



BUSINESS DEPARTMENT – Financial Services
Risk Management Branch
1515 Hughes Way, Long Beach, CA 90810

MEMORANDUM

TO: All subscribers of the Long Beach Unified School District's
Self-Insured Health Plan

From: Janna Kelley, Director of Risk Management

Date: April 14, 2003

The Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA) was enacted to assure individual rights to health insurance when changing employment status.

An amendment to HIPAA required Plan Administrators to establish practices and procedures that guarantee the privacy of Protected Health Information ("PHI") as defined in the following "Notice of Privacy Practices." Furthermore, the amendment requires subscriber notifications as follows:

- ◆ No later than April 14, 2003;
- ◆ Thereafter, at the time of enrollment to individuals who are new enrollees; and
- ◆ Within 60 days of a material revision to the "Notice."

In addition to this "Notice of Privacy Practices," employees participating in health insurance programs, other than the Long Beach Unified School District Self-Insured Plan, will be receiving notices from those providers.

Please read the accompanying document and follow the instructions to exercise your rights under the Act.

Approved for publication:

Tomio Nishimura
Chief Business and Financial Officer

**Long Beach Unified School District's
Self-Insured Health Plans
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.

This Notice is made in compliance with the Standards for Privacy of Individually Identifiable Health Information set forth by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Effective April 14, 2003, HIPAA requires Long Beach Unified School District's ("LBUSD") Self-Insured Health Plan (the "Plan") to take reasonable steps to ensure the privacy of your Protected Health Information ("PHI") and to inform you about:

- 1) The Plan's uses and disclosures of PHI;
- 2) Your privacy rights with respect to your PHI;
- 3) The Plan's duties with respect to your PHI;
- 4) Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- 5) The office to contact for further information about the plan's privacy practices.

"Protected Health Information" (PHI) includes all "individually Identifiable Health Information" transmitted or maintained by the Plan, regardless of form (oral, written or electronic). The term "Individually Identifiable Health Information" means information that may identify you and that is related to (a) your past, present, or future physical or mental health or condition or (b) the past, present or future payment for your health care.

Uses and disclosure of PHI for Treatment, Payment or Operations

The Plan *can* use or disclose PHI without your consent, authorization or opportunity to agree or object to carry out *treatment, payment and health care operations*. PHI will be disclosed only if the Plan receives satisfactory assurance that the recipient will appropriately safeguard the information.

Treatment is the provision, coordination or management of health care and related services by one or more health care providers. LBUSD's Self-Insured Health Plan is not a health care provider and does not engage in "treatment" of individuals as a health care provider (a doctor, for example). Accordingly, although we are permitted to use or disclose PHI about you for treatment purposes, we will not ordinarily do so without obtaining your prior consent.

Payment includes activities undertaken by the Plan to obtain premiums or to determine the Plans responsibility for coverage. Payment includes actions to make eligibility or coverage determinations, billings or claims management, utilization reviews and pre-authorizations. An example of PHI disclosure would be the Plan telling a doctor whether you are eligible for coverage and the amount of any co-payments or deductibles.

Health Care Operations means conducting qualify assessments and improvements, evaluating health plan performance, underwriting, arranging medical reviews and auditing. For example, the Plan may use information about your claims to project future benefit costs.

Uses and Disclosures in Special Circumstances

Use and disclosure of your PHI is allowed without your authorization or opportunity to agree or object under the following circumstances:

- a) When required by law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law.
- b) When permitted for purposes of public health activities, including disclosure to (i) a public health authority authorized by law to receive reports of child abuse or neglect and (ii) a person subject to the jurisdiction of the Food and Drug Administration regarding and FDA regulated product or activity.
- c) If the Plan reasonably believes you to be a victim of abuse, neglect or domestic violence, the Plan may disclose PHI about you to a government authority.
- d) The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law.
- e) The Plan may disclose your PHI in the course of a judicial or administrative proceeding in response to an order of a court provided the Plan discloses only the PHI expressly authorized by such order or in response to a subpoena, discovery request, or other process.
- f) The Plan may disclose your PHI to a law enforcement official when required for law enforcement purposes.
- g) The Plan may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or other duties as authorized by law.
- h) The Plan may use or disclose PHI for research, subject to certain conditions.
- i) The Plan may use or disclose PHI if the Plan, in good faith, believes the use or disclosure (1) is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public or (2) is needed for law enforcement authorities to identify or apprehend an individual.
- j) When authorization by and to the extent necessary to comply with workers' compensation or similar programs established by law.

Except as indicated in this Notice, uses and disclosures will be made only with your written authorization, subject to your right to revoke such authorization.

Your Rights

Requesting Restrictions. You have the right to request restrictions on our use or disclosure of PHI about you. However, the Plan is not required to agree to your requested restrictions. If we do agree, we are bound by our agreement *except* when otherwise required by law, in emergencies, or when the information is necessary for your treatment. Your *written request* for restriction must clearly and concisely describe (a) the information you which restricted; (b) whether you are requesting a limit of our use, disclosure or both; and (c) to whom you want the limits to apply.

Right to Request Confidential Communications of PHI. You have the right to receive communications of PHI in a certain manner or at a certain location, so long as the request is reasonable under the circumstances. For example, you may prefer to have mail from us sent to your work address rather than to your home address. Submit requests for an alternative method of contact to the address provided below.

Right to Inspect and Copy PHI. You have the right to access your information. If the Plan does not maintain the PHI that is the subject of your request for access, and the Plan knows where the requested information is maintained, the Plan will inform you where to direct the request for access. You or your personal representative are required to request access to your PHI in writing. Such request should be addressed to the address provided below.

Right to Receive an Accounting of PHI Disclosures. An “accounting of disclosures” is a list of certain disclosures we have made of PHI about you other than disclosures you authorized and other than disclosures made for treatment, payment or operations. You may request an accounting of disclosures for a period of time less than six years from the date of the request; however, the disclosures will not include any made prior to April 14, 2003. Please send your written request to the address provided below.

Right to Amend your PHI. You may ask us to amend PHI about you (as long as the information is kept by or for us) if you believe it is incorrect or incomplete. Such requests must be submitted in writing to the address provided below.

Right to Receive a Paper Copy of This Notice Upon Request. You have the right to obtain a paper copy of this Notice upon request. To request a paper copy of this Notice, please submit a written request to the address provided below.

The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices with respect to PHI.

This Notice is effective beginning April 14, 2003, and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change the terms of this Notice and to make the new revised notice provisions effective for all PHI that it maintains. If a privacy practice is changed, a revised version of this Notice will be provided to all individuals then covered by the Plan.

Your Right to File a Complaint With the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual:

Risk Management Director
Long Beach Unified School District
1515 Hughes Way
Long Beach, CA 90810

You may also file a complaint with the *Secretary of the U.S. Department of Health and Human Services* by addressing a letter to: The Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.