Haysville USD 261 Health Flexible Spending Account

Notice of Privacy Practices

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.

This Notice describes the legal obligations of the Haysville USD 261 Health Flexible Spending Account (the "Plan") and your legal rights regarding your protected health information ("PHI") held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Plan is required by law to maintain the privacy of PHI and to provide you with this Notice of its legal duties and privacy practices with respect to PHI. This Notice describes the circumstances under which your PHI may be used or disclosed by the Plan to carry out treatment, payment, or health care operations or for any other purpose that is permitted or required by law. The privacy laws of a particular state or other federal laws might impose a more stringent privacy standard. If these more stringent laws apply and are not superseded by federal preemption rules under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan will comply with the more stringent law.

In general, "protected health information" or "PHI" is individually identifiable information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, including the Plan, or by Haysville USD 261 on behalf of the Plan, that relates to the following:

(1) Your past, present or future physical or mental health or condition;
(2) The provision of health care to you; or
(3) Your past, present or future payment for the provision of health care to you.

I. The Plan's Responsibilities Regarding PHI

The Plan is required by law to:

- Protect and maintain the privacy of your PHI in accordance with HIPAA;
- Provide you with certain rights relating to your PHI;
- Notify you following a breach of your unsecured PHI;
- Prepare and maintain this Notice of our legal duties and privacy practices with respect to your PHI;
- Provide a copy of this Notice to you;
- Provide a copy of this Notice to an individual at the time he or she enters the Plan;
- Within 60 days of a material modification of this Notice, provide a copy of the revised Notice to you;
- No less frequently than every three years, notify all individuals enrolled in the Plan of the availability of this Notice and how to obtain a copy (i.e., send out a Reminder Notice); and
- Follow the terms of the Notice that is currently in effect.

II. How the Plan May Use and/or Disclose Your PHI

The following categories describe different ways that the Plan may use and/or disclose your PHI. Not every use or disclosure in a category will be listed. However, all the ways the Plan is permitted to use and disclose your PHI will fall within one of the categories. However, records about any substance use disorder treatment ("SUD") you have received from a federally-assisted substance use disorder treatment program are protected by federal law, 42 CFR Part 2, and are subject to additional privacy safeguards. Please note that information disclosed by the Plan to an outside person or entity as described in this Notice may be subject to redisclosure by the recipient and might no longer be protected by the HIPAA Privacy Rule.

For Treatment
• The Plan may disclose your PHI to your health care provider for its provision, coordination or management of your health care and related services. For example, the Plan may disclose your PHI to your health care provider for purposes of coordinating your health care with the Plan or referring you to another provider for care. • However, if your PHI includes SUD records, the Plan will not disclose those records for treatment purposes without your written consent, except as specifically permitted or required by law.
For Payment
• The Plan may use and disclose your PHI to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is medically necessary or to determine whether the Plan will cover the treatment. • The Plan may also share medical information with a utilization review or pre-certification service provider. Likewise, the Plan may share PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. • In addition, an explanation of benefits ("EOB"), which may contain information such as the name of the individual receiving treatment, the name of the health care provider, the date medical care is received, the amount charged for medical care, and the amount paid for medical care, may be sent to the individual through whom coverage is provided. For example, a covered employee may receive an EOB disclosing the information listed above with respect to his or her spouse or any dependents covered through such employee. • This disclosure for payment purposes is subject to an individual's right to request confidential communications as explained below. However, records will not be used or disclosed for payment purposes without your written consent, except as specifically allowed or required by law.
For Health Care Operations
• The Plan may use and disclose your PHI for Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use PHI in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage (excluding genetic information for underwriting

purposes); submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business management and development; and Plan administration.

- However, the Plan will not use or disclose any SUD records for health care operations without your written consent, except as specifically permitted by law.

As Required By Law

- The Plan will disclose medical information about you when required to do so 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.
- However, if a disclosure required by another law involves SUD records, the Plan will only make such a disclosure in compliance with the stricter requirements of 42 CFR Part 2, such as with your written consent or a court order that meets Part 2's stricter criteria.

