



CITY OF HENDERSON, KENTUCKY Notice of Privacy Practices

Effective Date:
April 14, 2004

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.

The City of Henderson Employee Health Benefits Plan is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at the City of Henderson contact:

Connie Galloway, Privacy Officer
City of Henderson, Kentucky
PO Box 716 - 222 First Street
Henderson KY 42419-0716
270-831-1200

1. How the City of Henderson Employee Health Benefits Plan may or may not use and / or disclose your health information.

The law permits the City of Henderson Employee Benefits Plan to use and / or disclose your protected health information (PHI) for the following purposes.

- a. **Payment.** We will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.
- b. **Regular Health Care Operations.** We will use or disclose your PHI to support City business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. For example, we may use or disclose your PHI to (i) provide you with information about one of our disease management programs; (ii) respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.
- c. **Information provided to you.**
- d. **Required by law.**
- e. **Public health.** As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- f. **Health oversight activities.** We may disclose your PHI to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
- g. **Worker's compensation.** We may disclose your PHI as necessary to comply with workers' compensation laws.

The City of Henderson Employee Health Benefits Plan may not use and / or disclose your PHI as follows:

- a. Except as described in this Notice of Privacy Practices, the Plan will not use and / or disclose your PHI without your written authorization. If you do authorize the Plan to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

2. Your Protected Health Information Rights.

- a. You have the right to request restrictions on certain uses and disclosures of your PHI. The City of Henderson Health Benefits Plan is not required to agree to the restriction(s) that you requested.
- b. You have the right to receive your PHI through a reasonable alternative means or at an alternative location.
- c. You have the right to inspect and copy your PHI.
- d. You have a right to request that the Plan amend your PHI that is incorrect or incomplete. The Plan is not required to change your PHI and will provide you with information about the Plan's denial and how you can disagree with the denial.
- e. You have a right to receive an accounting of disclosures of your PHI made by the Plan, except that the Plan does not have to account for the disclosures of payment, health care operations, and certain government functions.
- f. You have a right to a paper copy of this Notice of Privacy Practices.

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3. Changes to this Notice of Privacy Practices.

The City of Henderson Employee Health Benefits Plan reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the Plan is required by law to comply with this Notice.

4. Complaints.

Complaints about this Notice of Privacy Practices or how the Health Benefit Plan's handles your health information should be directed to:

Connie Galloway, Privacy Officer
City of Henderson, Kentucky
PO Box 716 - 222 First Street
Henderson KY 42419-0716
270-831-1200

If you are not satisfied with the manner in which your complaint is handled, you may submit a formal complaint to:

Department of Health and Human Services, Office of Civil Rights
Hubert H. Humphrey Building
Room 509F HHH Building
200 Independence Avenue, S.W.
Washington DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at:

<http://www.hhs.gov/ocr/regmail.html>