

LYON COUNTY SCHOOL DISTRICT EMPLOYEE BENEFITS PLAN

NOTICE OF PRIVACY PRACTICES

Effective July 1, 2025, or such later date when this notice is first published.

PLEASE REVIEW THIS NOTICE CAREFULLY AS IT DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DIRECTS YOU TO HOW YOU CAN ACCESS YOUR INFORMATION.

Lyon County School District (LCSD) is providing you this privacy notice, so you understand how we use your health information and when we need to disclose your health information to others. For each obligation and right listed within this notice, the term “we” refers to both the Plan Administrator and the claims administrators for the self-insured coverage options beginning July 1, 2025, under the Lyon County School District Employee Benefits Plan (the “Plan”).

Lyon County School District is the Plan Administrator for the Plan. The claims administrators for the Plan are listed in the “Claims administrators” section on the last page of this document.

This notice is subject to change. You may contact Lyon County School District’s Privacy Official to request a copy of this notice. In addition, you may request a copy via mail at the following:

Lyon County School District
Attention: Privacy Officer
25 E. Goldfield Avenue
Yerington, NV 89447

The Plan is required by law to abide by the terms of this notice, which may be amended from time to time.

Summary of your privacy rights

We may use and give out your health information to:

- Help manage the health care treatment you receive
- Pay for your health services
- Administer the Plan
- Tell you about other health benefits and services
- Help your family and friends involved in your care
- Do research

We may also use and give out health information for:

- Health and safety reasons
- Organ and tissue donation requests
- Military purposes
- Workers’ compensation requests
- Lawsuits
- Law enforcement requests

- National security reasons
- Coroner, medical examiner, or funeral director use
- Such other disclosures as may be required by law or further addressed herein

You have the right to:

- Get a copy of your record.
- Request a change to your record if you think it's wrong.
- Ask for an accounting of certain disclosures of your health information.
- Ask us to limit the information we share.
- Ask for a copy of our privacy notice.
- Write a letter of complaint to us if you believe your privacy rights have been violated.

The purpose of this document is to outline and inform you about your privacy rights enacted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This privacy notice describes the privacy practices of the self-insured components under the Plan,* which include group dental and vision benefits.

** Only the self-insured group health plan options are covered by this Notice of HIPAA Privacy Rights. If you are enrolled in our fully insured group medical plan coverage option, the insurer for that option may also provide a Notice of HIPAA Privacy Rights specifically relating to the coverage under those options.*

Lyon County School District, as the sponsor and administrator of the Plan, and each of the claims administrators that have been hired to administer the Plan's group health plans are required by law to protect the privacy of your health information.

"Protected health information," as used in this privacy notice, means any individually identifiable health information that is created or received by a health care provider or the Plan relating to:

- Your physical or mental health or condition
- The provision of health care to you
- The payment for health care

"Protected health information" does **not** include, among other things, any information maintained on Lyon County School District's payroll system or records related to an individual's enrollment in or coverage level under a LCSD group health plan. It also does not include any other information that LCSD holds in its capacity as "employer" or in connection with plans other than LCSD's group health plans.

LCSD reserves the right to change or amend this privacy notice and our privacy practices and to make such changes effective for all protected health information that we maintain, but if we do, we will communicate any material changes to you in a revised privacy notice by the effective date of the material change. We will provide you with the revised notice, or information about the change and how to obtain the revised notice, in the next annual mailing to you. You may request a copy by contacting the LCSD's Privacy Officer. You may also request a copy via mail at the address listed at the beginning of this notice.

How we may use or disclose your protected health information

We must use and disclose your protected health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative)
- To the Department of Health and Human Services, if necessary, to make sure your privacy is protected
- When it's required by law

We have the right to use and disclose your protected health information to pay for your health care and to operate and administer the Plan. Some examples of when we may use your protected health information are:

- **For payment** of claims for services received by you and processed by the claims administrators for the Plan in which you are enrolled.
- **For treatment**, so that doctors, hospitals, or both can provide you medical care.
- **For coordination** of benefits with other covered health plans.
- **For health care operations**, to operate and administer the plan and to help manage your health care coverage. For example, the Plan may use your protected health information in connection with:
 - A disease management or wellness program to improve your health
 - Underwriting, including, but not limited to, soliciting bids from potential insurance carriers (genetic information shall not be used for underwriting purposes)
 - Determining participant contributions
 - Submitting claims to the plans' stop-loss (or excess loss) carrier (if any)
 - Conducting or arranging for medical review
 - Legal services
 - Audit services
 - Fraud and abuse detection programs

The Plan also may use your protected health information for other administrative activities, such as cost management and conducting quality assessment and improvement activities.

