

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to implement practices designed to protect the confidentiality of health information of covered individuals. The law also requires that covered employees be provided with notice of such practices. This document is intended to satisfy HIPAA's notice requirement with respect to the privacy of health information created, received or maintained by the self-insured health programs sponsored by the City of Albany (the "City"). The programs include the Uninsured Health Expense Reimbursement Account under the Flexible Spending Account Plan, the Employee Assistance Program (EAP) and the Wellness Program (which programs are referred to in this notice as the "Health Care Programs").

The Health Care Programs will create, receive and maintain records that contain health information about you as necessary to administer and provide you with health care benefits under the programs. This notice describes the health information privacy policy and practices of the programs, and informs you of the ways in which your health information may be used or disclosed under the Health Care Programs.

PLEDGE REGARDING HEALTH INFORMATION PRIVACY

The privacy practices of the Health Care Programs are designed to safeguard confidential health information that identifies you, and which relates to a physical or mental health condition or the payment of your health care expenses. This identifiable health information will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by applicable health information privacy laws.

PRIVACY OBLIGATIONS OF THE HEALTH CARE PROGRAMS

Under federal law, the Health Care Programs are required to:

- Make sure that health information that identifies you is kept private;
- Provide you with notice of the legal duties and privacy practices of the Health Care Programs with respect to your health information; and
- Adhere to the Notice of Privacy Practices that is currently in effect.

PRIVACY OFFICER

If you have any questions regarding the matters covered by this notice, please contact the Privacy Officer for the Health Care Programs, as follows:

Human Resources Director
City of Albany, Oregon
333 Broadalbin SW
P.O. Box 490
Albany, Oregon 97321-0144
(541) 917-7506

HOW THE HEALTH CARE PROGRAMS MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The Health Care Programs may use and disclose your health information for the reasons described below.

- **For Payment.** A Health Care Program may use and disclose your health information so that claims for health care treatment, services and supplies that you receive from health care providers are properly paid. For example, a Health Care Program may receive and maintain information regarding a person's doctor visit so as to enable it to process the person's claim for the reimbursement of such expenses.
- **For Health Care Operations.** A Health Care Program may use and disclose your health information to enable it to perform its operations or to facilitate the provision of benefits to eligible individuals. For example, a Health Care Program may use your health information to develop ways to reduce health care costs, or to engage in general administrative activities, such as customer service or the responding to questions or concerns.
- **For Treatment.** A Health Care Program may disclose your health information to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Health Care Programs may advise your treating physician about the types of prescription drugs that you currently take.
- **To Designated City Employees.** A Health Care Program may disclose your health information to designated City employees so they can carry out their administration functions with respect to the program, including the uses and disclosures described in this notice. These individuals will protect the privacy of your health information and ensure that it is used only as described in this notice or as permitted by law.

- **To a Business Associate.** A Health Care Program may disclose health information to other persons or organizations, known as business associates, who provide services on the Health Care Program's behalf. For example, a Health Care Program may hire an administrative firm to process claims made under the program. To protect your health information, the Health Care Programs require all business associates to appropriately safeguard the health information disclosed to them.
- **Treatment Alternatives.** A Health Care Program may use and disclose your health information to inform you of possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** A Health Care Program may use and disclose your health information to inform you of health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** A Health Care Program may disclose health information to a close friend or family member involved in or who helps pay for your health care.
- **As Required by Law.** A Health Care Program will disclose your health information when required to do so by federal, state or local law.

SPECIAL USE AND DISCLOSURE SITUATIONS

A Health Care Program may also use or disclose your health information under the circumstances described below.

