

<b>Category:</b> 7000 PERSONNEL	<b>Policy Number:</b> 7436 (Page 1 of 3)
<b>Policy Title:</b> HIPAA PRIVACY RULE	<b>Effective Date:</b> February 17, 2016

Snake River School District No.52 adopts this policy regarding the protection of employee privacy rights in compliance with federal requirements under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

### **DEFINITIONS**

“Privacy Officer” means the superintendent or the superintendent’s designee.

“HHS Privacy Regulations” or “Privacy Rule” means the Standards for Privacy of Individually Identifiable Health Information as defined at 45 C.F.R. Parts 160 and 164, Subparts A and E.

“Protected Health Information” or “PHI” has the same meaning as the term “protected health information” as defined in 45 U.S.C. Section 164.501, but is limited to any such information created or received by Business Associate from or on behalf of Covered Entity.

“Business Associate” means a person or organization not a part of the district’s work force that performs certain functions or activities, such as, but not limited to, claims processing, data analysis, and billing, on behalf of the district that involves the use or disclosure of individually identifiable health information.

“Covered Entity” means a district that acts as a “health plan,” including an employer-sponsored group health plan. Exceptions to this definition are those health plans with less than fifty (50) participants that are administered solely by the employer.

### **PRIVACY NOTICE**

A notice of privacy practices regarding protected health information (PHI) and the use or disclosure that may be made of PHI will be provided annually to employees who are covered by the district’s health plan.

### **ACCESS TO PHI**

Employees, or their personal representatives, have the right to inspect or copy their PHI. This right to access includes access to the information held by a Business Associate of the district. Requests to access PHI will be in writing and the Privacy Officer will respond within thirty (30) days of the request. If the PHI is not readily available on site, the Privacy Officer will have an additional sixty (60) days to respond. If the Privacy Officer is not able to respond within these time limits, a written notification will be provided to the individual making the request. Responses will be consistent with the requirements of the Privacy Rule.

### **RIGHT TO REQUEST AMENDMENT OF PHI**

An individual has the right to request the amendment of his or her PHI. All such requests are required to be in writing and must provide a reason for the requested amendment. The Privacy Officer will act and respond within sixty (60) days of receipt of the request. If the request is denied, the following information will be provided:

1. The basis for denial.
2. How the person may submit a written statement disagreeing with the denial.
3. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the district include the request for amendment and the denial in any future disclosures of the PHI at issue.
4. A description of how the individual may complain to the district, including contact information.

All requests and related documentation will be maintained for six (6) years.

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**RIGHT TO ACCOUNTING**

An individual has the right to an accounting of disclosures of PHI made by the district, except disclosures made for payment, treatment, health care operations, disclosures to the subject individual, incidental disclosures, or disclosures made pursuant to a valid authorization. Such request must be in writing.

Accounting of disclosures will include:

1. The date of disclosure, name of the entity or person who received the PHI and a brief statement of the purpose, or a copy of the individual’s authorization or written request for disclosure.
2. For multiple disclosures of PHI to the same person or entity, the following may be provided in the accounting: the time of the first disclosure, a full accounting with all elements described above, the frequency period, periodicity or number of disclosures made during the accounting period, and the date of the last disclosure in the accounting period.
3. The first accounting within a 12-month period will be at no cost to the individual. A reasonable cost-based fee will be charged for all subsequent accountings of disclosures during the 12-month period.

**RIGHT TO RESTRICT USE OR DISCLOSURE**

An individual has the right to request in writing that the district restrict the use or disclosure of PHI for purposes of treatment, payment, or health care operations. The district will honor any restriction, except in the case of an emergency. Any agreement to restrict disclosure will be retained for a period of six (6) years from the date of its creation. Any termination of such restriction will be documented.

Individuals have the right to restrict the manner and method of communication regarding PHI. Reasonable requests as determined by the Privacy Officer will be accommodated. Such requests or agreements for confidential communication will be reduced to writing.

**DISCLOSURES WITHOUT CONSENT/AUTHORIZATION**

In compliance with the Privacy Rule, the district will disclose PHI upon request to the individual who is the subject of the PHI and to the Secretary of the U.S. Department of Health and Human Services.

At the discretion of the Privacy Officer, the district may disclose PHI for treatment, payment, and health care operations without a signed authorization from the subject individual and as otherwise may be permitted under the Privacy Rule.

