



**City of Venice**  
*Administrative Services Department*

**Interoffice Memorandum**

**TO:** All Employees  
**FROM:** Administrative Services  
**SUBJECT:** Notice of Privacy Practices

In August 1996, the federal government signed into law the Health Insurance Portability and Accountability Act (HIPAA). The law has several provisions that have been or will be enacted over a period of several years.

One section of the law is designed to allow employees to maintain their insurance when changing jobs (in most cases), to regulate the period of time before a condition can be considered to be pre-existing and other employee-friendly regulations. These regulations have been in place since 1996.

You may have received notices from your physician, hospital, pharmacy, and other health care providers outlining your privacy rights as a patient. The City of Venice's Self-Funded Health Plan is subject to the same privacy regulations.

If you have visited the Administrative Services Department, you may have notice our office set up has been designed to help protect your individual Protected Health Insurance from accidentally being viewed or overheard by other people.

HIPAA requires that the City of Venice Self-Funded Health Plan provide each employee with the attached Notice of Privacy Practices. This document outlines when the Plan may or may not disclose your health information.

The protection of your health insurance has always been and will continue to be a priority of Administrative Services. If you have questions about the City's privacy practices, please call the City's privacy officer at 486-2626 ext. 21004.

Thank you.

# City of Venice Self-Insured Health Plan

## NOTICE OF PRIVACY PRACTICES

Effective April 14, 2004

***This notice will describe how medical information about you may be used and disclosed and how you may access this information.***

### PLEASE REVIEW IT CAREFULLY

If you have any questions about this Notice, or you would like to make a request concerning your rights, please call and ask for our Privacy Official – address and telephone number is at the end of this Notice.

### OUR RESPONSIBILITIES

This privacy notice will tell you about the lawful ways in which we may use and disclose your **Protected Health Information (PHI)**. It describes your rights and our responsibilities about the use and disclosure of your PHI. PHI is information that may identify you (such as your name, address, and social security number), that relates to your past, present, or future physical or behavioral health conditions, your health care services, and payment for your health care services.

The City of Venice is required by law to maintain the security and privacy of your PHI and to provide you with this Notice of our Privacy Practices and legal duties. We are required to follow the terms of this Notice. We reserve the right to change the terms of this notice and to make any new provisions effective to the entire PHI that we maintain about you. If we revise this notice, we will provide you with a revised notice by mail.

### USES and DISCLOSURES of PHI

To comply with the law, only the individual's "Minimum and Necessary" PHI will be used or disclosed to accomplish the intended purpose of the use, disclosure, or request. It is the policy of the City of Venice to limit the use or disclosure of an individual's PHI on a "need to know" basis. The following categories describe some of the different ways we may use and disclose your PHI.

#### Payment:

We may use and disclose your PHI for payment activities. For example, we may use and disclose your PHI to process and pay your bill for health care services, when your health care provider requests information regarding your eligibility for coverage under our health plan, or in reviewing the medical necessity of the treatment you received, or in coordinating payment with other insurance carriers or facilities.

#### Treatment:

We may use and disclose your PHI so that you can receive medical treatment and other related services. For example, we may need to coordinate your care with utilization and case management personnel with regard to your health benefits.

#### Health Care Operations:

We may use or disclose your PHI for our business activities and health care operations. The activities include, but are not limited to: quality assessment and improvement, reviewing provider performance, reviewing Rx data for wellness and prevention materials. For example, we may use or disclose your PHI to underwriters to obtain insurance premiums, and to auditors to ensure claims are paid correctly.

#### Business Associates:

We may disclose your PHI to third party "business associates" that perform various services for us. For example, we may disclose your PHI to our benefits administrator, to our claims administrator, utilization and case management, employee assistance program, and pharmacy benefits manager, and to other services that provide reinsurance and healthcare support services such as dental and vision providers. We require our business associates to appropriately secure and safeguard your PHI.

#### Other Health-Related Benefits:

We may use and disclose your PHI to contact you about wellness and prevention, disease management, and other educational health programs. We may use and disclose your PHI to offer you other health-related and voluntary benefits. If you do not want us to contact you about health-related benefits, you must notify our Privacy Official in writing.

#### Individuals Involved in Your Care:

We may use and disclose your PHI to a family member or other persons you identify involved in your care. We will disclose only PHI relevant to that person's involvement in your care or payment for your care. In an emergency, we may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

#### Plan Sponsor:

We may disclose your PHI to the plan sponsor of the group health plan.

#### Research:

We may use and disclose your PHI for research purposes in certain limited circumstances.

