

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.

Safeguarding Your Protected Health Information

The City of Seattle self-insured medical group health plan administered by Aetna, Inc.. (the “Plan”) is designed to protect the privacy of your health information. The Plan is required by applicable federal and state laws to maintain the privacy of your Protected Health Information. This notice explains the Plan’s privacy practices, their legal duties, and your rights concerning your Protected Health Information (referred to in this notice as “PHI”). The term “PHI” includes any information that is personally identifiable to you and that is transmitted or maintained by the Plan, regardless of form (oral, written, electronic). This includes information regarding your health care and treatment, and identifiable factors such as your name, age, and address. The Plan will follow the privacy practices described in this notice while it is in effect.

Why does the Plan collect Protected Health Information?

The Plan collects PHI for a number of reasons, including to determine the appropriate benefits to offer individuals, to pay claims, to provide case management services, and to provide quality improvement services.

How does the Plan collect Protected Health Information?

The Plan collects PHI through covered members, their health care providers, and the Plan’s Business Associates. For example, the Plan’s claims administrators, which are Business Associates, receive PHI from health care providers, such as through the submission of a claim for reimbursement of covered benefits.

How does the Plan safeguard your Protected Health Information?

The Plan protects your PHI by:

- Treating all of your PHI that is collected as confidential;
- Stating confidentiality policies and practices in the Plan’s group health plan administrative procedure manual, as well as disciplinary measures for privacy violations;
- Restricting access to your PHI to those individuals who need to know your personal information in order to provide services to you, such as paying a claim for a covered benefit;
- Only disclosing your PHI that is necessary for a service company to perform its function on the Plan’s behalf, and the company agrees to protect and maintain the confidentiality of your PHI; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

How does the Plan use and disclose your Protected Health Information?

The Plan will not disclose your PHI unless they are allowed or required by law to make the disclosure, or if you (or your authorized representative) give the Plan permission. Uses and disclosures, other than those listed below, require your authorization. If you authorize a Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use your PHI for the reasons covered by the written authorization. If there are other legal requirements under applicable state laws that further restrict a Plan’s use or disclosure of your PHI, it will comply with those legal requirements as well. Following are the types of disclosure the Plan may make as allowed or required by law:

• **Treatment:** They may use and disclose your PHI for the treatment activities of a health care provider. It also includes consultations and referrals between one or more of your providers. Treatment activities include disclosing your PHI to a provider in order for that provider to treat you.

• **Payment:** They may use and disclose your medical information for their payment activities, including the payment of claims from physicians, hospitals and other providers for services delivered to you.

Payment also includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, utilization review and preauthorizations).

For example, a Plan may tell a physician whether you are eligible for benefits or what percentage of the bill will be paid by the Plan.

• **Health Care Operations:** They may use and disclose your medical information for their internal operations, including their customer service activities. Health care operations include but are not limited to quality assessment and improvement, disease and case management, medical review, auditing functions including fraud and abuse compliance programs and general administrative activities.

• **Business Associates:** They may also share PHI with third party “business associates” who perform certain activities for the Plan. They require these business associates to afford your PHI the same protections afforded by themselves.

• **Plan Sponsor:** They may disclose your PHI to the Plan’s sponsor with your authorization or when required by law to permit it to perform administrative activities.

• **To You or Your Authorized Representative:** Upon your request, a Plan will disclose your PHI to you or your authorized representative. If you authorize a Plan to do so, it may use your PHI or disclose it to the person or entity you name on your signed authorization. After you provide a Plan with an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. In certain situations when disclosure of your information could be harmful to you or another person, a Plan may limit the information available to you, or use an alternative means of meeting your request.

• **To Your Parents if You are a Minor:** Some state laws concerning minors permit or require disclosure of PHI to parents, guardians, and persons acting in a similar legal status. The Plan will act consistently with the laws of the state where the treatment is provided, and will make disclosures consistent with such laws.

• **Your Family and Friends:** If you are unable to consent to the disclosure of your PHI, such as in a medical emergency, a Plan may disclose your PHI to a family member or friend to the extent necessary to help with your health care or with payment for your health care. A Plan will only do so if it determines that the disclosure is in your best interest.

