

**SUMNER COUNTY EDUCATIONAL SERVICES INTERLOCAL, District 619  
SELF-INSURED HEALTH PLAN**

**PRIVACY PRACTICES NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

The Board of Directors of Sumner County Educational Services Interlocal, District 619 is required by federal law, specifically, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to protect the privacy of your protected health information (PHI) and to provide you with notice of its privacy practices. This notice shall become effective April 14, 2004. The Interlocal is required to abide by the terms of this Notice for as long as it is in effect. The Interlocal reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains. If the Interlocal changes this Notice, changes will be posted on the Interlocal's website at [www.d619.org](http://www.d619.org).

Procedures in Place to Protect the Privacy of your PHI

The Interlocal's goal is to keep your PHI safe and secure. Access to your PHI is limited to only those persons who need it to perform the duties of their position and such individuals are provided training on our privacy and security policies.

Use and Disclosure of Your PHI

The Interlocal is permitted by law to use and disclose your PHI in certain ways without your authorization:

- Treatment – The Interlocal may use and disclose your PHI to a physician or other health care provider treating you.
- Payment – The Interlocal may use and disclose your PHI to determine plan eligibility and responsibility for coverage and benefits. For example, to make sure that you receive the correct benefits and claims are paid accurately, the Interlocal may use your information when it confers with other health plans to resolve a coordination of benefits issue. The Interlocal may also use your PHI for utilization review activities or to adjudicate claims.
- Health Care Operations – The Interlocal may use your PHI in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used to ensure quality and efficient plan operations.

Other Permitted Uses and Disclosures

- Disclosures Required by Law – The Interlocal will use and disclose your PHI when required to do so by federal, state or local law.
- Business Associates – the Interlocal will use and disclose your PHI to our business associates, such as our third-party administrators and accountants. However, we require our business associates to appropriately safeguard your information.
- Uses and Disclosure of PHI Made Pursuant to Your Written Authorization – The Interlocal may, provided you give us written authorization to do so, use or disclose

your PHI to anyone for any purpose that you have authorized. This written authorization may be revoked in writing by you at any time. Your revocation will not invalidate any use or disclosure permitted by your authorization while it was in effect. If you do not authorize such use or disclosure, the Interlocal may only use and disclose your PHI under the circumstances described in this notice.

- Disclosure to Your Family, Friends and Other Persons – The Interlocal may, with your consent (oral or written), disclose your PHI to a family member, friend or other person identified by you to the extent necessary to assist with your health care or with payment for your healthcare. For example, if your spouse is on the phone with you when you call the Interlocal to discuss a medical claim and the Privacy Officer obtains your oral permission to disclose your PHI with your spouse on the phone, the Interlocal may do so.
- Law Enforcement – The Interlocal may use or disclose your PHI for a law enforcement official if certain preconditions are satisfied. For example, we might disclose your PHI:
  - In accordance with laws that require the reporting of certain types of wounds or other physical injuries
  - In response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person
  - In response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime.
- Public Health – The Interlocal may use or disclose your PHI to public health authorities for the purpose of providing them with notice of public health crisis such as potential exposure to a communicable disease or to report child abuse or neglect.
- Prevention of Abuse, Neglect or Domestic Violence – To the extent required or authorized by law, the Interlocal may disclose your PHI to a government authority.
- Health Oversight Activities – The Interlocal may disclose your PHI to a health oversight agency for oversight activities authorized by law, for example, audits, investigations, inspections and licensure.
- Judicial and Administrative Proceedings – The Interlocal may disclose your PHI in response to a court or administrative order, a subpoena, discovery request or other lawful process.
- Decedents – The Interlocal may disclose your PHI to a coroner, medical examiner or funeral director as necessary to carry out their duties, as authorized by law. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
- Donation/Transplantation of Organs, Eyes or Tissue – If you are an organ donor, the Interlocal may disclose your PHI to an organ procurement organization for the purpose of facilitating organ, eye or tissue donation or transplantation.
- Research – The Interlocal may disclose your PHI to research organization under certain circumstances.
- Prevention of Serious Threat to Health or Safety – The Interlocal may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosure will be consistent with applicable law and standards of ethical conduct, to law enforcement authorities, or persons that are reasonably able to prevent or lessen the threat.
- Specialized Government Functions – The Interlocal may disclose your PHI, as applicable, to military authorities, national security and intelligence, federal

protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations.

- Workers' Compensation – The Interlocal may use or disclose your PHI as necessary to comply with workers' compensation laws.

### Your rights regarding PHI

- Right to Inspect and Copy Your PHI – You have the right to inspect and copy health information that may be used to make decisions about your care. A written authorization must be presented prior to the request for access of records and the Interlocal may impose a reasonable fee for the reproduction of documents requested by you. This right does not include psychotherapy notes.
- Right to Request that Inaccurate Information Be Amended or Corrected – You have the right to request in writing that your PHI be amended or corrected. Under certain circumstances, the Interlocal may deny your request, for example, a request to amend information that was not created by the Interlocal.
- Right to Receive a Paper Copy of this Notice – This notice will be available on the Interlocal's website at [www.d619.org](http://www.d619.org) on or before April 14, 2004. To receive a paper copy, please contact the Interlocal's Privacy Officer.
- Right to Receive an Accounting of Disclosures – You have the right to request a list of the disclosures the Interlocal made of your PHI. Your request must be in writing and will cover all disclosures made within the last 6 years from the date the accounting is requested, but not before April 14, 2004. You are entitled to one free accounting request per 12-month period. Additional requests may be assessed a fee. These disclosures do not include treatment, payment or healthcare operations and certain other activities.
- Right to Request Confidential Communications – You may request to receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have PHI sent by mail or to an address other than your home. All such requests must be submitted to the Privacy Officer.
- Right to Request Restrictions – You may ask the Interlocal to restrict how it uses and discloses your PHI as it carries out payment, treatment or health care operations. You may also ask the Interlocal to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. However, the Interlocal is not required to agree to these requests. If the Interlocal grants your request, we are bound to that agreement except when otherwise required by law or in emergency situations when the PHI is necessary for your treatment.

### COMPLAINTS

If you believe that the Interlocal violated your privacy rights, you may file a written complaint without fear of reprisal. Direct your complaint to the Privacy Officer listed below or you may file a complaint with the Secretary of the Department of Health and Human Services.

DISTRICT PRIVACY OFFICER

Board Clerk

Sumner County Educational Services Interlocal, District 619

107 West Lincoln, P. O. Box 427

Wellington, KS 67152

Tel. No. 620 326-3180

April 14, 2004