**Required By Law:** We will disclose your PHI as required by federal or state law including:

- **Military and National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities. We may also be required to disclose your PHI to members of the Armed Forces for activities deemed necessary by appropriate military authorities.
- **Workers' Compensation.** We may disclose your PHI to workers' compensation and other programs providing benefits for work-related injuries or illnesses.
- **Public Health.** We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to the health and safety of you and/or others. Public health activities generally include: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls of products they may be using; (6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) to notify the appropriate government authority if we believe the individual has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include those agencies that oversee government benefit programs, government regulatory programs, and civil rights laws.
- **Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding to the extent expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement:
  - (1) in response to a court order, subpoena, warrant, summons, or similar process;
  - (2) to identify or locate a suspect, fugitive, material witness, or missing person;
  - (3) pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - (4) about a death believed to be the result of criminal conduct;
  - (5) about criminal conduct that occurs on our premises; and
  - (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person or to determine cause of death. We may also disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out assigned duties.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of law enforcement, we may disclose your PHI to the correctional institution or law enforcement official holding you in custody in order for:
  - (1) the institution to provide you with health care;
  - (2) your health and safety and the health and safety of others; or
  - (3) the safety and security of the correctional institution.

**Organ and Tissue Donation:**

We may disclose your PHI to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank.

**OTHER USES and DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

Other uses disclosures of your PHI not covered by this notice or laws that apply to our use and disclosure will be made only with your written authorization, including events such as the birth of a child, death of an employee, spouse, or dependent, or birthdays. You may revoke your authorization, in writing, at anytime. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use or disclosure that has already been made with your authorization or that has been made as described in this notice.

**YOUR RIGHTS**

The following is a description of your Protected Health Information rights.

- **Right to a Request a Restriction.** You have the right to request a restriction on certain uses and disclosures of your PHI, including that for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your information to individuals involved in your care or payment for your care. The City of Venice will give serious consideration to your request but is not required to agree to any such restrictions. If we do agree, we will comply with the restriction unless the information is needed to provide you emergency treatment. To request a restriction please contact our Privacy Official. Your request must specify:
  - (1) the information you want to limit;
  - (2) whether you want to limit our use, disclosure, or both; and
  - (3) to whom you want the limits to apply.
- **Right to Access, Inspect, and Copy.** You have the right to access, inspect, and obtain a copy of your PHI that may be used to make decisions about your health care benefits. This includes your medical and billing records, but may not include psychotherapy notes or other information that is subject to laws that prohibit access. We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care provider chosen by us will review your request and denial. The person performing this request will not be the person who denied your initial request. We will comply with the outcome of that review. To inspect and copy your PHI, please contact the Privacy Official. A fee may be charged for the cost of copying, mailing, or other supplies associated with your request.
- **Right to Amend** – If you believe any of your information in our possession is inaccurate, you may request in writing that we amend or correct the information that you believe to be erroneous. To request an amendment, contact our Privacy Official. You will be required to provide a reason that supports your request. We may deny your request if you ask us to amend information that:
  - (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - (2) is not part of the Protected Health Information kept by or for us;
  - (3) is not part of the information which you would be permitted to inspect or copy; or
  - (4) is accurate and complete.

If we deny your request you may submit a short statement of dispute to be included in any future disclosure of your information.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI. This is a list of the disclosures of your PHI that we made to others. The list does not include disclosures made:
  - (1) for treatment, payment and any other health plan operations;
  - (2) to you;
  - (3) that are incidental disclosures;
  - (4) in accordance with an authorization;
  - (5) for national security or intelligence purposes; and
  - (6) to correctional institutions or law enforcement officials for the provision of health care and/or the safety of the individual, inmates, officials and employees.

To request an accounting contact our Privacy Official. You may request an accounting of disclosures made up to 6 years before the date of your request but not for disclosures made before April 14, 2004. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you the cost of the providing the list. You will be notified of the fee before any costs are incurred.

- **Right to Confidential Communications.** You have the right to request that you receive communications about your Protected Health Information in a **certain time or manner**. For example, you may ask that we contact you only at work or by U.S. Mail. To request confidential communications, contact our Privacy Official. Your request must specify how and/or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy by contacting our Privacy Official. In addition, you may obtain a copy of this notice at our website.

**COMPLAINTS**

If you believe your privacy rights have been violated, please send your complaint, in writing, to our Privacy Official. All complaints will be resolved in a timely manner. If we cannot resolve your concern, you have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

If you would like to discuss the privacy of your Protected Health Information in detail, or if you have any concerns, please contact our Privacy Official at:

Privacy Official  
 City of Venice  
 401 West Venice Avenue  
 Venice, FL 34285  
 941-486-2626 X2058