

# JOHNSON COUNTY COMMUNITY COLLEGE GROUP HEALTH PLAN / SECTION 125 CAFETERIA PLAN

## 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.**

Johnson County Community College Group Health Plan / Section 125 Cafeteria Plan is committed to protecting the confidentiality of its participants' medical information, and is required by law to do so. This Notice describes how we may use your medical information within the Johnson County Community College Group Health Plan / Section 125 Cafeteria Plan and how we may disclose it to others outside of Johnson County Community College Group Health Plan / Section 125 Cafeteria Plan. This Notice also describes your rights concerning your own medical information. Please review it carefully and let us know if you have questions.

### **HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

Your authorization is not required for us to use or disclose your medical information for the following purposes:

**Treatment:** We may receive your medical information from others who have treated you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. We may use that information to assist in ensuring you receive proper benefit coverage under our Group Health Plan / Section 125 Cafeteria Plan.

**Appointments and Services:** We may use your medical information to contact you to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you. For example, if you are diagnosed or treated for conditions related to high-blood pressure, we may contact you to inform you of available treatment options for that medical condition and where you could access a health care provider to ensure your health care is being properly managed.

**Family Members and Others Authorized to Receive Medical Information:** We may disclose your medical claim information to a family member or friend who is involved in your medical care and/or other claims administration and appeal processes as applicable, if they are legally authorized to receive such medical information. If you do not want us to disclose your medical information to family members or other authorized persons, please inform the Johnson County Community College Group Health Plan representatives as soon as possible.

**Disaster Relief Organizations:** We may disclose your medical information to disaster relief organizations to help them notify a family member or friend of your location, general condition, or death in a disaster.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies that are provided to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

**Healthcare Operations:** We may use and disclose your medical information for our health care operations and claims administrative process. Healthcare operations include, but are not limited to: training and education; quality assessment/ improvement activities; risk management; claims management; legal consultation; physician and employee review activities; licensing; regulatory surveys; and other business planning activities.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Required by Law:** Federal, state, and local laws sometimes require us to disclose participants' medical and other medical claims information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

**Workers' Compensation:** We may disclose information to the Kansas Workers' Compensation Program for work-related injuries pursuant to applicable law.

**Public Health:** We may use your medical information for public health activities such as reporting births, deaths,

communicable diseases, injuries or disabilities; ensuring the safety of drugs and medical devices; and for work place surveillance or work related illness and injury.

**Law Enforcement:** We may disclose your medical information to law enforcement in limited circumstances, such as to identify or locate suspects, fugitives, or witnesses, or victims of crime, to report deaths from crime, to report crimes on our premises or in emergency treatment situations.

**Public Safety Risks:** We may disclose your medical information to law enforcement officials and others to prevent or lessen a serious and imminent threat to the health or safety of the community or an individual.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees Johnson County Community College Group Health Plan or our personnel, such as the Department of Health and Human Services, Internal Revenue Service, Department of Labor, Office of Civil Rights, and other applicable state agencies such as the Kansas Department of Health Services. These agencies need medical information to monitor our compliance with state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information consistent with applicable law concerning deceased participants to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose medical information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to authorized federal officials for intelligence and national security purposes or for Presidential protective services.

**Legal Proceedings:** We may disclose medical information in any judicial or administrative proceeding if ordered to do so by a court or if we receive a subpoena or a search warrant.

**Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose the medical information necessary for your health and the health and safety of other individuals in the institution or its agents.

**Business Associates:** We may disclose your medical information to our third-party business associates (e.g., a health insurance broker/consultant, wellness coordinator, claims billing organization, etc.) that perform activities or services on our behalf. Each business associate must agree in writing to protect the confidentiality of your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, we are required to get your permission before disclosing it to others in many circumstances.

**Other Uses and Disclosures:** If we wish to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. Specific examples of uses and disclosures of medical information requiring your permission include: (i) most uses and disclosures of psychotherapy notes (private notes of mental health professional kept separately from a medical record); (ii) most uses and disclosures of your medical information for marketing purposes; and (iii) disclosures of your medical information that constitute the sale of your medical information.

Permission granted to us may be rescinded at any time, unless we have already relied on your permission to use or disclose the information. To revoke your permission, please notify our Privacy Official at the address provided below.

## **WHAT ARE YOUR RIGHTS?**

Although your medical information is our property, you have the right to:

**Request Access to Your Medical Information:** Participants have a right to look at their own medical information and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. Medical information that is available electronically may be obtained in that format. To request your medical information, please contact the Privacy Officer at:

If you request a copy of your information, you will be charged for our costs to copy the information. You will be notified in advance what the cost will be. Participants can view their record at no cost.

**Request Amendment of Medical Information:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, please contact the Privacy Officer at the address below. We may deny your request to amend information if the information was not created by us, maintained by us, or if we determine the information is accurate. You may appeal in writing a decision by us not to amend your information.

**Request an Accounting of Disclosures:** You have the right to request a list of many of the disclosures we make of your medical information. To receive a list, please contact the Privacy Officer at the above address. The first list will be provided to you for free, but you may be charged for any additional lists requested during the same year. You will be notified in advance what these additional lists will cost.

**Request Restrictions:** You have the right to ask us not to make uses or disclosures of your medical information to seek payment for care under the Johnson County Community College Group Health Plan. Although we may consider your request, we are not legally required to agree to your request, except as noted below. If you make a request for a restriction on the disclosure of your medical information to a health plan provider where the medical information relates solely to an item or service for which you paid for out of pocket in full, we are required to abide by your request, unless we are required by law to make the disclosure. It is your responsibility to notify any other providers about your request. To request a restriction, please contact the Privacy Officer and describe your request in detail.

**Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. At the time of admission or upon registration you may orally request confidential communications. Otherwise you must submit a request in writing to the Privacy Officer at the above address.

**Receive a Paper Notice:** If you have received this Notice electronically, you have the right to a paper copy at any time. You may download a paper copy of this Notice from our Website, at <http://www.jccc.edu>, or you may obtain a paper copy of this Notice at any Johnson County Community College Group Health Plan facility.

**Receive Notice of a Breach:** You have the right to be notified in writing following a breach of your medical information that is not secured in accordance with certain security standards.

### **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose medical information, or how we will implement participant rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. A revised Notice will be published for any future changes to these practices. Copies of the current Notice may be obtained by contacting the Privacy Officer, or by visiting our Website: <http://www.jccc.edu>.

### **WHICH HEALTH PLAN PARTIES AND REPRESENTATIVES ARE COVERED BY THIS NOTICE?**

This Notice applies to Johnson County Community College Group Health Plan / Section 125 Cafeteria Plan and its authorized agents and personnel. This Notice also applies to other agents and personnel that come to Johnson County Community College Group Health Plan / Section 125 Cafeteria Plan to assist the Plan as well. These other representatives will follow this Notice for information they receive about you from Johnson County Community College Group Health Plan.

### **DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how we use or disclose your medical information. If you have a concern, please contact our Privacy Officer at:

Johnson County Community College Group Health Plan / Section 125 Cafeteria Plan  
12345 College Blvd  
Overland Park, KS 66210-1299  
(913)469-8500

If for some reason we cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with us or the federal government.

DO YOU HAVE QUESTIONS?

We are required by law to give you this Notice and to follow the terms of this Notice. If you have any questions about this Notice, or have further questions about how we may use and disclose your medical information, please contact our Privacy Officer at the above address.

First effective on: February 01, 2003

Revised: July 2, 2013

Effective for future benefit plan years after 2013; until further notice.