carriers listed below, and your rights concerning your PHI.

The health care carriers/ third party administrators listed below are required to follow the privacy practices that are described in this notice while it is in effect. However, the carriers/ third party administrators reserve the right to change their privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. If the carriers/third party administrators make any substantive changes to their privacy practices, they will send you a new notice within 60 days of the change of their practices.

You may request a copy of our notice at any time. For more information about the carriers/ third party administrator privacy practices please contact the insurance carriers/ third party administrator directly. For additional copies of this notice, contact Human Resources at 524-2679.

This notice applies to the privacy practices of the group health plans, health insurers, and third party administrators listed below:

Carrier or Third Party Administrator	Type of Coverage
Kaiser Permanent; Blue Shield, California	MEDICAL
Delta Dental	DENTAL
Vision Service Plan	VISION
CIGNA	LONG TERM DISABILITY
SISC (Third Party Administrator)	IRS 125 FLEX PLAN
Family & Community Counseling Services	Employee Assistance Program

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The following is a summary of the circumstances under which and purposes for which the health insurance carriers and Third Party Administrator listed above may use and disclose your PHI without getting an authorization from you or giving you a chance to agree or object to the disclosure:

Treatment: The carriers may use and disclose your PHI in order to assist your health care providers (doctors, hospitals, pharmacies, and others) in your diagnosis and treatment.

Payment: The carriers/third party administrator use and disclose your PHI to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, or to be reimbursed by another entity that may be responsible for payment.

Health Care Operations: The carriers/third party administrator use and disclose your PHI in order to perform SCOE plan activities, such as quality assessment activities or administrative activities, including data management or customer service. In some cases, SCOE may use or disclose your information for underwriting purposes, determining premiums, and the detection and investigation of fraud.

OTHER PERMITTED OR REQUIRED DISCLOSURES

The carriers/third party administrator may also use or disclose your PHI in support of:

As Required By Law: The carriers/third party administrator must disclose PHI about you when required to do so by law.

Plan Administration: To the plan sponsor, employer or other organization that sponsors your group health plan, to permit the plan sponsor to perform plan administration functions, as described in your plan documents.

Public Health Activities: The carriers may disclose PHI to public health agencies for reasons such as prevention or controlling disease, injury or disability.

Business Associates: To persons who provide services to SCOE and who assure SCOE they will comply with privacy regulations and SCOE procedures on the use of PHI.

Law Enforcement: The carriers/third party administrator may disclose PHI 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.

Research: Under certain circumstances, the carriers may disclose PHI about you for research purposes, provided certain measures have been taken to protect your privacy.

Special Government Functions: The carriers/third party administrator may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Judicial and Administrative Proceedings: The carriers/third party administrator may disclose PHI in response to a court or administrative order. They may also disclose PHI about you in certain cases in response to a subpoena, discovery request or other lawful process.

Industry Regulation: The carriers/third party administrator may disclose you PHI to state insurance departments, the U.S. Department of Labor and other government agencies, for activities authorized by law.

Workers' Compensation: The carriers may disclose PHI to the extent necessary to comply with state laws for workers' compensation programs.

Coroners, Funeral Directors, Organ Donation: The carriers may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

Other uses or disclosures of your PHI 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 an action has already been taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

[Over please]

YOUR RIGHTS REGARDING YOUR PHI

Right To Access Your PHI: You have the right to review or obtain copies of your PHI 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 PHI records must be made in writing. A fee may be charged for the costs of producing, copying and mailing your requested information, but you will be informed of the cost in advance. **If you wish to review or have copies of the above records, please contact your insurance carrier or health care provider directly.**

Right To Amend Your PHI: If you feel that PHI maintained by the Plan is incorrect or incomplete, you may request that your information be amended. Your request must be made in writing and must include the reason you are seeking a change. The carrier(s)/third party administrator may deny your request if for example, you ask them to amend information that was not created by the health carriers/third party administrator listed on Page 1, as is often the case for health information in their records, or you ask to amend a record that is already accurate and complete. If the carrier/ third party administrator denies your request to amend, they will notify you in writing. You then have the right to submit to them a written statement of disagreement with the decision and 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 carrier has made of your PHI. The list will not include the carrier's disclosures related to your treatment, the 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 be longer than six years and may not include dates before April 14, 2003.** Your request should indicate in what form you want the list (for example, on paper or electronically). The carrier may charge for providing the accounting disclosures, but will inform you of the cost in advance.

