

Notice of Privacy Practices

City of Minneapolis Group Health Plans' Privacy Notice

Effective Date: April 14, 2004
Revised: September 23, 2013

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.

The City of Minneapolis (“the City”) Group Health Plans (including its Medical Plans, Dental Plan, Medical Expense Reimbursement Plan, Employee Assistance Program and Health Reimbursement Arrangement Plan – HRA/VEBA) are required by law to take reasonable steps to protect the privacy of your protected health information and to provide this Notice of Privacy Practices (“Notice”). Please read this entire Notice to understand your individual rights and the ways that the City’s Group Health Plans protect your privacy.

OVERVIEW

When the phrase “protected health information” (“PHI”) is used in this Notice, it includes both information about your medical condition or diagnosis (such as a diagnosis that you have pneumonia), and your health status (such as the fact that you visited a physician and the amount that the physician billed to the plan). PHI also includes any information that can identify you as an individual, that relates to your health, your health care or payment for your health care, and that is in the possession of the City’s Group Health Plans (“the Plans”). PHI can be information communicated orally, electronically or on paper.

The Plans are separate and distinct legal entities from the City. The Plans receive enrollment information from the City and its independent boards and agencies that informs the Plans that you have elected to receive and are eligible for certain health benefits; for example, medical benefits or health care reimbursement through the Plans. The Plans hire other businesses and insurers to provide health services and to perform claim administration for the Plans. The City provides other services for the Plans, such as benefits design.

In many instances, your PHI is in the possession of the businesses performing work for the Plans (“Business Associates”) or in the possession of your health care providers and not the Plans. The Plans require City employees and Business Associates to follow this Notice. Following are descriptions of how your PHI is handled throughout the Plans’ administration.

As described in this Notice, the Plans use your PHI to evaluate the Plans and look for ways to improve the quality of the Plans’ health care services and benefits, to provide your health care coverage, and to ensure that the Plans obey the law. City employees that may use PHI about you to administer and design the Plans include, but are not limited to, those employees of the Department of Human Resources divisions responsible for employee benefits administration.

This Notice applies to all of the enrollment, claims, payment and medical management records maintained by the Plans.

This Notice describes the ways in which the Plans may use and disclose your PHI, as well as your rights and obligations with respect to the use and disclosure of such information about you. The Plans are required by law to take reasonable steps to ensure that PHI about you in their possession is kept private, to provide to you this Notice, and to follow the terms of the version of this Notice, as indicated by the effective date above.

You may obtain a copy of this Notice at any time on the City public web site at <http://www.minneapolismn.gov/hr/benefits>. If you participate in an insured health plan, you will also receive a Notice of Privacy Practices from the insurer of that health plan. You have the right to receive a paper copy of this Notice, even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of the current version of this Notice, please contact City of Minneapolis Employee Benefits.

HOW WE USE HEALTH INFORMATION

The City's Health Plans may use and disclose your PHI in a number of different ways to administer your health plan benefits. The following examples describe the different ways that the Plans may use and disclose PHI:

USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

I. Treatment, Payment, and Health Care Operations

Treatment. The Plans may share PHI about you with your health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers) to assist your providers in providing treatment to you.

Payment. The Plans may use and disclose PHI about you to determine eligibility for benefits, to coordinate benefits, to determine medical necessity of your treatment, to pre-certify or pre-authorize care, to manage claims and to reimburse you for your claims, and facilitate payment for the treatment and services you receive. The Plans may also use and disclose PHI to perform any other purpose necessary to ensure coverage for you, and to obtain or make payment for services rendered to you.

Health Care Operations. In order to effectively operate and provide quality health care benefits to the Plans' participants, the Plans may use and disclose your PHI for the business management and administrative activities of the Plans. For example, the Plans may use and disclose PHI about you for the following health care operations purposes:

- Ensure coverage for you;
- Review the quality of the benefits the Plans provide;
- Evaluate and compare the performance of the insurers and administrators servicing the Plans;
- Evaluate the effectiveness of current benefits and coverage, and to assess, create, renew, or replace your insurance or benefits;
- Assist with preventative health care, disease management, case management and coordination of your care;
- Cost containment;
- To conduct audits, including compliance, medical, legal, business planning, cost containment, or customer service audit functions;
- Ensure compliance with the terms of the City's contracts, or with clinical or other relevant medical guidelines and protocols;
- Conduct underwriting, premium rating, and related functions (no genetic information about you will be disclosed for underwriting purposes);
- To share information with you about alternative treatment options or other health-related benefits and services, such as preventative and disease management programs that may be offered;
- To a Business Associate as part of a contracted agreement to perform services for the Plans.

II. Additional Uses and Disclosures

Employer Plan Sponsor Administrative Purposes. The Plans may disclose PHI to individuals and groups at the City so that these individuals can perform administrative functions for the Plans. These

individuals and groups will not use or disclose PHI about you for employment-related decisions unless you have provided written authorization for them to do so.

