

Notice of Privacy Practices

THE PRIVACY OF YOUR MEDICAL AND DENTAL INFORMATION IS IMPORTANT TO US

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information.

We are required by applicable Federal and State laws to maintain the privacy of your protected health information. Protected health information is defined as individually identifiable health information that is transmitted in electronic media or maintained in any medium described in the definition of electronic media in the Privacy Rules issued by the U.S. Department of Health and Human Services at 45 C.F.R. § 162.103 or transmitted or maintained in any other form or medium. The term "health information" in this notice includes any personal information that is created or received by a health or dental care provider or health or dental plan that relates to your physical, dental, or mental health condition, the provision of health or dental care to you, or the payment for such health or dental care. It does not include individually identifiable health information contained in education records covered by the Family Educational Rights and Privacy Act, records described in 20 U.S.C. 1232g(a)(4)(B)(iv), and employment records held by the Milwaukee Board of School Directors.

We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect July 1, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to you at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

OUR USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

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

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

We have the right to use and disclose medical information about you as follows:

- **Treatment:** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **Payment:** We may use and disclose your health information to obtain payment of premiums, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have or to assist with payment of claims from doctors, hospitals and other providers for services delivered to you that are covered by your health or dental plan, to determine your eligibility for benefits, to assist with coordination of benefits, to obtain premiums, to disclose whether or not an individual is participating in the group health or dental plan and the like. For example, we may tell a doctor whether you are eligible of coverage and what percentage of the bill may be covered.
- **Health Care Operations:** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we may use and disclose your health information to rate our risk and determine our premiums for your health or dental plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage our business, and the like.

We may use and disclose medical information about you as follows:

- **You and Your Authorization:** We must disclose your health information to you, as described below in Your Rights section of this notice. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your health information for any reason except those described in this notice. The following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes if recorded by us; (ii) uses and disclosures of health information for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of health information; and (iv) other uses and disclosures not described in this Notice.
- **Your Family and Friends:** We may disclose to a family member, a friend, or other persons you indicate are involved in your care or payment for your care, your health information that is directly relevant to their involvement. We may use or disclose your name, location, and general condition or death to notify or help with notification of a family member, your personal representative, or other persons involved in your care about your situation. If you are present, we will give you the opportunity to object before we disclose your health information to these persons. If you are incapacitated or in an emergency, we may disclose your health information to these persons if we determine that the disclosure is in your best interest.
- **Underwriting:** We may receive your health information for premium rating or other activities relating to the creation, renewal or replacement of a contract of health or dental insurance or health or dental benefits. We are prohibited from using or disclosing genetic information of an individual for underwriting purposes.
- **Disaster Relief:** We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.
- **Death, Organ Donation:** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **Public Health and Safety:** We may disclose your health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your health information to a government agency authorized to oversee the health care system or government programs or its contractors and to public health authorities for public health purposes. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes.
- **Plan Sponsor:** We may disclose your protected health information to the Milwaukee Board of School Directors as plan sponsor to carry out plan administration functions that it performs upon certification by the plan sponsor that it has adopted provision to appropriately protect health information. We may disclose summary information about the members of the PPO Health Plan, Exclusive Provider Organization (EPO) Health Plan, High Deductible Health Plan (HDHP), Self-Insured Indemnity (PPO) Dental Plan and the Delta Dental EPO Dental Plan for the plan sponsor to use to obtain premium and cost information, or to decide whether to seek modifications of the PPO Health Plan, EPO Health Plan, HDHP, Self Insured Indemnity (PPO) Dental Plan and the Delta Dental EPO Dental Plan. We may also disclose eligibility, enrollment and disenrollment information to the Plan sponsor.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law. For example, we must disclose your health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your health information when authorized by workers' compensation or similar laws.
- **Process and Proceedings:** We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.
- **Law Enforcement:** Under circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your health information to law enforcement officials. We may disclose limited health information to a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We

may disclose health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

- **Military and National Security:** We may disclose to military authorities the health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.
- **Substance Use Disorder Records:** If we receive or keep information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (called a "Part 2 Program") through a general consent you gave that program for treatment, payment, and/or health care operations, we may use and share your record for those same purposes as explained in this Notice. We will never use or share your record, or any testimony about what is in your record, in any civil, criminal, administrative, or legislative proceeding by any federal, state, or local authority against you, unless you give written permission or a court issues an order after notifying you.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

- **Access:** You have the right to review or obtain copies of your health information in our possession, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$10 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you.
- **Disclosure Accounting:** You have the right to receive an accounting of disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information, (i) made prior to April 14, 2003; (ii) for treatment, payment and health care operations purposes; (iii) to you or pursuant to your authorization; (iv) to correctional institutions or law enforcement officials; and (v) other disclosures that federal law does not require us to provide an accounting. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
- **Restriction Requests:** You have the right to ask to restrict our uses and disclosures of your health information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or others who are involved in your health care or payment for your health care. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or as required by law). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We are also required to agree to a request to restrict disclosure of your health information to a health plan if: (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the health information pertains solely to a health care item or service for which you or a person other than the health plan on your behalf, had paid in full. Any request to restrict must be made in writing and should identify (i) the information to be restricted; (ii) the type of restriction being requested (for example, the use or disclosure, or both), and (iii) to whom the limits should apply.
- **Confidential Communication:** You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request.
- **Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

- **Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.
- **Notification of Breach:** We are required to notify you of any breach of your unsecured protected health information.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the contact information as listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT INFORMATION:

Milwaukee Public Schools
Department of Benefits, Pension & Compensation
5225 West Vliet Street, Room 124
Milwaukee, WI 53208
Phone: 414-475-8554; FAX: 414-475-8562