Disclosures for worker’s compensation purposes are excluded from coverage by HIPAA and are covered by state law.

**DISCLOSURE OF PHI WITH AUTHORIZATION**

A signed authorization is required for disclosure of PHI unless an exception applies. The authorization must comply with the requirements of the Privacy Rule and the disclosure will be consistent with the terms of the authorization. The signed authorization form must be retained for six (6) years and the individual who signed the authorization must be given a copy.

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**AUTHORIZATION CONTENT**

The authorization form will contain, at a minimum, the following:

1. The specific and meaningful description of the information.
2. The name or other specific identification of the person(s) or class of persons (such as a personal representative) authorized to make the requested use or disclosure.
3. The name or specific identification of the person(s) or class of persons to whom the district may make the requested use or disclosure.
4. An expiration date or event that relates to the individual or the use or disclosure purpose, but in no case will the expiration date be more than one (1) year after the date of the signature.
5. A statement of the individual’s right to revoke the authorization in writing and the procedure to do so.
6. A statement that any PHI used or disclosed based on the authorization may be subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.
7. A statement of the inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
8. The individual’s dated signature.
9. If an individual’s personal representative signs the authorization, a description of that representative’s authority to act on the individual’s behalf.

**HEALTH INFORMATION FOR EMPLOYMENT PURPOSES**

Health information regarding employees provided to the district as the employer for a specific employment purpose is not PHI and will be kept in the employee’s personnel record. PHI will not be made part of an employee’s personnel record without the signed authorization of the employee or personal representative, as required by the Privacy Rule.

**PRIVACY OFFICER**

The superintendent or designee is appointed as the Privacy Officer for the district. All complaints should be addressed to:

Snake River School District No. 52  
103 South 900 West  
Blackfoot, ID 83221  
Phone: (208) 684-3001  
Fax: (208) 684-3003



**LEGAL REFERENCES:**

PL 104-191  
42 USC Section 1320d-2(d) 45 CFR  
Sections 160-164

**ADOPTED: 02/18/2015**

**AMENDED: 02/17/2016**

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<b>Policy Title: HIPAA Privacy Rule: Letter to Employee</b>	<b>Effective Date: February 17, 2016</b>
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**[DISTRICT LETTERHEAD]**

[Date]

[Employee Name]

[Address]

RE: HIPAA Privacy Rule

Dear [Name or Employee]:

The Snake River School District No. 52 *reimburses certain medical costs of employees consisting of \_\_\_\_\_ (describe what costs the school district reimburses under its plan) OR provides an employer-sponsored group health plan to its employees.* Under the Health Insurance Portability and Accountability Act (HIPAA), the district must maintain the confidentiality of protected health information (PHI) regarding employees received in the course of providing a healthcare plan. Enclosed for your review is a notice (similar to a notice received from a healthcare provider), which provides an overview of the district's practices and procedures and sets forth your rights to access the protected health information about you and your family members maintained by the district.

Please review this information. If you have any questions, please contact me at (208) 684-3001.

Sincerely,

[Name]

HIPAA Privacy Officer

Enclosure:

Policy No. 7436F2, HIPAA Privacy Rule: Notice of Privacy Practices

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**Snake River School District No. 52  
NOTICE OF HIPAA PRIVACY PRACTICES**

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

**I. Privacy Obligations:**

Snake River School District No. 52 (hereinafter “School District”) is considered to be a Health Plan under the Health Insurance Portability and Accountability Act and receives Protected Health Information regarding employees in the course of making reimbursement to those employees for deductibles paid in conjunction with insurance coverage for employees and their family members. Accordingly, we are required to maintain the privacy of certain financial, personal, and health information (Protected Health Information, PHI) and to provide you with this notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this notice or any subsequent notice in effect at the time of the use or disclosure.

The School District utilizes a private business entity, \_\_\_\_\_ (hereinafter “Business Associate”), to implement the reimbursement payments for employees. Statement of Benefits documents may be disclosed to our Business Associate for this purpose. This disclosure will be made without the signed authorization of the employee. Other disclosures may be made for purposes of treatment, payment, or health care operations without the authorization of the employee. The School District shall comply with the requirements of the federal Privacy Rule.

