

**West Shore Community College Flexible Benefits Plan  
West Shore Community College Dental and Vision Plan  
West Shore Community College Prescription Drug Plan  
West Shore Community College Health Insurance Plan  
Notice of Privacy Practices  
Effective April 14, 2004**

*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.*

If you have any questions about this Notice, please contact the Director of Human Resources, West Shore Community College, 3000 N. Stiles Rd., P.O. Box 277, Scottville, MI 49454-0277.

### **Who Will Follow This Notice**

This Notice describes the health information practices of the programs that are “group health plan benefits” under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice does not apply to the programs that are not group health plan benefits under HIPAA, such as disability benefits or life insurance. The terms “the Plan,” “we,” “us,” and “our” refer only to the provisions of the West Shore Community College Flexible Benefits Plan, the West Shore Community College Dental and Vision Plan, the West Shore Community College Prescription Drug Plan and the West Shore Community College Health Insurance Plan that are group health plan benefits under HIPAA.

### **Our Policy Regarding Health Information**

We understand that health information about you obtained in connection with the Plan is personal, and we are committed to protecting your health information. For administration purposes, we maintain a record of the health care claims reimbursed under the Plan that identifies you and relates to your physical or mental health and related health care services. This information is called “Protected Health Information: (PHI). The Plan’s “Privacy Policy” controls how all PHI we maintain for the Plan may be used and disclosed.

In determining whether health information is PHI, we focus on *how the information is obtained*, not on *the nature of the information*. Some health records are considered “employment records,” which are exempt from these privacy rules. Generally, information obtained in the role of employer” is not considered PHI. For example, if you submit health records for the purposed of FMLA leave certification, workers’ compensation benefits, or disability

benefits, the health records may be subject to other laws regarding use and disclosure, but not to our Privacy Policy and this Notice.

This Notice tells you 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 health information.

We are required by law to:

- keep PHI obtained and created by the Plan private.
- return or destroy all PHI received from the Plan that we maintain in any form and retain no copies of such information when no longer needed
- give you this Notice of our legal duties and privacy practices with respect to PHI; and
- follow the terms of the Notice that is currently in effect.

### **Other Health Care Providers and Insurance Companies**

Your personal health care provider may have different policies or notices regarding its use and disclosure of health information it created in its office or clinic about you. For group health plan benefits provided by a policy of insurance, the insurance company may develop and distribute its own Notice of Privacy Practices describing how it will use and disclose PHI. The use and disclosure of PHI by these entities is governed by their Privacy Policies and not this Notice.

### **How We May Use and Disclose Health Information about You**

The following categories describe how we may use and disclose PHI without your **written** authorization. Not every use or disclosure in a category is listed but all of our uses and disclosures will fall within one of these categories:

- **For Treatment.** To facilitate health treatment or services by providers.
- **For Payment.** 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 health 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 share PHI with a utilization-review or pre-certification service provider. We may share PHI with another entity to assist with administration of subrogation of health claims or with another health plan to coordinate benefit payments.

- *For Health Care Operations.* For operations necessary to run the Plan. For example, we may use PHI to conduct quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; to submit claims for stop-loss (or excess loss) coverage; conduct or arrange for health review, legal services, audit services, and fraud and abuse detection; business planning and developing such as cost management; and business management and general Plan administrative activities.

- *As Required By Law.* When required to do so by federal, state, or local law. For example, health information required by a court order.

- *To Avert A Serious Threat To Health Or Safety.* When necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person, but only to someone able to help prevent the threat. For example, your PHI may be disclosed as part of the review of a physician's license.

- *To Communicate With Business Associates.* Some services are provided to the Plan through contracts with "business associates." We may disclose your PHI to our business associates so that they can perform a service for the Plan, such as accounting, billing, or legal services. To protect your PHI, we require business associates to appropriately safeguard your information.

- *Disclosure to Health Plan Sponsor.* Information may be disclosed to another health plan maintained by your employer for purposes of facilitating claims payments under that plan. In addition, PHI may be disclosed to your employer's personnel solely for purposes of administering benefits under the Plan.

- *Disclosure to Spouse, Family Member, or Personal Friend.* To a spouse, family member, or personal friend if that person is:

- (1) your parent, and you are a minor child;
- (2) your legal personal representative; or
- (3) the covered employee (the principal insured), if you participate in the Plan as the dependent of a covered employee, and the covered employee contacts the Plan to discuss payment related to

your health care. The Plan may disclose PHI directly relevant to your care or payment where the Plan determines that it is in your best interest to allow the covered employee to act on your behalf. The Plan will not disclose PHI to a spouse or parent who *is not a covered employee* unless the spouse or parent is the legal personal representative.

