

Policy No. 415.06
Adopted: 04-08-2003
Reviewed 03-30-2015

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

This Notice of Health Information Privacy Practices explains how the Elba Public School District will use and/or disclose your Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The federal Health insurance Portability And Accountability Act (HIPAA) provides as one of its provisions that group health care plans sponsored by employers and all health care providers, including physicians, hospitals, labs, pharmacies, etc., must protect the confidentiality of what the law terms "protected health information" (PHI).

Protected Health Information (PHI) is information communicated by covered entity orally, on paper, or by electronic means that individually identifies and relates to an individual employee's, dependent's, or retiree's past, present, or future medical constitution, provision of medical care, enrollment, premium, physical or mental health status, or treatment and personal demographic information.

Covered entities must safeguard the PHI of individuals and may not release such information to any individual or agency, including the individual's spouse or other family members, without the written authority of the individual. The provisions of this act become effective on April 14, 2003.

The Elba Public School District provides our employees with health insurance through the Educators Health Alliance (EHA) underwritten by Blue Cross Blue Shield of Nebraska. Because EHA is a fully insured program, EHA will not seek or maintain any PHI. The only information EI-IA will receive from Blue Cross Blue Shield of Nebraska will be summative information needed to manage the Plan, to determine appropriate levels of coverage and set premium rates.

Employers are not directly covered by the provisions of the act. However, employers are indirectly covered because it may become necessary, from time to time, for the Elba School District to obtain health information related to the employment policies of the Elba School District and to comply with state and federal law.

For the Elba School District to obtain employment related, health information about you from a third party, you must provide written authorization or the Elba School District to do so. The appropriate authorization forms are available from the Elba School District.

Under what circumstances would the Elba School District need health information?

- Enrollment of employees in the BCBS health plan, dental, and other insurance plans.
- Accounting for sick leave under the Elba Public School District sick leave policy.
- Filing worker's compensation claims for employees injured on the job.
- Seeking medical certification for eligibility for short-term or long-term disability insurance.
- Medical information necessary for the Elba School District to comply with the Americans with Disability Act.
- Certification for eligibility of leave as provided for in the Pregnancy discrimination Act.
- Medical information necessitated by compliance with OSHA.
- On other occasions to allow the employer to be assured that the employee is medically capable of performing all of the necessary duties required by the Elba School district, including suspected drug or alcohol abuse.

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For costing out negotiations proposals affecting coverage and single or marital status.
To comply with state and federal law.
Other employment related matters.

In order for the employer to be assured of the benefits to which he or she is entitled under the provisions of state or federal law and the policies and negotiated agreement of the Elba Public School District, it will be necessary for the employee to comply with the request for information related to these business purposes; and failure to comply with that request, in a timely fashion as set forth in any written request, will result in forfeiture of the benefits at issue.

The Elba Public School District will not use any health information to discriminate against an employee or his or her spouse or dependents and will confine the use of such information to the specific use for which it is intended. Further, the Elba Public School District will not provide or share the information with any other individual or party, except for legitimate employment related matters and then only on a need-to-know basis or unless you provide written authorization to release of information to a third party.

All employment related health information will be maintained.

Misuse of Protected Health Information

The inappropriate access to or use of PHI is prohibited by federal law and is punishable by fines and in some instances incarceration. Any misuse of PHI by any employee of the Elba Public School District in violation of federal law or the Elba School District employment policies jeopardizes the financial interests of the Association and may result in job sanctions, including termination of employment.

Sick Leave Forms

In order to protect your personal health information, when reporting sick leave or medical/dental appointments, the employee should provide only the information requested on the form (i.e. doctors appointment) and should refrain from providing any specific medical symptoms unless specifically requested by the Elba Public School District.

Employment Forms

The Elba Public School District will request personal information regarding insurance coverage, etc. upon initial employment and on those occasions when employment related health information changes, i.e. changing from single to married status.

Notification of Injury Under Workman's Compensation

A staff member injured on the job shall notify the Elba Public School District verbally of any injury as soon as practicable but within the legal requirements of the insurance carrier. That policy and federal law authorizes the Elba Public School District to disclose that information to the insurance carrier as part of any claim procedure without further authorization from you. The verbal notification is for your convenience, but the Elba Public School District may require you to complete a written document relating the nature of the accident and injuries.

Specific Requests for PHI

Specific requests by you or by the Elba Public School District for your PHI, related to items set forth earlier in this policy, will be in writing and related to the purposes outlined in this policy. An employee will be provided with a copy of any form requesting PHI. The Elba Public School

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District will maintain a copy as part of the employer's employment record.

An information acquired under the provisions of this policy will be maintained by the Elba Public School District as part of the employee's employment record, and a reasonable effort will be made to protect its confidentiality and security.

Questions about this policy may be directed to the Elba Public School District.

Your Rights Provided by HIPAA

You have the following rights regarding medical information the Elba public School district may obtain from you or about you:

Right to Inspect and Copy

You have a right to inspect and copy medical information the Elba Public School District maintains in the course of your employment related activities, except any information compiled in anticipation of or for use in any civil, criminal, or administrative action or proceeding.

Right to Amend

If you think that medical information about you is incorrect or incomplete, you may ask to amend the information. The request to amend the information must be in writing. The request must identify the specific information you wish to amend and include information setting forth the reasons you believe the information is inaccurate. The request for amendment, along with the reasons provided, will be filed with your related employment documents.

Restriction or Confidential Communications

You have a right to request restrictions and confidential communications concerning protected health information. Such restrictions or directives must be filed in writing and may not be retroactive in nature. Such restrictions may not be in conflict with necessary business practices or provisions of law.

Right to Accounting of Disclosure

The Elba Public School District has the right to disclose your PHI information acquired in the course of your employment with its management staff, legal counsel, insurance companies, etc., on a business need basis or in order to comply with law. The Elba Public School District will not disclose any PHI that is part of your employment record under any other circumstances, including disclosure to other family members, unless the Elba Public School District receives a written request on a form signed by you identifying what information you wish disclosed and to whom. A copy of any request for disclosure will be maintained in your employment file and is subject to your inspection. The Elba Public School District is not required to maintain such records longer than six (6) years or to maintain any information about disclosures or disclosure requests prior to April 14, 2003.

Right to Revocation of Disclosure

If you authorize disclosure of any information, either to the Elba Public School District and/or to another party, you may revoke that authorization in writing at any time. Revocation of disclosure must be filed with the Elba Public School District and will be maintained as part of your employment file. However, if the PHI is essential to secure employment benefits, revocation may result in denial of benefits.

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Complaint Alleging Violation

If you feel that your PHI has been used inappropriately or in violation of this policy, you may file a written complaint with the Elba Public School District or with the US Department of Health and Human Services.

Change of Notice of Health Information Privacy Practices

The Elba Public School District has the right to amend this Notice at any time in the future consistent with law. Until such amendment is made, the Elba Public School District will abide by the terms of this Notice.

Confirmation of Receipt

You are required to sign and return this copy to the Elba Public School District to confirm that you have received a copy of this Notice. You will be provided with a copy for your records as well. The Notice with your signature will be maintained as part of your employment record.

I _____ acknowledge receipt of this Privacy Notice.