- **To provide information** on health-related programs or products. For example, the claims administrator might talk to your doctor about health-related products and services, or to suggest an alternative medical treatment or program.

Under limited circumstances, we may have to use or disclose your protected health information:

- **To persons involved with your care**, such as a family member, if you are incapacitated, in an emergency, or when permitted by law.
- **For public health activities**, such as reporting disease outbreaks.
- **For reporting victims of abuse, neglect, or domestic violence** to government authorities, including a social service or protective service agency.
- **For health oversight activities** such as governmental audits, fraud, and abuse investigations.
- **For judicial or administrative proceedings**, such as responding to a court order, search warrant, or subpoena.
- **For law enforcement purposes**, such as providing limited information to locate a missing person.
- **To avoid a serious threat to health or safety**, such as disclosing information to public health agencies.

- **For specialized government functions**, such as military and veteran activities, national security, and intelligence activities.
- **For workers' compensation**, including disclosures required by state workers' compensation laws for job-related injuries.
- **For research purposes**, such as research related to the prevention of disease or disability, but only if the research study meets all privacy law requirements.
- **To provide information regarding decedents**, such as providing protected health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law, or to funeral directors as necessary to carry out their duties.
- **For organ procurement purposes**, such as banking or transplantation of organs, eyes, or tissue.

Substance Use Disorder. You have certain additional protections available to you related to substance use disorder treatment records to the extent we receive substance use disorder treatment records from any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States. We will not use or disclose any of these records without first obtaining your written authorization to disclose such records or without a court order requiring these records to be used or disclosed. We will require that any court order be accompanied by a subpoena or other legal document compelling disclosure before the records will be disclosed. Please note, however, that your written authorization is not required if the records are being provided to public health authorities if the records are de-identified pursuant to the requirements under the Privacy Rule.

If none of the above reasons applies, then your written authorization is needed to use or disclose your protected health information. Specifically, your written authorization is required to use or disclose any psychotherapy notes, if applicable, and to use or disclose any protected health information for marketing purposes or for which the group health plans receive compensation. If applicable, the group health plans also may contact you to raise funds, but you may elect not to receive any such fundraising communications in the future. If a use or disclosure of protected health information is prohibited or materially limited by other applicable laws, then it is our intent to meet the requirements of the more stringent law to protect your privacy.

After we receive authorization from you to release your protected health information, we cannot guarantee that the person to whom the information is provided will not disclose your information. You may revoke your written authorization unless we have already acted based on your authorization. To revoke an authorization, contact the claims administrator for the Plan in which you are enrolled.

Note, any required or permitted disclosures described in this Notice may be subject to redisclosure by the recipient of the disclosure and, at that time, would no longer be protected by the rights and obligations described in this Notice. Further, the Plan does not use or disclose PHI, including substance use disorder information, for purposes of fundraising.

What are your rights to your protected health information?

You have the right to:

- **Ask for restrictions** on uses or disclosures of your protected health information for treatment, payment, or health care operations. You also can ask to restrict disclosures to family members or to others who are involved in or make payments for your health care. We may also have policies on dependent access that may authorize certain restrictions. We ask you to understand

that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.

A covered entity (such as a health care provider) must comply with a requested restriction if the disclosure is to a health plan for purposes of payment or health care operations and the protected health information relates to a health care item or service for which an individual paid in full, out of pocket. For example, if you receive medical care and choose to pay the provider for the entire amount of care in full, out of pocket, you can request that the provider not disclose such information to the Plan, and the provider must agree to such request.