**II. Uses and Disclosures of PHI based upon on your written authorization:**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law, as described below. This authorization will describe how the information will be used, and a copy of this Privacy Notice will accompany each request for authorization that is made by a third party or by the School District and sent to you. You may revoke your written authorization at any time, in writing, except to the extent that your physician or the physician’s practice had taken an action in reliance on the use or disclosure indicated in the authorization.

Uses and Disclosure for Research: No PHI will be released for clinical research unless you agreed to participate in a specific research program and have provided written consent at the time of your enrollment in that research program.

**III. Permitted and Required Uses and Disclosure that may be made without your consent or authorization or opportunity to object.**

There are occasional circumstances in which we may use or disclose your PHI without obtaining your authorization to do so. Generally speaking, you have the right to agree to and authorize the disclosure of your PHI, then we may, in these limited circumstances using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

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- A. Emergency Circumstances.** Unless you object, we may use or disclose some or all of the PHI in an emergency situation because of an individual's incapacity or an emergency treatment circumstance.
- B. Compliance with Legal Authority.** We may use or disclose your PHI when we are required to do so, as in the case of reporting abuse or neglect to appropriate federal or state law enforcement agencies.
- C. Others Involved in Your Health Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care, or to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses or disclosure to family or other individuals involved in your health care.

**IV. Your Individual Rights:**

- A. Right to Request Additional Restrictions.** You may request a restriction on our use or disclosure of PHI for treatment, payment, and operations. We will consider additional restrictions carefully, but we may not and are not required to agree to a requested restriction. If agreed, we will abide by the restriction.
- B. Right to Receive Confidential Communications.** We will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternate locations.
- C. Right to Inspect and Copy Your Records.** You may request, in writing, access to your PHI in order to inspect or request copies of the records. You may be charged a fee for each copy. Under limited circumstances, as permitted by law, we may deny you access to a portion of your records, for example when a licensed health care professional feels that such disclosure may cause harm.
- D. Right to Request an Amendment of Your Records.** You have the right to request that your PHI maintained by the School District be amended in cases where information is erroneous or incomplete and the information originated with the School District or its Business Associate.
- E. Right to Receive Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your information and to whom those disclosures have been made.
- F. Right to Receive a Paper Copy of this Notice.** Upon request, you may obtain a copy of this notice, even if you agreed to receive such notice electronically.

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**V. Terms of Notice.**

We may change the terms of this notice from time to time as may be deemed necessary. If we change this notice, a copy will be posted in the business office of the School District. You will receive a copy of the current notice any time the School District's obligations under your health insurance coverage changes.

If you desire further information regarding your privacy rights or are concerned that your rights have been violated, you may contact our Privacy Officer at \_\_\_\_\_, Idaho \_\_\_\_\_, or you may contact the Office of Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue, Mail Stop RX-11, Seattle, Washington 98121, (206) 615-2290 (telephone); (206) 615-2296 (TDD); (206) 615-2297 (facsimile).

<b>Category: 7000 PERSONNEL</b>	<b>Procedure or Form Number: 7436 F3</b>
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<b>Policy Title: HIPAA Privacy Rule: Authorization Form for Release of Protected Health Information</b>	<b>Effective Date: February 17, 2016</b>
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**Snake River School District No. 52 HIPAA  
Authorization Form  
for the Release of Protected Health Information (PHI)**

At my request, I authorize Snake River School District No. 52 (hereinafter "School District") to disclose protected health information (PHI) as described below:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person or Organization Receiving the Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of specific information to be disclosed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The date or event when this authorization expires: \_\_\_\_\_  
(If not specified, this authorization will expire one year from the date of signature)

I understand that if the person or organization that receives the information is not a health care provider or health plan covered by federal privacy regulations, the person or organization may not be obligated by state or federal law to protect it.

I understand that I may cancel this authorization in writing at any time by sending a written request to the School District offices. My cancellation of this authorization will not affect any action the School District took prior to receiving my cancellation request.

This authorization is voluntary. The School District will not condition my enrollment in the health plan or eligibility for payment of benefits on receiving this authorization.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If signed by a personal representative of the employee, please complete the following.)

Personal Representative's name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

(i.e., parent, legal guardian, holder of power of attorney. Please attach legal documentation of relationship other than parent.)