Required by Law. The Plans will disclose PHI about you when required to do so by federal, state or local law. These activities include public health activities (such as disease intervention), health care oversight activities (such as audits, inspections, and investigations by governmental agencies, including HIPAA complaint investigations and compliance reviews), law enforcement purposes (such as fraud prevention, situations involving abuse, neglect, and domestic violence, and threats to public safety), workers' compensation programs and benefits (minimum amount of PHI necessary).

Deceased Persons. As necessary, the Plans may use or disclose PHI about deceased persons to coroners, medical examiners, funeral directors and organ donor organizations.

Legal Proceedings. The Plans may disclose your PHI in the course of any legal proceeding, in response to a court order or an administrative order and, in certain cases, in response to a subpoena, discovery request or other lawful purpose.

Military Activity and National Security. The Plans may disclose PHI about you to the armed forces under certain circumstances or to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Any uses and disclosures not described in this Notice will require your written authorization. You may cancel your written authorization in writing at any time. The Plans, however, are unable to undo any disclosures that have already been made with your authorization. The Plans are also required to retain records of your participation in the Plans, records of the claims submitted for coverage under the Plans, records of medical or case management provided or coordinated by the Plans, and records of the Plans' health care operations. You should review each authorization form carefully prior to signing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following individual rights regarding your PHI that the Plans maintain about you:

Right to Access. You have the right to look at and request a copy of your PHI, with some specified exceptions. To look at or request a copy of your PHI, submit a written request to City of Minneapolis Employee Benefits. The Plans may charge a reasonable fee for copying this information. If your request for access is denied, you may have a right to have that decision reviewed. If the Plans do not maintain the PHI which is the subject of your request, you will be directed to the appropriate insurer or claims administrator who can assist you with your inquiry.

Right to Request Restrictions. You have the right to request restrictions in the Plans' uses and disclosures of PHI in relation to treatment, payment, and health care operations. You also have the right to request that the Plans restrict the use or disclosure of your PHI to family members or personal representatives. To request a restriction, submit a written request to City of Minneapolis Employee Benefits specifying the information that you want to restrict, whether you want the restriction to apply to the Plans' use, disclosure, or both, and to whom you want the restriction to apply.

The Plans are not required to agree to a restriction that you request. In fact, requests for restriction are rarely granted. However, if the Plans do agree to the requested restriction, the Plans may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Request Confidential Communications. You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plans are required to accommodate any reasonable request if the normal method

of disclosure would endanger you and that danger is clearly stated in your request. You must submit your request for confidential communications in writing to City of Minneapolis Employee Benefits.

Right to Amend. You have the right to request an amendment to your records if you believe your PHI is inaccurate or incomplete. In order to amend the records, the Plans must have the relevant records, and you must make the request for amendment in writing, along with a reason for the amendment that supports your request, to City of Minneapolis Employee Benefits. The Plans have the right to deny your request to amend your PHI if:

- The relevant records are not part of the Plans' records;
- The relevant records were not created by the Plans;
- The request falls within an exception to the amendment rights provided by the law; or
- It is determined that the information is complete and accurate.

Right to an Accounting of Disclosures. You have the right to obtain an accounting of any disclosure, other than those disclosures listed below, that has been made of your PHI. To exercise this right, you must submit your requests for accounting of disclosures in writing to City of Minneapolis Employee Benefits. You must specify the time period for which you are requesting the accounting, however, the time period may not exceed six years prior to the date of the request. The Plans will respond to your request within 60 days following receipt of the request.

The Plans will provide one free list of disclosures in response to your requests per 12-month period. If you request additional lists within a single 12-month period, the Plans may charge you for the costs of providing the lists to you. The Plans will notify you of any costs involved, and you will be permitted to withdraw or modify your request before costs are incurred in order to avoid or reduce the fee.

Right to Notification of a Breach. In the case of a breach of unsecured PHI, we will notify you as required by law. In some circumstances, our Business Associates may provide the notification. We may also provide notification by other methods as appropriate.

FUTURE CHANGES

The Plans must follow the terms of this Notice. The Plans can change this Notice, however, and reserve the right to make the new notice effective for all PHI the Plans already have about you as well as any information the Plans receive in the future. Additionally, if privacy laws change, the Plans will change our practices to comply with the law. Should this occur the Plans will send a new notice to you prior to making a significant change in privacy practices.

FILING A COMPLAINT

If you believe that your privacy rights have been violated, you may file a complaint with the City of Minneapolis Employee Benefits or the City of Minneapolis HIPAA Privacy Officer. Please include with your complaint, your name and phone number, as well as your fax number, if available. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. **Complaints to the Secretary must be filed in writing. You will not be penalized or retaliated against for filing a complaint.**

MORE INFORMATION

For clarification of information specific to this privacy notice contact the City of Minneapolis Employee Benefits. The City of Minneapolis Employee Benefits may refer you to your administrators or other service providers in cases where these organizations maintain the records and processes about which you are requesting the information. **City of Minneapolis Employee Benefits:** 612-673-3333 (Monday – Friday; 8:00 a.m. - 4:30 p.m.).