- **Choose how we contact you.** You have the right to ask that we communicate with you about health matters in a certain way or even at a certain location. An example of this could be that we only contact you at work or by mail. If you have a preference regarding how we communicate with you, please let us know in writing. We are not required to agree to your request, but, if we do agree to it, we will comply with it.
- **See and obtain** a copy of your protected health information that may be used to make decisions about you, such as claims and cases or medical management records. You may receive a summary of this health information. If your protected health information is maintained electronically in one or more designated record sets, then you have the right to get a copy of this health information in an electronic format. A written request will be needed to inspect and copy your protected health information. In certain limited circumstances, your request to inspect and copy your protected health information may be denied. An access request should be made to the applicable claims administrators as listed within this privacy notice.
- **Ask to amend** the protected health information we maintain about you if you believe it is wrong or incomplete. The amendment must be submitted in writing to the claims administrator for the Plan in which you are enrolled, along with a reason that supports your request. If your request is denied, you may have a statement of your disagreement added to your protected health information.
- **Appoint a personal representative.** You may request that the Plan disclose your protected health information to your personal representative. A “personal representative” is an individual you designate to act on your behalf and make decisions about your medical care. If you want the Plan to disclose your protected health information to your personal representative, submit a written statement giving the Plan permission to release your protected health information to your personal representative and documentation that this individual qualifies as your personal representative under state law, such as a power of attorney authorizing this individual to make health care decisions for you. Submit this request in writing to the applicable claims administrator.
- **Receive an accounting of disclosures** of your protected health information made by the Plan during the six years before your request. This accounting will not include disclosures of protected health information made:
 1. For treatment, payment, and health care operations purposes;
 2. To you or pursuant to your authorization;
 3. To correctional institutions or law enforcement officials; and
 4. In connection with other disclosures for which federal law does not require us to provide an accounting.

Your request should indicate in what format you want the list (for example, on paper or electronically). Submit this request in writing to the applicable claims administrator. The first list that you request in a 12-month period will be free and we may charge you for responding to any additional requests. 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.

You have the right to a paper copy of this privacy notice anytime. You may contact the Plan's Privacy Officer respectively. Or you may request a copy via mail at the address listed at the beginning of this Notice.

How to exercise your rights

Contact the claims administrators

If you have any questions about this privacy notice or want to exercise any of your rights, call the claims administrator for the Plan coverage option in which you are enrolled. Contact information is listed in the "Claims administrators" section on the last page of this notice.

Filing a complaint

If you believe your privacy rights have been violated, you may contact the Plan's HIPAA Privacy Officer in writing at the following address:

Lyon County School District
Attn: HIPAA Privacy Officer
25 E. Goldfield Ave
Yerington, NV 89447

You may also file a complaint with the Secretary of the United States Department of Health and Human Services Office of Civil Rights at: 200 Independence Avenue, SW, Room 509-F HHH Building, Washington, DC 20201, or at the applicable regional office of the HHS Office of Civil Rights, the contact information for which is available at:

<http://www.hhs.gov/ocr/about-us/contact-us/index.html>

We will not take any action against you for filing a complaint.

LCSD's group health plans have policies and procedures in place designed to address breaches of unsecured protected health information. LCSD's group health plans are obligated to, consistent with HIPAA, notify you if your unsecured protected health information is breached. If your complaint relates to breach notification procedures of the LCSD's group health plans or compliance with the policies and procedures of the LCSD's group health plans in general, send the complaint to the Privacy Officer at the address listed above.

Restrictions on protected health information

LCSD may not use or disclose protected health information for employment-related actions or decisions. LCSD may only use or further disclose protected health information as permitted or required by law and will report any use or disclosure of protected health information that is inconsistent with the permitted uses and disclosures.

Plan Administrator and health plan separation

LCSD's team members, classes of team members, or other workforce members listed as "authorized employees" in the Plan's HIPAA policies and procedures will have access to protected health information only to perform the plan administrative functions required of the Plan Administrator to administer the LCSD's group health plans.

This list includes every team member, class of team member, or other workforce member under the control of the individual who may receive protected health information relating to the ordinary course of business.

The team members, classes of team members, or other workforce members identified above (and any individual under the control of these team members) may be subject to disciplinary action and sanctions for any use or disclosure of protected health information that is in violation of these provisions.

Claims Administrators

To reach the claims administrator for LCSD's self-insured group dental and vision benefits in which you are enrolled, please call the applicable number listed below:

Guardian Claims Administration: 888-482-7342