To Avert a Serious Threat to Health or Safety

- The Plan may use and disclose your PHI when necessary to prevent a serious threat to the health and safety of yourself, the public, or another person. Any disclosure would only be to someone able to help prevent or reduce the threat. For example, the Plan may disclose medical information about you in a proceeding regarding the licensure of a physician.
- However, SUD records will only be disclosed to avert such a serious threat as allowed by 42 CFR Part 2, which generally means your written consent or a specific court order is required for any disclosure of those records.

To a Business Associate

- The Plan may enter into contracts with individuals or entities known as Business Associates ("BA") to perform various functions or services on behalf of the Plan. To the extent necessary to perform these functions or services, BAs may receive from the Plan, create from information provided from the Plan, maintain, use, and/or disclose your PHI, but only after they agree in writing with the Plan to implement and follow appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a BA to administer claims or to provide support services, such as utilization management, pharmacy benefit management, or subrogation.
- However, any SUD records will only be shared with a BA in compliance with 42 CFR Part 2, for example, pursuant to your written consent or under a qualified service agreement expressly permitted by law.

To the Plan Sponsor

- The Plan may disclose your PHI to certain employees of the Plan Sponsor for purposes of administering the Plan. However, those employees will use or disclose the information received only as necessary to perform Plan administrative functions or as otherwise required by HIPAA, unless you have authorized further disclosures.
- Your PHI may not be used for employment purposes without your specific authorization. In addition, if any information to be shared with the Plan Sponsor includes SUD records, the Plan will not disclose those records to the Plan Sponsor without your written consent, unless specifically permitted by applicable law.

Military and Veterans

- If you are a member of the armed forces, the Plan may disclose your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

- However, SUD records will not be disclosed to military authorities without your written consent or a specific authorization as required by 42 CFR Part 2.

Workers' Compensation

- The Plan may disclose PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- However, SUD records will not be disclosed for workers' compensation purposes without your written consent or a court order that meets the requirements of 42 CFR Part 2.

Organ and Tissue Donation

- If you are an organ donor, the Plan may disclose PHI about you to organizations that handle organ donor procurement or transplantation, as necessary to facilitate organ or tissue donation and transplantation.
- However, the Plan will not disclose any SUD records for organ or tissue donation purposes without your written consent, except as specifically permitted by federal law.

Public Health Risks

- The Plan may disclose your PHI for public health activities including, but not limited to: prevent or control disease, injury or disability and to report births and deaths.
- However, any information from SUD records will only be disclosed for the public health purposes listed above if permitted by 42 CFR Part 2. For example, Part 2 regulations allow reporting of suspected child abuse or neglect to appropriate authorities, but other public health disclosures (such as disease exposure notifications) would require your written consent or a court order.

Health Oversight Activities

- The Plan may disclose your PHI to a health oversight agency for activities authorized by law.
- However, any SUD records will only be disclosed to oversight agencies if permitted by 42 CFR Part 2 (such as for certain audits or evaluations expressly allowed under Part 2); otherwise, your written consent or a Part 2-compliant court order would be required before disclosing such records.

Coroners, Medical Examiners and Funeral Directors

- The Plan may disclose your PHI to a coroner or medical examiner. The Plan may also disclose PHI to funeral directors as necessary to carry out their duties.
- However, the Plan will not disclose SUD records or related information to coroners, medical examiners, or funeral directors without appropriate patient consent or a court order, as required by law.

National Security and Intelligence Activities

- The Plan may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- However, SUD records will not be disclosed for national security or intelligence purposes without your written consent or a specific authorization expressly permitting such disclosure under 42 CFR Part 2.

