

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

EL PASO INDEPENDENT SCHOOL DISTRICT HEALTH CARE TRUST MEDICAL PLAN

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

Effective Date Of This Notice: April 14, 2003

If you have any questions about this notice, please contact the El Paso Independent School District ("EPISD") Privacy Official, Elizabeth Ann Bulos, at (915) 779-4318.

ABOUT THIS NOTICE

As a participant in the EPISD Health Care Trust Medical Plan ("EPISD" or the "Health Plan"), we understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We will create records of the care and services you receive from the Health Plan and our partner health care providers. We do so to provide you with quality care and to comply with federal and state legal or regulatory requirements.

This notice applies to all of the health information generated or received by EPISD and/or the Health Plan, whether we documented the information, or a doctor or provider forwarded it to us. In this Notice, "health information" refers to any health or medical information, relating to your past, present, or future physical or mental health condition, which is required to provide health care to you, or for the past, present, or future payment of your health care services. This Notice tells you about your privacy rights, the duty of EPISD and/or the Health Plan to protect health information that identifies you, and how EPISD and/or the Health Plan may use or disclose health information that identifies you without your written consent.

The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") require us to:

- Safeguard your private health information and keep it private. This means that EPISD and/or the Health Plan will not use or disclose your health information without your authorization except in ways that we explain in this Notice;

- Provide this Notice of our legal duties and privacy practices with respect to health information about you on or before the Effective Date, for employees currently enrolled in the Health Plan; or at the time of enrollment, for new employees. If we change the contents of this Notice, we will make it available to you and on our website (<http://my.episd.org> click on Employee Benefits) within 30 days of the effective date of the changed Notice. Even if we do not change this Notice, we will provide you a copy of this Notice no less frequently than every three years; and
- Follow the terms of the notice that is currently in effect, including all EPISD employees who may access your health information as part of their jobs at EPISD.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose health information about you. Unless otherwise noted, each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories. In all cases, EPISD and/or the Health Plan shall make reasonable efforts to confine uses and disclosures to the minimum necessary to accomplish the intended purpose(s).

1. Treatment

We may use or disclose health information about you to provide, coordinate, or manage health care treatment and related services. We may disclose health information about you to providers, doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. This includes providing care to you (either directly or through one of our Contractors or Business Associates), consulting with another health care provider about you, and referring you to another health care provider. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process, and we may provide that information to a physician treating you. EPISD and/or the Health Plan may also contact you to remind you of an appointment, or tell you about treatment alternatives, additional benefits, or other health related information that may be of interest to you.

2. Payment

We may use and disclose health information about you so that the treatment and services you received under our Health Plan may be billed, and payment collected from you, Health Plan provider(s), a state Medicaid agency, or a third party. For example, a doctor, hospital or other provider must submit a claim with your personal health information for services rendered. The provider may submit your claim through our third party administrator (a Business Associate) or the claim may be sent to one of our Preferred Providers for pricing. In some instances, your provider may need to inform our utilization review company (a Business Associate) or our third

party administrator about a treatment you are going to receive to obtain prior approval or to determine whether the Health Plan will cover the treatment.

3. Health Care Operations

We may use and disclose health information about you for health care operations. Health care operations include, but not limited to: conducting quality assessments and improvements activities, reviewing competence, qualifications, and performance of health care professionals or the Health Plan, training health care professionals and others, or conduction licensing, accreditation, certification, or credentialing activities. For example, we may use health information to review our Health Plan and services, and to evaluate the performance of our providers in caring for you. We may also combine health information about many participants to decide what additional services we should offer, what services are needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We will remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific participants are.

4. Research

There may be situations where we want to use and disclose health information about you for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For any research project that uses your health information, we will either obtain an authorization from you, or ask an Institutional Review Board or Privacy Board to waive the requirement to obtain authorization from you. A waiver of authorization will be based upon assurances from a review board that the research will adequately protect your health information.

5. Required By Law

We will disclose health information about you when required to do so by Federal, State or Local Law.

6. Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious and immediate threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, such as law enforcement authorities.

7. Military and Veterans

If you are a member of the armed forces or are separated/discharged from military service(s), we may release health information about you as required by military command authorities or the

Department of Veterans Affairs as may be applicable.

8. Government Programs Providing Public Benefits

We may release health information about you as needed for the administration of a government benefit program, such as workers' compensation or Medicaid.

9. Public Health

We may disclose health information about you for public health activities to a public health authority. These activities generally include the following:

- A foreign government agency acting with the public health authority;
- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child or adult abuse, neglect, or domestic violence;
- 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 have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; or
- For investigations of work-related illness or injury, or conducting workplace medical surveillance.

10. Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

11. Law Enforcement

We may release health information if asked to do so by 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 an actual or suspected victim of a crime;
- About a death we believe may be the result of criminal conduct;
- In an instance of criminal conduct at or on one of our properties;

- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

12. Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a regular court or administrative tribunal. We will make all attempts to secure your authorization prior to disclosing health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may do so without your authorization, but only after good faith efforts have been made to notify you about the request and you have time to obtain an order protecting the information requested.

13. Coroners, Health Examiners and Funeral Directors

We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about a participant to funeral directors as necessary to carry out their duties.

14. Victims of Abuse, Neglect, or Domestic Violence

If EPISD and/or the Health Plan has reason to believe that you are the victim of abuse, neglect, or domestic violence, we may disclose health information about you to a government agency that receives such information, if the law requires the disclosure, you agree to the disclosure, or disclosure is needed to prevent harm to you or someone else. If EPISD and/or the Health Plan makes a report under this section, we will tell you or your representative about it, unless your representative believes that doing so would place you at risk of harm.

15. Patient Not the Enrollee or Personal Representation

EPISD and/or the Health Plan and our Business Associates may give information about you to the enrollee or other individuals involved in your care, unless you inform us otherwise. In most cases, the information shared will be limited to whether a claim or claims have been paid on your behalf. Inquiries beyond specific claim payment information may require an authorization from the patient, and sometimes from a patient who is a minor.

If you have a Personal Representative, you may authorize this individual to act on your behalf for all aspects of your business with us. We will require proper documentation that the individual is authorized to act on your behalf or we must receive a signed authorization form you.

16. Contractors or Business Associates

EPISD and/or the Health Plan may disclose health information about you to one of our contractors or Business Associates, including our third party administrator of the Health Plan, if the Contractor or Business Associate needs to have the information to perform services for EPISD and/or the Health Plan, and agrees to safeguard the information.

17. Secretary of Health and Human Services

EPISD and/or the Health Plan must disclose health information about you to the Secretary of the U.S. Department of Health and Human Services when the Secretary requires it to enforce privacy protections.

18. De-Identified Health Information

EPISD and/or the Health Plan may use health information that no longer identifies you and there is no reasonable basis to identify you, for uses and disclosures consistent with our business practices.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have certain rights to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing on a form provided by us to: “The Privacy Official of the El Paso Independent School District.” If you request a copy of your health information, we may charge a fee for the costs of locating, copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain and very limited circumstances. If you are denied access to health information, you may in certain instances request that the denial be reviewed. A licensed healthcare professional chosen by our affiliate will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Right to Amend: If you feel that 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 we keep the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to: “The Privacy Official of the El Paso Independent School District.”

We may deny your request for an amendment if it is not in the form provided by us and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- 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 health information kept by or for our business;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment we make to your health information will be discussed with those persons whom we disclose information as previously specified.

Right to an Accounting of Disclosures: You have the right to request a list (accounting) of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request on a form that we will provide you. Your request must state a time period that may not be longer than six years and may not include date prior to April 14, 2003 [The compliance date of the Privacy Regulation]. The first list of disclosures you request within a 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. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date should not exceed a total of 60 days from the date you made the request.

Right to Request Restrictions: You have the right to request restrictions or limitations on the 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 health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally.

While we will try to accommodate your request for restrictions, we are not required to do so if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request on a form that we will provide you. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our annual enrollment process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your health information. We will accommodate all reasonable requests.

Right to a Copy of This Notice: You have the right to obtain a paper copy of this Notice at any time upon request. Electronic notice, either by e-mail or web-based, is available upon request, in which case, you may also obtain a paper copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Any material changes to this Notice will be distributed to you. We reserve the right to implement the revised or changed Notice for health information we already have about you, as well as any information we receive in the future, but only after the effective date of the change or revision. We will provide a copy of the revised Notice to you within 30 days and post it on our website (<http://my.episd.org>). The Notice contains the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact: “The Privacy Official of the El Paso Independent School District” at the telephone number and address provided below. All complaints must be submitted in writing. **You will not be penalized or otherwise retaliated against for filing a complaint.**

Ms. Elizabeth Ann Bulos
El Paso Independent School District
Employee Benefits
Education Center
6531 Boeing Drive
El Paso, Texas 79925-1086
(915) 779-4318 FAX (915) 779-4280

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke this authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain the records of the care that the Health Plan provided to you.