- **Judicial and Administrative Proceedings.** A Health Care Program may disclose your health information in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful process.
- **Law Enforcement.** A Health Care Program may release your health information if asked to do so by a law enforcement official.
- **Workers' Compensation.** A Health Care Program may disclose your health information as necessary to comply with applicable workers' compensation or similar laws.
- **To Avert Serious Threat to Health or Safety.** A Health Care Program may use and disclose your health information when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

- **Public Health Activities.** A Health Care Program may disclose health information about you for public health activities, such as providing information to an authorized public health authority for the purpose of preventing or controlling a disease, injury or disability.
- **Health Oversight Activities.** A Health Care Program may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs, or to ascertain compliance with applicable civil rights laws.
- **Specialized Government Functions.** In certain circumstances, federal regulations may require a Health Care Program to use or disclose your health information to facilitate government functions related to the military and veterans, national security and intelligence activities, correctional institutions and inmates and protective services for the President and others.
- **Coroners, Medical Examiners and Organ Donation Banks.** A Health Care Program may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify the cause of a person's death. If you are an organ donor, it may also release your health information to an organ donation organization.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Health Care Programs will be made only with your written authorization. If you authorize a Health Care Program to use or disclose your health information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Health Care Program will no longer disclose or use your health information for the reasons covered by your written authorization. However, the Health Care Program will not retract any uses or disclosures previously made as a result of your prior authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the rights regarding your health information that are described below.

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information maintained by the Health Care Programs. To inspect and copy this health information, you must submit your request in writing to the Privacy Officer. You may be charged a fee for the costs of copying and mailing your request. In limited circumstances, your request to inspect and copy your health information may be denied. Generally, if you are denied access to health information, you may request a review of the denial.
- **Right to Information Correction.** If you feel that your health information maintained by a Health Care Program is incorrect or incomplete, you may ask the Privacy Officer to have it corrected. You have the right to request a correction for as long as the information is maintained by the Health Care Program.

To request a correction, you must send a detailed request in writing to the Privacy Officer. You must provide the reasons supporting your request. Your request may be denied if the health information requested to be corrected is in fact accurate and complete, not created by the Health Care Program, not part of the health information maintained by the Health Care Program or not information that you are otherwise permitted by law to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request a list of your health information that has been disclosed by a Health Care Program for any reason other than for treatment, payment or health operations; to you, or to a person involved in your care; to a law enforcement custodial official; or for national security purposes. The request must be made in writing to the Privacy Officer. The request must specify the time period for which you are requesting the information (for example, disclosures made during the six months preceding the date of the request). Accounting requests may not be made for periods of time going back more than six years, or for any period prior to April 14, 2004. You may receive one accounting during any 12-month period without charge. Additional accounting requests may be subject to a reasonable fee. You will be informed in advance of the fee, if applicable.
- **Right to Request Restrictions.** You may request restrictions on Health Care Program's use and disclosure of your health information for treatment, payment or health care operation purposes. You also have the right to request a restriction on the disclosure of your health information to someone involved in the payment of your care. For example, you may request that a Health Care Program not disclose to a family member information regarding a particular surgery that you may have had. However, the Health Care Program is not required to agree to your request. A request for restrictions must be made in writing to the Privacy Officer.
- **Right to Receive Confidential Communications.** You have the right to request that communications to you from a Health Care Program be made in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that a Health Care Program only communicate with you at a certain telephone number or by email.

If you wish to receive confidential communications, please make your request in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted. The request must also include a statement that the disclosure of all or part of the information to which the request pertains could endanger you. An attempt will be made to honor reasonable requests for confidential communications.

- **Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this notice at any time, even if you have previously received this notice. To obtain a paper copy, please contact the Privacy Officer.

CHANGES TO THIS NOTICE

The right to change the terms of this notice at any time in the future is reserved. If the notice is revised, a copy of the revised notice will be distributed to you. The provisions of the new notice will apply to all health information thereafter maintained by the Health Care Programs. Until such time as a notice is revised, the Health Care Programs are required by law to comply with the current version of the notice.

COMPLAINTS

Concerns or complaints about the safeguarding of your health information under the Health Care Programs should be directed to the Privacy Officer. You will not be retaliated against in any way for filing a complaint. All complaints must be submitted in writing. If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the Department of Health and Human Services.

Effective Date of Notice: April 14, 2004

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