• **Research; Death; Organ Donation:** They may use or disclose your PHI for research purposes in limited circumstances. They may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

• **Public Health and Safety:** They may disclose your PHI if they believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. They may disclose your PHI to appropriate authorities if they reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

• **Required by Law:** They must disclose your PHI when they are required to do so by law, including workers’ compensation laws.

- **Process and Proceedings:** They may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** They may disclose limited information to law enforcement officials.
- **Military and National Security:** They may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances.

They may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.

What rights do you have as an individual regarding a Plan's use and disclosure of your Protected Health Information?

You have the right to request all of the following:

- **Access to your PHI:** You have the right to review and receive a copy of your PHI. Your request must be in writing. A Plan may charge you a nominal fee for providing you with copies of your PHI. This right does not include the right to obtain copies of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to other state or federal laws that prohibit a Plan from releasing such information. A Plan may also limit your access to your PHI if they determine that providing the information could possibly harm you or another person; you have the right to request a review of that decision.
- **Amendment:** You have the right to request that a Plan amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. A Plan may decline your request for certain reasons, including if you ask it to change information that it did not create. If a Plan declines your request to amend your records, it will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If a Plan accepts your request to amend the information, it will make reasonable efforts to inform others, including people you have authorized, of the amendment and to include the changes in any future disclosures of that information.
- **Accounting of Disclosures:** You have the right to receive a report of instances in which a Plan or its business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, and certain other activities. You are entitled to such an accounting for the 6 years prior to your request, though not for disclosure made prior to April 14, 2003. A Plan will provide you with the date on which it made a disclosure, the name of the person or entity to whom it disclosed your PHI, a description of the PHI it disclosed, the reason for the disclosure, and other applicable information. If you request this list more than once in a 12-month period, a Plan may charge you a reasonable fee for creating and sending these additional reports.
- **Restriction Requests:** You have the right to request that a Plan place additional restrictions on its use or disclosure of your PHI for treatment, payment, health care operations or to persons you identify. It may be unable to agree to your requested restrictions. If the Plan does, it will abide by its agreement (except in an emergency).
- **Confidential Communication:** You have the right to request that a Plan communicate with you in confidence about your PHI by alternative means or to an alternative location. If you advise a Plan that disclosure of all or any part of your PHI could endanger you, it will comply with any reasonable request provided you specify an alternative means of communication.
- **Electronic Notice:** If you receive this notice on the Plan sponsor's Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact the Plan using the information listed at the end of this notice to obtain this notice in written form.

Can I "opt out" of certain disclosures?

You may have received notices from other organizations that allow you to "opt out" of certain disclosures. The most common type of disclosure that applies to "opt outs" is the disclosure of personal information to a non-affiliated company so that company can market its products or services to you. Self-insured group health plans must follow many federal and state laws that prohibit them from making these types of disclosures. Because they do not make disclosures that apply to "opt outs," it is not necessary for you to complete an "opt out" form or take any action to restrict such disclosures.

When is this notice effective?

This notice takes effect April 14, 2003 and will remain in effect until the Plan revises it.

What if the Plan changes their notice of privacy practices?

The Plan reserve the right to change their privacy practices and the terms of this notice at any time and to make the revised or changed notice effective for PHI they already have about you, as well as any information they receive in the future, provided such changes are permitted by applicable law. Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your individual rights, the Plan's duties or other privacy practices stated in this notice. For your convenience, a copy of the Plan's current notice of privacy practices is always available on the Plan's sponsor's Web site at <http://inweb/personnel/benefits/docs/NoticeofPrivacyPractices.DOC>, and you may request a copy at any time by contacting the Plan's Privacy Officer at the number listed below.

Conclusion:PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

How can you reach us?

If you want additional information regarding the Plan's Privacy Practices, or if you believe the Plans have violated any of your rights listed in this notice, please contact the Plan's Privacy Officer at City of Seattle Personnel Department, Benefits Unit, 700 5th Avenue, Suite 5500, Seattle, WA 98104; 206-684-7957. If you have a complaint, you also may submit a written complaint to the U.S. Department of Health and Human Services, 2201 6th Ave., Suite 900, Seattle, WA 98121-1831 or by e-mail to OCRComplaint@hhs.gov. Your privacy is one of the Plan's greatest concerns and there is never any penalty to you if you choose to file a complaint with the Plan's Privacy Officer or with the U.S. Department of Health and Human Services.