



School Administrative Unit 70

41 Lebanon Street, Suite 2
Hanover, New Hampshire 03755-2147

*Hanover High School
Frances C. Richmond Middle School
Bernice A. Ray School
Marion W. Cross School*

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.

If you have any questions about this notice please contact:

Amy Tallman x4030 or amy.tallman@sau70.org

or

Jamie Teague x4032 or jamieteague@sau70.org

Phone: 603-643-6050

Who will follow this notice:

In the course of providing you with a health care reimbursement account under the Cafeteria Plan, the Plan will have access to information about you that is deemed to be "protected health information" or PHI, by the Health Insurance Portability and Accountability Act of 1996, or HIPAA. The procedures outlined in this section have been added to the Plan to ensure that your PHI is treated with the level of protection required by HIPAA. This notice describes the medical information practices of SAU 70 Cafeteria Plan (the "Plan") and that of any third party that assists in administration of Plan claims.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applied to all of the medical records we maintain. 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.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Your PHI may be disclosed to certain employees of your Employer. These employees are:

Amy Tallman, Human Resources Director

Jamie Teague, Business Administrator

These individuals may only use your PHI for Plan Administration functions including those described below, provided they do not violate the provisions set forth herein. Any employee of your employer who violates the rules for handling PHI established herein will be subjected to adverse disciplinary action.

The Employer has certified that it will comply with the privacy procedures set forth herein. Your Employer may not use or disclose your PHI other than as provided herein or as required by law. Any agents of subcontractors who are provided your PHI must agree to be bound by the restrictions and conditions concerning your PHI found herein. Your PHI may not be used by the employer for any employment related actions or decisions in connection with any other benefit or employee benefit plan of the Employer. The Employer must report to the Plan any uses of disclosures of your PHI of which the Employer becomes aware that are inconsistent with the provisions set forth herein.

Effective July 1, 2017

How we may use and disclose medical information about you:

The following categories describe different ways that we use and disclose medical information for purposes of Plan administration.

For adjudication of claims: We review medical information about you to determine your eligibility for receipt of benefits under the Plan. For example, we will review our expense receipts to ensure that the expense is an allowable Plan expense and is eligible for reimbursement to you by the Plan. We may share medical information with another entity to assist in the adjudication or subrogation of claims to another health plan to coordinate benefit payments.

As required by law: We will disclose medical information about you when required to do so by federal, state or local law.

To avert a serious threat to health or safety: We may use and disclose medical information about you when necessary to prevent a serious 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.

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, medical information may be disclosed to your Employer's personnel solely for purposes of administering benefits under the Plan.

Your rights regarding medical information about you

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

Right to inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Employer contact specified at the top of page 1 of this Notice. If you request a copy or the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request. The requested information will be provided within 30 days if the information is maintained on site or 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

Right to Amend:

If you feel that medical 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 the information is kept by or for the plan. To request an amendment, your request must be made in writing and submitted to the party indicated at the top of page 1 of this Notice. In addition, you must provide a reason that supports your request.

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

- Is not part of the medical information 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 part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Your employer must act on your request for an amendment of your PHI no later than 60 days after receipt of your request. Your employer may extend the time for making a decision no more than 30 days, but it must provide you with a written explanation for the delay. If your employer denies your request, it must provide you a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures:

You have the right to request an "accounting of disclosures" (other than you authorized in writing) where such disclosure was made for any purpose other than treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to the party noted at the top of

page 1 of this notice. Your request must state a time period which may not be longer than 6 years and may not include dates before April 2004. Your request should indicate in what form you want the list, (for example, on paper or electronically). The first list 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.

Note that HIPAA provides several important exceptions to your right to an accounting of the disclosures of your PHI. Your employer will not include in your accounting any of the disclosures for which there is an exception under HIPAA. Employer must act on your request for an accounting of the disclosures of your PHI no later than 60 days after receipt of the request. Your employer may extend the time for providing you an accounting by no more than 30 days, but it must provide you a written explanation for the delay. You may request one accounting in any 12-month period free of charge. Your employer will impose a fee for each subsequent request within the 12-month period.

Right to a Paper Copy of this Notice:

You have the right to a paper copy of this notice. You may ask us to give you 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.

To obtain a paper copy of this notice, contact the individual listed at the top of page 1 of this Notice.

The Employer must make its internal practices, books and records related to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with these privacy protections.

When the employer no longer needs PHI disclosed to it by the Plan, for the purposes for which PHI was disclosed, your Employer must, if feasible, return or destroy the PHI that is no longer needed. If it is not feasible to return or destroy the PHI the Employer must limit further uses and disclosures of the PHI to those purposes that make the return or destruction of the PHI infeasible.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the US Department of Health and Human Services (Humphrey Building, 200 Independence Ave. SW, Washington, DC 20201). To file a complaint with the plan, contact the Plan official listed on page 1 of this Notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical 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 permission, and that we are required to retain our records of the benefits we provided to you.