Inmates
• If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your PHI to the correctional institution or law enforcement official. This release would be necessary: o for the institution to provide you with health care; o to protect your health and safety or the health and safety of others; or o for the safety and security of the correctional institution. • However, SUD records will not be disclosed to a correctional institution or law enforcement custodian without your written consent or a court order that meets the requirements under 42 CFR Part 2.
Research
• The Plan may disclose your PHI to researchers when (1) all individual identifying information has been removed; or (2) when an institutional review board or privacy board has reviewed and approved the research proposal, and has established protocols to ensure the privacy of the requested information. • However, if any requested information includes SUD records, the Plan will only disclose such records for research purposes as permitted by 42 CFR Part 2 (for example, pursuant to your written consent or under an Institutional Review Board-approved protocol that meets Part 2's requirements).

III. Circumstances under Which the Plan Must Disclose Your PHI

The Plan is required by law to make disclosures of your PHI in the following circumstances:

Lawsuits and Disputes
• If you are involved in a lawsuit or a dispute, the Plan may disclose your PHI in response to a court or administrative order. The Plan may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. • However, any SUD records about you that are protected under 42 CFR Part 2 will not be disclosed for these purposes unless you have provided specific written consent or a court order is obtained that complies with the requirements of 42 CFR Part 2. Federal law prohibits the Plan from using or disclosing SUD records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you, unless based on your written consent or a court order issued after you (or the record holder) have been given notice and an opportunity to be heard.
Law Enforcement
• The Plan may disclose your PHI if asked to do so by law enforcement in certain scenarios, including, without limitation in response to a court order, subpoena, warrant, summons or similar process or to identify or locate a suspect, fugitive, material witness, or missing person. • Note: SUD records have additional protections as noted above and generally may not be disclosed to law enforcement without your written consent or a qualifying court order.

In Connection with Government Audits
• The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA. • However, if any information requested in such an audit includes SUD records, the Plan will only disclose those records as allowed by 42 CFR Part 2 (for example, as part of an officially authorized Part 2 program audit/evaluation or pursuant to a court order).
Disclosures to You
• When you request, the Plan is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. • The Plan is also required, when requested, to provide you with an accounting of most disclosures of your PHI where the disclosure was for reasons other than for payment, treatment or health care operations, and where the disclosure was not pursuant to your written authorization.

IV. Other Uses of PHI

Except where specifically allowed by federal law, the use and disclosure of psychotherapy notes, use and disclosure of PHI for marketing purposes, and any disclosure that constitutes a sale of PHI will be made only pursuant to your written authorization. Other uses and disclosures of your PHI not otherwise described in this Notice or the laws that apply to the Plan will be made only with your written permission. If you give the Plan permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. However, this will not affect any disclosures that have already been made with your permission.

V. Your Rights Regarding Your PHI

You have the following rights regarding medical information maintained by the Plan about you:

Right to Inspect and Copy
• You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. You must submit your request in writing to the Contact Person. • The Plan has prepared and will provide to you upon request a "Request for Access to PHI" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. • In very limited circumstances, the Plan may deny your request to inspect and copy PHI that may be used to make decisions about your Plan benefits. • If you are denied access to your PHI that may be used to make decisions about your Plan benefits, you may request that the denial be reviewed by submitting a written request to the Contact Person.

Right to Amend

- If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask the Plan 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 Contact Person.
- The Plan has prepared and will provide to you upon request a "Request to Amend PHI" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. The Plan 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, the Plan may deny your request if you ask the Plan to amend information that:
    - Is not part of the medical information kept by or for the Plan;
    - Was not created by the Plan, unless 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 accurate and complete.
- If the Plan denies your request, you have the right to file a statement of disagreement with the Plan, and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

- You have the right to request an accounting of certain disclosures of your PHI. The accounting will not include:
    - Disclosures for purposes of treatment, payment, or health care operations, unless it involves a disclosure of an electronic record of health-related information on an individual that is created, gathered, managed and consulted by authorized healthcare clinicians and staff;
    - Disclosures made to you;
    - Disclosures made pursuant to your authorization;
    - Disclosures made to friends or family in your presence or because of an emergency;
    - Disclosures for national security purposes; and
    - Disclosures incidental to otherwise permissible disclosures.
- To request this list or accounting of disclosures, you must submit your request in writing to the Contact Person.
- The Plan has prepared and will provide to you upon request a "Request for Accounting of Disclosures of PHI" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. Your request must state a time period, which may not be longer than six years (or three years in the case of disclosures involving electronic health records, as described above) and may not include dates before the date on which the Plan was established.
- Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the cost of providing the list. The Plan 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.

