

ORGANIZED HEALTH CARE ARRANGEMENT NOTICE OF PRIVACY PRACTICES

Effective: January 1, 2011

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

As required by the Health Insurance Portability and Accountability Act, this notice describes the medical information practices of the City of Duluth's Organized Health Care Arrangement (OHCA) and that of any third party that assists in the administration of OHCA Plan claims.

For purposes of HIPAA and this notice, the OHCA includes the following plans:

- Duluth Joint Powers Enterprise Trust Group Health Plan
- Duluth Joint Powers Enterprise Trust Group Dental Plan
- Duluth Joint Powers Enterprise Trust Medical Flexible Spending Account Program
- Duluth Joint Powers Enterprise Trust Employee Assistance Program

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to the applicable medical information maintained by any of the OHCA plans noted above and which is considered protected health information (PHI). Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. If there is a breach of your PHI we shall notify you immediately upon discovery of such breach pursuant to the Health Information Technology for Economic and Clinical Health Act (HITECH).

How We May Use and Disclose Medical Information About You

We may use and disclose any applicable medical information obtained through administration of any of the above noted OHCA plans, for each of the following purposes:

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing you for a medical bill submitted under your medical reimbursement account.
- Health Care Operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.
- Required by Law means we will disclose medical information about you when required to do so by federal, state or local law. An example would be when required by a court order or subpoena.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights Regarding Medical Information About You

You have the following rights with respect to your protected health information (PHI), which you can exercise by presenting a written request to the HIPAA Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information. We may charge a fee for the costs of copying and mailing. We also may deny your request in certain very limited situations, and will provide you with an opportunity to request a review of the denial.
- The right to amend your protected health information. We may however, deny your request in certain limited situations.
- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to notify you of the availability of this notice and you have the right to obtain a written copy of it from us every three years. You may also obtain a copy of this notice at any time from the City's Human Resources website.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Changes to this Notice

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post the revised notice on the City's Human Resources website and you may also request a written copy of the revised Notice of Privacy Practices.

Complaints

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our HIPAA Privacy Officer or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

HIPAA Privacy Officer Contact Information:

Steven Hanke, City of Duluth, 411 W. First Street, City Hall, Duluth, MN 55802, (218) 730-5271.