

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 pertains to the privacy of health information created, received or maintained by the self-insured health programs sponsored by the City of Albany (the “City”). The programs include the Uninsured Health Expenses Reimbursement Account under the Flexible Spending Account Plan, the Employee Assistance Program (“EAP”) and the Wellness Program (which programs are referred to in this notice as the “Health Care Programs”). The Health Care Programs are required by law to maintain the privacy of your health information, and to provide you with notice of their legal duties and privacy practices with respect to your health information.

HOW THE HEALTH CARE PROGRAMS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The different ways that the Health Care Programs may use and disclose your health information are described below.

- **For Payment.** The Health Care Programs may use and disclose your health information to properly pay for claims for health care treatment, services or supplies that you receive from health care providers. For example, the Flexible Spending Account Plan may receive information regarding an office visit with a doctor so as to enable the plan to process a request for the reimbursement of your expenses for the services.
- **For Health Care Operations.** The Health Care Programs may use and disclose your health information to enable it to perform their operations, or to facilitate the provision of benefits to persons covered under the Health Care Programs. For example, the Health Care Programs may use your health information to develop ways to arrange for medical review, or to engage in general administrative activities, such as customer service or responding to questions or concerns.
- **For Treatment.** The Health Care Programs may disclose your health information to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Health Care Programs may advise your treating physician about the types of prescription drugs that you currently take.
- **To the City.** The Health Care Programs may disclose your health information to designated City personnel so they can carry out their Health Care Programs-related administrative functions, including the uses and disclosures described in this notice. These individuals will protect the privacy of your health information and ensure that it is used only as described in this notice or as permitted by law.
- **To a Business Associate.** The Health Care Programs may disclose health information to other persons or organizations, known as business associates, who provide services on the Health Care Programs’ behalf. To protect your health information, the Health Care

Programs requires their business associates to appropriately safeguard the health information disclosed to them.

- **Treatment Alternative.** The Health Care Programs may use and disclose your health information to inform you of possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Health Care Programs may use and disclose your health information to inform you of health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Health Care Programs may disclose health information to a close friend or family member involved in, or who helps pay for, your health care.
- **As Required by Law.** The Health Care Programs will disclose your health information when required to do so by federal, state or local law.

SPECIAL USE AND DISCLOSURE SITUATIONS

The Health Care Programs may also use or disclose your health information under the circumstances described below.

- **Judicial and Administrative Proceedings.** A Health Care Program may disclose your health information in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful process.
- **Law Enforcement.** A Health Care Program may release your health information if asked to do so by a law enforcement official.
- **Workers' Compensation.** A Health Care Program may disclose your health information as necessary to comply with applicable workers' compensation or similar laws.
- **To Avert Serious Threat to Health or Safety.** A Health Care Program may use and disclose your health information when necessary to prevent a serious threat to your health and safety, or to the health and safety of another person or the public.
- **Public Health Activities.** A Health Care Program may disclose health information about you for public health activities, such as providing information to an authorized public health authority for the purpose of preventing or controlling a disease, injury or disability.
- **Health Oversight Activities.** A Health Care Program may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs, or to ascertain compliance with applicable civil rights laws.
- **Specialized Government Functions.** In certain circumstances, federal regulations require a Health Care Program to use or disclose your health information to facilitate government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

- **Coroners and Medical Examiners.** A Health Care Program may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify the cause of a person's death.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Health Care Programs will be made only with your written authorization. Although not applicable under the Health Care Programs, the law expressly restricts the use and disclosure of (i) psychotherapy notes, (ii) the use or disclosure of health information for marketing purposes, or (iii) disclosures that constitute a sale of health information, unless authorized by you. If you authorize a Health Care Program to use or disclose your health information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Health Care Program will no longer disclose or use your health information for the reasons covered by your written authorization. However, the Health Care Program will not retract any uses or disclosures previously made as a result of your prior authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the rights regarding your health information that are described below.

