SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP
[EMPLOYEE GROUP HEALTH PLAN]
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you participate in a fully-insured option, whether through an insurance company or an HMO, please contact that company for its Notice of Privacy Practices.

The School District of Springfield Township [Employee Group Health Plan] (the "plan") provides medical, prescription drug and dental health benefits to eligible employees of The School District of Springfield Township ("we"), and their eligible dependents. This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Plan we maintain and your legal rights regarding the protected health information held by the Plan. The Plan creates, receives, uses, maintains and discloses health information about its participants ("you"). The Plan has adopted policies to safeguard the privacy of your health information and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to provide this Notice to you. We are further required by law to make sure that medical information that identifies you is kept private, give you this 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.

Effective Date
This Notice is effective July 1, 2022 and remains in effect until we change or replace it.

Definitions
This Notice describes how your protected health information (PHI) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law. It also describes the Plan's responsibilities and your rights with respect to your PHI.

Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a healthcare provider, a healthcare clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to the following:

- Your past, present, or future physical or mental health or condition,
- Providing healthcare to you; or
- Making past, present, or future payments for providing health care to you.

For purposes of this Notice, "Plan" means any of the following plans in which you are enrolled:

- Keystone DPOS C2F201
- Personal Choice 10/20/70
- Personal Choice HDHP
- Express Scripts
- United Concordia
- ComPsych

- Life Insurance
- Sunlife Disability Plans
- CHUBB
- Trustmark
- Colonial Life

To the extent that the benefits comprising the Group Health Plan are provided under separate plans, they are all part of an Organized Health Care Arrangement and are permitted to share PHI as necessary without Authorization.

The Plan's Responsibilities

The Plan is required by law to:

- Maintain the privacy and security of your PHI;
- Notify you in the event of a breach of unsecured PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you with a copy of this Notice of the Plan's legal duties and privacy and security practices with respect to your PHI; and
- Follow the terms of this Notice, as currently in effect.

How the Plan May Use and Disclose Your Information

The Plan may use and disclose PHI in the ways described below. The Plan will not use or share your information other than as described in this Notice.

In order to administer your Plan coverage effectively, the Plan is permitted by law to use and disclose your PHI in certain ways without your authorization. The following list describes the way that the Plan is legally allowed or required to use and disclose your PHI without your prior written authorization:

- **For treatment.** The Plan may use or disclose your PHI to provide, coordinate, and manage your care and treatment. The Plan may disclose PHI about you to providers including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
- **For payment.** The Plan may use or disclose your PHI in order to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefits responsibility under the Plan, or to coordinate Plan coverage.
- **For healthcare operations.** The Plan may use and disclose your PHI for plan operations. For example, the Plan may use and disclose your PHI for conducting quality assessment and improvement activities, premium rating, and other activities relating to Plan coverage; submitting claims for coverage; conducting or arranging for medical review; legal services; audit services; business planning; business management; and Plan administrative activities. The Plan is not allowed to use genetic information to decide whether to give you coverage or the price of that coverage.
- **To business associates**: The Plan may disclose your PHI to its business associates, which

are third parties that assist the Plan in its operations, for treatment, payment and health care operations. For example, the Plan may share your PHI with a business associate for the purpose of obtaining accounting services, consulting services or legal advice. The Plan enters into agreements with its business associates to ensure that the privacy of your PHI is protected from unauthorized disclosure and, to the extent electronic PHI is shared with its business associates, such business associates will comply with the HIPAA Security Rule to the extent required by law.

- **To Plan Sponsor.** For the purpose of administration, we may disclose PHI to the sponsor of the Plan in which you participate (the "Plan Sponsor") for plan administration purposes such as eligibility determinations, enrollment and disenrollment activities, and Plan amendments or termination. The Plan Sponsor has certified to the Plan that it will protect the privacy of your PHI and that it has amended the Plan documents to reflect its obligation to protect the privacy and security of your PHI. Your PHI cannot be used for employment purposes without your specific authorization.

Other Permitted Uses and Disclosures

Federal regulations allow the Plan to use and disclose your PHI, without your authorization, for several additional purposes, in accordance with federal and state law:

- **As Required by Law:** The Plan may use and disclose your PHI as required by federal, state, or local law. For example, the Plan may disclose your PHI when required by national security laws or public health disclosure laws.

- **To Avert a Serious Threat to Health or Safety:** The Plan may disclose your PHI in order to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Health Oversight Activities:** The Plan may disclose your PHI to a federal or state health oversight agency for oversight activities authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Public Health Risks:** The Plan may disclose your PHI to appropriate government authorities for public health activities. These activities generally include:
    - To prevent or control disease, injury, or disability;
    - To report births and deaths;
    - To report child abuse or neglect;
    - To report reactions to medications or problems with products;
    - To notify people of recalls of products they may be using;
    - To report to the FDA as permitted or required by law;
    - To support public health surveillance and combat bioterrorism; or

- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

- **Law Enforcement and Lawsuits:** The Plan may release your PHI to a law enforcement official for certain law enforcement purposes. The Plan may release your PHI in the following circumstances:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
  - About a death that we believe may be the result of criminal conduct; and
  - About criminal conduct.

- **Coroners, Medical Examiners, and Funeral Directors:** The Plan may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors, as necessary to carry out their duties.

- **Organ and Tissue Donation:** The Plan may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Specialized Government Functions:** The Plan may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, prospective services for the President, and medical suitability determinations of the Department of State.