Right To Request Restrictions on the Use and Disclosure of Your PHI: You have the right to request that the carrier/third party administrator restrict or limit how they use or disclose your PHI for treatment, payment or health care operations. *The carrier/third party administrator may not agree to your request.* If the carrier/third party administrator agrees, they 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 carrier/third party administrator (1) what information you want to limit; (2) whether you want to limit how they use or disclose 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 carrier/third party administrator use a certain method to communicate with you about the Plan or that they 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 carrier could endanger you. The carrier/third party administrator 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.

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact SCOE's Human Resources Department at (707) 524-2679 to obtain a copy of this notice in written form.

Contact Information for Exercising Your Rights: You may exercise any of the rights described above by contacting your carrier/third party administrator. Please see the end of this Notice for the contact information.

HEALTH INFORMATION SECURITY

The carriers and third party administrators require their employees and business associates to follow their security policies and procedures that limit access to health information to those employees and or entities that need it to perform their job responsibilities. In addition, the carrier maintains physical, administrative and technical security measures to safeguard your PHI.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the carrier /third party administrator listed below and/or with the Secretary of the Department of Health and Human Services. All complaints to the carrier/third party administrator, must be made in writing and faxed, emailed, or sent US mail to the contacts listed below.

Carrier/Third Party Administrator	Request For Accounting of Disclosures	Filing A Complaint Copy or Correction of Records
Kaiser (800) 464-4000 or www.kaiserpermanente.org	Director, Health Info. Mgmt. Walnut Creek Medical Center 1425 So. Main St., Walnut Creek, CA 94596	Regional Compliance & Privacy Office 1950 Frankin St., , Oakland, CA 94612 1- 800-464-4000 (TTY) 1-800-777-1370
Blue Shield of California email: blueshieldca_privacy@blueshieldca.com	Blue Shield Privacy Office P.O. Box 272540 Chico, CA 95927-2540	Phone: (888) 266-8080 Fax: (800) 201-9020
CIGNA: Life Insurance, Accidental Death & Dismemberment Insurance and/or Long Term Disability Insurance	Privacy Officer WAEP 7651 Leeburg Pike Falls Church, VA 22043	1 800 368-3484
SISC IRS 125 Flex Plan Email: siscflex@kern.org	SISC Flex Administrator P.O. Box 1808, Bakersfield, CA 93303-1808 661-636-4413 Toll Free: 1-800-972-1727	
Delta Dental: Dental Plan	Subscriber Services, P.O. Box 997330, Sacramento, CA 95899-7330 (877) 335-8273 or www.deltadentalca.org	
Vision Service Plan: Vision Plan	Contact Customer Service 1-800-877-7195 or www.vsp.com	
Family and Community Counseling Services: Employee Assistance Program	Call 707 545-4551	

The above carriers/ third party administrators have copies of their privacy policies posted at their web sites. You may also contract them directly for a written copy of their privacy policies.

For complaints regarding carrier or third party administrator business practices or the use of your PHI, please contact the **U.S Secretary of Health and Human Services: HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244.**

NO RETALIATION: We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with the carriers/ third party administrator listed above, or the Department of Health and Human Services.

CONTACT PERSON: SCOE has designated Jeff Heller, Privacy Official as its contact person for all issues regarding SCOE HIPAA privacy practices. You may contact him at 5340 Skylane Blvd., Santa Rosa, CA 94503 or by fax (707) 524-2950 or via email at jheller@scoe.org.