You may revoke the Plan's authority to disclose PHI under (2) or (3) above by filing a written request to restrict disclosure. All other requests from spouses, family members, and friends must be authorized by you.

- *Military and Veterans.* As required by military command authorities, including to appropriate foreign military authority, if you are a member of that authority.

- *Workers' Compensation.* We may release PHI for programs that provide benefits for work-related injuries or illness.

- *Public Health Risks.* To the government for public health activities including:

- to prevent or control disease, injury, or disability;
- to report births and deaths
- to report child abuse or neglect
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may be exposed to or is at risk for contracting or spreading a disease or condition;
- when required or authorized by law or with your agreement, to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

- *Health Oversight Activities.* To a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure necessary to monitor the health care system, government programs, and compliance with civil rights laws.

- *Health-Related Benefits or Services.* To provide information about benefits available to you under your current coverage and about health-related products or services that may be of interest to you.

- *Legal Proceedings.* In response to a court or administrative tribunal order; or in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.

- *Law Enforcement.* To a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a crime victim;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or to identify the person who committed the crime.

- *Coroners, Funeral Directors and Organ Donation.* We may release PHI to identify a deceased person, determine the cause of death, to carry out funeral duties, or to facilitate organ or tissue donation.

- *National Security and Intelligence Activities.* To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to military command services if you are or were a member of domestic or foreign military services.

- *Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, (1) for an institution to provide you with health care; (2) to protect your health and safety and that of others; or (3) for the safety and security of the correctional institution.

- *Other Uses Permitted by HIP that are too detailed to recite in this Notice.* We will use PHI in any manner that is permitted by the HIPAA regulations as they exist now or as they may be amended in the future.

### **Your Rights Regarding your PHI**

Following are your rights regarding PHI we maintain about you. To make any of the requests listed below, or to obtain a paper copy of this Notice, send a written request to the Director of Human Resources, West Shore Community College, 3000 N. Stiles Road, P.O. Box 277, Scottville, MI 9454-0277, Phone (231)843-5819.

- *Right To Inspect And Copy.* You may inspect and copy PHI that may be used to make decisions about your Plan benefits and we may charge a fee for the copying, mailing, or other costs associated with your request.

We may deny your request to inspect and copy in very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

- *Right To Amend.* You may amend incorrect or incomplete PHI if you provide a reason that supports your request. We may deny your request if it is not in writing, does not include a reason to support the request, or if the information:

- is not a part of the PHI kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is not longer available to make the amendment;
- is not information that you would be permitted to inspect and copy; or
- is accurate and complete.

- *Right to An Accounting of Disclosures.* You may request an "accounting of disclosures" where such disclosure was made for any purpose other than disclosures for treatment, payment, or health care operations, for certain governmental functions, pursuant to your authorization, or directly to you.

You must state a time period that begins on or after April 14, 2004 and that is not longer than six years prior to the request. You should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free, but we may charge you for the costs of providing additional lists. We will notify you of the cost and you may choose to withdraw or modify your request before any costs are incurred.

- *Right To Request Restrictions.* You may request a restriction or limitation on the disclosure of your PHI for treatment, payment, or health care operations, or 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.

In your request, you must tell us:

- 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, for example, disclosures to your spouse.

We are not required to agree to your request. If we agree to your request we will comply with the restriction until it is terminated by you or us. We will not agree to restrictions on uses or disclosures that are legally required, that are necessary to operate the Company's business or that are burdensome.

- *Right to Request Confidential Communications.* You may request that we communicate to you about your PHI in a certain way or at a certain location, such as only at work or by mail. We will accommodate requests that specify how or where you wish to be contacted and that include a reasonable statement that disclosure of the information in another manner will endanger you.

- *Right to A Paper Copy Of This Notice.* You may ask for 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.

### **Changes To This Notice**

We may revise this Notice and reserve the right to make the revised Notice effective for PHI we possess as of the date of the revision as well as any information we receive after the change. If we revise this Notice, we will post a copy of the current Notice on the Plan website and mail a copy to your address of record. The effective date will be on the first page of the revised 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 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. If the Director of Human Resources does not respond to your complaint within 30 days or you are not satisfied with the response, you may appeal your complaint to the Privacy Officer: Vice President of Administrative Services, West Shore Community College, 3000 N. Stiles Road, P.O. Box 277, Scottville, MI 49454-0277, Phone (231)843-5844.

You will not be penalized for filing a complaint.

### **Other Uses Of PHI**

Other uses and disclosure of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. Authorization to use or disclose PHI may be revoked, in writing, at any time. If you revoke an authorization, PHI will not be used or disclosed for the reasons covered in the written authorization after the revocation, but we are unable to take back any disclosures already made and we are required to retain our records of the health care coverage that we provide to you.