- **Workers' Compensation:** The Plan may disclose your PHI in order to comply with laws related to workers' compensation and similar programs.

- **Research:** Under certain circumstances, the Plan may use or disclose your PHI for research purposes, as long as the procedures required by law to protect the privacy of the research data are followed.

Uses and Disclosures that Require Your Express Authorization

The following uses and disclosures will only be made with your written authorization. You may revoke your authorization in writing at any time by contacting us. (see "How to Contact Us" below.) Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon your written authorization and prior to receiving your revocation. The Plan may continue to use and disclosure your PHI after revocation if the authorization was obtained as a condition of securing insurance and other law provides the Plan with the right to contest a claim under the policy or the policy itself. Finally, if applicable state law provides you greater rights or protections concerning your PHI, we will follow such laws.

- **Uses and disclosures for fundraising, sale or marketing purposes:** The Plan will not use or disclose your PHI for fundraising, sale or marketing purposes without your written consent.

- **Psychotherapy notes:** The Plan will not use or disclose psychotherapy notes without your written consent.

- **Personal representatives:** The Plan will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc. if you provide the Plan with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
    - You have been, or maybe, subjected to domestic violence, abuse, or neglect by such person; or
    - Treating such a person as your personal representative could endanger you; and
    - In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- **Spouses and other family members:** With only limited exceptions, we will send all mail to you. This includes mail relating to your spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by your spouse and other family members and information on the denial of any Plan benefits to your spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Your Rights

You have certain rights regarding access to, and the use and disclosure of your PHI as described below. To exercise any of these rights, contact us. (See "How to Contact Us" below.) Specifically, you have the right to:

- **Right to Inspect and Copy Health Information:** Pursuant to your written request, you have the right to inspect and obtain a copy of your health record in paper or electronic format. This includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records.

  To inspect and obtain a copy your health record maintained by the Plan, please see "How to Contact Us" below. In certain limited circumstances, the Plan may deny your request to inspect and copy your health record. If the Plan does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review

of the denial. The Plan may charge a fee per page for the cost of copying your health record and charge you the cost of mailing your health record to you.

- **Right to Request that Your Health Information Be Amended:** You have the right to request that the Plan amend your PHI if you believe the information is incorrect or incomplete. 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, you must submit a detailed request in writing, that provides the reason(s) that support your request. Please see "How to Contact Us" below. The Plan may deny your request if you have asked to amend information that:
  - Is not part of the PHI maintained by or for the Plan;
  - Was not created by the Plan, unless you provide the Plan with information for which the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is already accurate and complete.

  The Plan will notify you in writing as to whether it accepts or denies your requests for an amendment to your health information. If the Plan denies your request, it will explain the reason(s) for the denial and describe how you can continue to pursue the denied amendment.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your PHI. The accounting is a list of disclosures of your PHI by the Plan to others. The accounting will not include: (1) disclosures for treatment, payment or health care operations; (2) disclosures made to you or authorized by you; (3) disclosures made to friends or family in your presence or because of an emergency; (4) disclosures for national security purposes; and (5) disclosures incidental to otherwise permissible disclosures. The accounting covers up to six years prior to the date of your request. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.

  To request an accounting of disclosures, you must submit your request in writing to the contact noted under "How to Contact Us" below. Your request should indicate in what form you want the disclosure. The request can be made for paper and/or electronic disclosures. The first accounting that you request within a 12-month period will be free. For additional accountings in a 12-month period, the Plan will charge you for the cost of providing the accounting, but the Plan will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on your PHI that the Plan uses or discloses about you for treatment, payment or health care

operations. You also have the right to request restrictions on your PHI that the Plan discloses to others, such as a family member, friend, or individual, who is involved in your care or the payment for your care. The Plan is not required to agree to your request for such restrictions, and the Plan may terminate its agreement to the restrictions you requested.

To request restrictions, you must submit your request in writing to the contact noted under "How to Contact Us" below, and include the specific restriction requested, whom you would like the restriction to apply, and why you would like to impose the restriction. The Plan will notify you in writing as to whether it agrees to your request for restrictions. The Plan will also notify you in writing if it terminates an agreement to the restrictions that you requested.

- **Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location:**

  You have the right to request that the Plan communicate your PHI to you in confidence by alternative means or in an alternative location. For example, you can ask that the Plan only contact you at work or by mail, or that the Plan provide you with access to your PHI at a specific location.

  To request confidential communications by alternative means or at an alternative location, you must submit your request in writing to the contact noted under "How to Contact Us" below. We will not ask you the reason for your request. Your written request must specify the alternative means by or location at which you would like to receive your PHI. If appropriate, your request should state that the disclosure of all or part of your PHI by non-confidential communications could endanger you. The Plan will accommodate reasonable requests and will notify you appropriately.

- **Right to Be Notified of a Breach:** You have the right to be notified in the event that the Plan (or a business associate) discovers a breach of unsecured PHI.

- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of the Notice at any time, even if you have agreed to receive this Notice electronically. To make such a request, you must submit a written request to the contact noted under "How to Contact Us" below.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with the Plan, see "How to Contact Us" below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with the Plan.

How to Contact Us

The Plan has designated the School District of Springfield Township Business Administrator as its contact person for all issues regarding the Plan's privacy practices and your privacy rights at:

School District of Springfield Township

1901 E Paper Mill Road

Oreland, PA 19075

215-233-600