

**NOTICE OF PRIVACY PRACTICES**  
**under the Health Insurance Portability and Accountability Act (HIPPA)**

**This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Plans Covered by this Notice**

The Austin HRA provides group health benefits to its eligible employees and their dependents. The following group health plans comprise an Organized Health Care Arrangement (OHCA) for the purpose of HIPPA compliance: Austin HRA Health Plan and Austin HRA Flex Plan. These plans participant in an organized health care arrangement. As such, these organizations may share your medical information and the medical information of others they serve with each other as needed for the payment activities and health care operations relating to our organized health care arrangement. The name of our OHCA will be “Austin HRA OHCA”.

**Privacy Obligations**

The Austin HRA and its health care plans are required by Federal law and applicable state law to protect the privacy of individually identifiable health information about you that it creates or receives (your “Protected Health Information”) and to provide you with this Notice of its legal duties and privacy practices. When the Austin HRA and its health care plans use or disclose your Protected Health Information, it is required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure.)

**Uses and Disclosures With Your Written Authorization**

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those listed below in this Notice or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the authorization or required by law.

**Uses and Disclosures Without Your Written Authorization**

The following are the types of uses and disclosures of your protected health information (PHI) that we are permitted by law to make without your authorization:

- **Treatment:** We may disclose your PHI to your health care providers for its provision, coordination or management of your health care and related services – for example, for managing your health care with the Plan or for referring you to another provider for care.
- **Payment:** We may use and disclose your PHI to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.
- **Health Care Operations:** We may use and disclose your PHI to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to credential providers, to engage in care coordination or case management, receive legal services and auditing functions, to manage our business, and the like.

- **Required by Law:** We must disclose PHI about you when required to do so by law. For example, we must disclose your medical 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.
- **Worker's Compensation:** We may disclose PHI about you as authorized by law and as necessary to comply with laws relating to worker's compensation or similar programs established by law.
- **Law Enforcement:** Under circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials. We may disclose limited PHI to a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We may disclose PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution. We may disclose PHI 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
- **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, with your consent, or as directed by a court order signed by a judge or as allowed or required by law.
- **Public Health:** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and inspections, licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **To avert a serious threat to health or safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health or safety of the public or another person.
- **Victims of abuse, neglect, or domestic violence:** We may disclose your PHI to public authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Communication with individuals involved in your care or payment for you care:** Using our best judgement, we may disclose to a family member, other relative, or any person you indicate are involved in your care or payment related to your care your PHI 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 PHI to these persons. If you are incapacitated or in an emergency we may disclose your PHI to these persons if we determine that the disclosure is in your best interest.
- **Notification:** We may use or disclose your PHI to notify, or assist you in notifying, a family member, personal representative, or another person responsible for your care, about your location and your general condition.
- **Death and/or Organ Donation:** We may disclose PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization to carry out their duties.
- **Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- **Correctional Institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
- **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.
- **Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority. In addition, we may release you PHI to help determine eligibility for benefits by the Dept. of Veterans Affairs.

- **National Security:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, protective services to the President, and other national security activities authorized by law.
- **Business Associates:** There are some services provided by us through contracts with business associates such as our Health Plan Provider and Flex Plan Provider. To protect PHI about you, we require all business associates to appropriately safeguard the PHI.

## **Your Individual Rights**

You have the following rights regarding your protected health information (PHI):

- **You have the right to inspect or get photocopies of your PHI.** You may obtain a “Request for Personal Health Information” form to release your PHI to you by using the contact information listed at the end of this notice. We may deny your request to inspect and photocopy in certain limited circumstances.
- **You may request an amendment to your PHI:** You have the right to request that we change the records we maintain about you if you feel that the information is incomplete or incorrect. You may obtain a “Request to Amend Records” form by using the contact information listed at the end of this notice. 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.
- **You may request and receive an accounting of disclosures of your PHI:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, and limited other activities. You are entitled to such an accounting for the 6 years prior to your request, though not earlier than April 14, 2004. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and certain other information. You may obtain a “Request for History of Non-Routine Disclosures” form by using the contact information listed at the end of this notice.
- **You may request communications of PHI by alternate methods:** You have the right to request that we communicate with you in confidence about your medical 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. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence. You may obtain a “Request for Alternate Communication” form by using the contact information listed at the end of this notice.
- **You may request a restriction on certain uses and disclosures of your PHI.** You have the right to request that we place additional restrictions on our use or disclosure of your PHI for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). 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 will not be bound unless our agreement is in writing. You may obtain a “Request to Restrict Records” form by using the contact information listed at the end of this notice.
- **You have the right to receive a paper copy of this Notice.** Upon request to the Privacy Officer, you may obtain a paper copy of this Notice.
- **Personal Representative.** You may exercise your rights through a personal representative who will be required to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or if you are the parent of a minor child. The Austin HRA reserves the right to deny access to your personal representative.

### **Effective Date and Duration of this Notice**

- **Effective Date.** This Notice is effective on April 14, 2004.
- **Right to Change the Terms of this Notice.** 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 medical information that we maintain, including medical 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 our health plan subscribers at the time of the change.
- **Limitation on Applicability of the Notice.** This Notice does not apply to information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for its purpose of obtaining premium bids or modifying, amending or terminating the Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Plan Sponsor provides benefits under the Plan and from which the individual identifying information has been deleted. The Plan and Plan Sponsor may also use or disclose eligibility and enrollment information without your authorization.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about our privacy practices, please contact us using the information listed below.

If you believe your privacy rights have been violated, you may file a complaint using the contact information listed below or you may submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate for filing a complaint.

### **How to Contact the Privacy Officer:**

**Contact Office:** Austin HRA, Attn: Privacy Officer

**Address:** 308 2<sup>nd</sup> Ave. NE, Austin, MN 55912

**Telephone:** 507-433-1866

**E-Mail:** hrea@austinhra.org

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