- **Protection of Genetic Information.** Genetic information about you or your family members may not be used or disclosed by a Health Care Program for activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, or for any other underwriting purpose.
- **Notification of Breach of Unsecured Health Information.** You will be promptly notified if a Health Care Program or a business associate discovers a breach of unsecured health information that affects you.
- **Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information maintained by a Health Care Program. Your request must be in writing and should be submitted to the Health Care Program. The Health Care Program may charge a fee for the costs of copying and mailing your request. In limited circumstances, the Health Care Program may deny your request to inspect and copy your health information. Generally, if you are denied access to health information, you may request a review of the denial.
- **Right to Amend.** If you feel that your health information maintained by a Health Care Program is incorrect or incomplete, you may ask the Health Care Program to amend it. You have the right to request an amendment for as long as the information is maintained by the Health Care Program.

To request an amendment, you must send a detailed request in writing to the Health Care Program. You must provide the reasons supporting your request. The Health Care Program may deny your request if the health information requested to be amended is in fact accurate and complete, not created by the Health Care Program, not part of the health information maintained by the Health Care Program, or not information that you are otherwise permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request a list of your health information that has been disclosed by a Health Care Program, other than disclosures made (i) for treatment, payment or health operations; (ii) to you, or to a person involved in your care; (iii) to a law enforcement custodial official, or for national security purposes; or (iv) in a manner that removed information that identified you.

The request must be made in writing to a Health Care Program. The request must specify the time period for which you are requesting the information (for example, disclosures made during the six months preceding the date of the request). The Health Care Program is not required to provide an accounting for disclosures made more than six years prior to the request.

- **Right to Request Restrictions.** You may request restrictions on a Health Care Program's use and disclosure of your health information for treatment, payment or health care operation purposes. You also have the right to request a restriction on the Health Care Program's disclosure of your health information to someone involved in the payment of your care. For example, you may request that the Health Care Program not disclose to a family member information regarding a particular surgery that you have had. A request for restrictions must be made in writing to the Health Care Program. However, the Health Care Program is not required to agree to your request.

- **Right to Receive Confidential Communications.** You have the right to request that a Health Care Program communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Health Care Program only communicate with you at a certain telephone number or by email.

If you wish to receive confidential communications, please make your request in writing to the Health Care Program. Your request must specify how or where you wish to be contacted. The request must also include a statement that the disclosure of all or part of the information to which the request pertains could endanger you. The Health Care Program will attempt to honor your reasonable requests for confidential communications.

- **Right to a Paper Copy of This Notice.** You have a right to request and receive a paper copy of this notice at any time, even if you have previously received this notice. The request for a paper copy should be made with the contact person for the Health Care Program who is identified below.

You also may obtain a copy of the current version of the notice at the City's web site: http://www.cityofalbany.net/hr/documents/healthcare/HIPAA-Notice_of_Privacy_Practices.pdf.

CHANGES TO THIS NOTICE

The Health Care Programs reserve the right to change the terms of this notice at any time. If the notice is revised, a copy of the revised notice will be distributed to you. The provisions of the new notice will apply to all health information thereafter maintained by the Health Care Programs. Until such time as a notice is revised, the Health Care Programs are required by law to abide by the terms of the current version of the notice.

COMPLAINTS

Concerns or complaints about the safeguarding of your health information by the Health Care Programs should be directed to the Contact Person for the Health Care Programs. The Health Care Programs will not retaliate against you in any way for filing a complaint. All complaints must be submitted in writing. If you believe your privacy rights have been violated, you may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services.

CONTACT PERSON

If you have any questions, or wish to make a request, regarding the matters covered by this notice, please contact:

Human Resources Director
City of Albany, Oregon
333 Broadalbin SW
PO Box 490
Albany, OR 97321-0144
(541) 917-7506

Effective Date of Notice: This notice has been revised to reflect new regulations issued by the U.S. Department of Health and Human Services. This notice as revised is effective as of September 23, 2013.