Additional Accounting Rights for SUD Records
• If the Plan maintains any SUD records about you that are protected under 42 CFR Part 2, you have the right to request an accounting of all disclosures of those records made by the Plan within the past three years (regardless of the purpose of the disclosure). This includes disclosures made for treatment, payment, or health care operations pursuant to your prior written consent, as well as any other disclosures made with your consent or as otherwise permitted by law.
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 a limit on your PHI disclosed by the Plan to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. The Plan is not required to agree to your request. • However, if your request relates to restricting the disclosure to another health plan of your PHI pertaining solely to a health care item or service for which the health care provider has been paid out-of-pocket in full and where the purpose of the disclosure would have been for carrying out payment or health care operations, the Plan must agree to your request. • To request any restrictions, you must make your request in writing to the Contact Person. The Plan has prepared and will provide to you upon request a "Request for Restrictions to PHI" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. In your request, you must tell the Plan: o What information you want to limit; o Whether you want to limit the Plan's use, disclosure or both; and o To whom you want the limits to apply, for example, disclosures to your spouse.
Additional Rights to Request Restrictions for SUD Records
• If you have previously given written consent allowing the Plan to use or disclose your SUD records for treatment, payment, or health care operations, you retain the right to request that the Plan restrict any further use or disclosure of those records. • The Plan is not required to agree to such a request (except as noted above for services paid in full out-of-pocket), but we will consider any requested restriction and abide by it if we agree.
Right to Request Confidential Communications
• You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. • To request confidential communications, you must make your request in writing to the Contact Person. The Plan has prepared and will provide to you upon request a "Request for Confidential Communications" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. • Generally, the Plan is not obligated to grant your request for confidential communications unless you provide information establishing that disclosure of all or part of your PHI in a manner or at a location other than that requested could endanger you and the request is reasonable. Your request must specify how or where you wish to be contacted.

Right to Be Notified Following a Breach of Unsecured PHI
• The Plan is required by law to notify you in the event of a breach of your unsecured PHI.
Right to Opt Out of Fundraising Communications
• You have the right to opt out of receiving fundraising communications from the Plan, in the event that the Plan engages in such communications. • If the Plan ever intends to use or disclose any of your SUD records information for fundraising purposes, you will first be provided a clear and conspicuous opportunity to elect not to receive such fundraising communications.
Prohibition on Use or Disclosure of Genetic Information
• The Plan is prohibited from using or disclosing PHI that relates to your genetic information for underwriting purposes.
Right to Obtain Electronic Copies of PHI
• You have the right to obtain electronic copies of your PHI if maintained in a designated record set. • You may request a specific format to receive the electronic PHI and the Plan will comply with such request if feasible. • You may be charged a reasonable cost-based fee for the electronic PHI.
Right to Request 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. • To obtain a paper copy of this Notice, please contact the Contact Person.

VI. Effective Date

This Notice is effective February 16, 2026.

VII. Changes to this Notice

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for PHI that the Plan already has about you as well as any information the Plan creates or receives in the future. The Plan will distribute the revised notice in accordance with 45 C.F.R. 164.520 and the Plan's past practices.

VIII. Contact Person

The Plan's Contact Person is:
Assistant Superintendent for Business/Finance
1745 West Grand Avenue
Haysville, KS 67060
(316) 554-2200

IX. Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan and with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the Contact Person listed above. 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 us.