

COUNTY OF KERN EMPLOYEE HEALTH BENEFITS PLAN (“CKEB PLAN”) PRIVACY POLICY AND NOTICE

Summary (For informational purposes only; for details, please refer to the full policy which appears after this one page summary.)

The CKEB Plan is required to maintain the privacy of “protected health information”, which includes any identifiable information that the plan administrators obtain from you or others that relates to your health, your health care, or payment for your health care.

Use of Protected Health Information

The CKEB Plan can use or disclose your protected health information for purposes of health care treatment, health care payment and health care operations, as described below in the full notice.

The CKEB Plan may contact you to provide information about treatment alternatives or other health related benefits and services.

The CKEB Plan may disclose your protected health information to your family or friends or any other individual identified by you.

The CKEB Plan will only disclose the protected health information directly relevant to the plan administrator’s involvement in your care or payment of claims for your treatment.

Save for exceptional situations, the CKEB Plan will not use or disclose your protected health information for any other purpose unless you provide written authorization. You have the right to revoke that authorization at any time.

YOUR RIGHTS

- You have the right to request restrictions on the uses and disclosures of protected health information, but the CKEB plan administrators are not required to agree to your request.
- You have the right to request to receive communications of protected health information by alternative means or at alternative locations.
- With some exceptions detailed in the full notice, you have the right to inspect and copy the protected health information contained in the plan’s records.
- You may request an amendment to your protected health information, but the plan may deny your request.
- You have the right to receive an accounting of disclosures of protected health information made by the plan.
- You have the right to receive a paper copy of this notice

FILING A COMPLAINT

If you believe that your privacy rights have been violated, you should immediately contact Susan Wells, our privacy officer at (661) 868-3182. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission occurred.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact Susan Wells, at (661) 868-3182.

COUNTY OF KERN EMPLOYEE HEALTH BENEFIT PLAN (CKEB PLAN) PRIVACY POLICY AND NOTICE

This policy 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 CKEB Plan is required by law to maintain the privacy of “protected health information.”

“Protected health information” includes any identifiable information that the administrators of the plan obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and the legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures CKEB Plan will make of your protected health information.

The CKEB Plan reserves the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information the plan administrators maintain. You can always request a copy of our most current privacy notice from our office or you can access it on our Web site, www.co.kern.ca.us/cao/empbenefits.

PERMITTED USES AND DISCLOSURES

The CKEB Plan can use or disclose your protected health information for purposes of treatment, payment and health care operations.

Treatment means the provision, coordination or management of your health care, including referrals for health care from one health care provider to another. For example, a provider under the CKEB Plan may need to know health care information in plan files that might assist in treatment.

Payment means activities to obtain and provide reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, the information on or accompanying health care bills sent to the plan may include information that identifies you as well as your diagnosis, procedures, and supplies used.

As another example, prior to providing health care services, the CKEB Plan may need information from a provider about your medical condition to determine whether the proposed course of treatment will be covered. When the plan receives a bill from the provider, the CKEB Plan can obtain information regarding your care if necessary to provide payment.

Health care operations means the support functions related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, the plan administrators may use your medical information to evaluate the performance of providers used in our plan. The plan administrators may also combine medical information about many patients to decide how to better provide needed benefits under the plan.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The CKEB Plan may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

The CKEB Plan may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment of your care.

The CKEB Plan will only disclose the protected health information directly relevant to their involvement in your care or payment. The CKEB Plan may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care or your location, general condition, or death. If you are available, the CKEB Plan will give you an opportunity to object to these disclosures, and the plan will not make these disclosures if you object. If you are not available, the CKEB Plan will determine whether a disclosure to your family or friends is in your best interest, and the plan will disclose only the protected health information that is directly relevant to their involvement in your care. When permitted by law, the CKEB Plan may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

Except for the situations set forth below, the CKEB Plan will not use or disclose your protected health information for any other purpose unless you provide written authorization.

You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that the CKEB Plan already has taken action in reliance on your authorization.

EXCEPTIONAL SITUATIONS

The plan administrators may use or disclose your protected health information in the following situations without your authorization:

Coroners, Medical Examiners and Funeral Directors. The plan administrators may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The plan administrators may also release medical information about patients to funeral directors as necessary to carry out their duties.

Health Oversight Activities. The plan administrators may disclose medical information to federal or state agencies that oversee our activities. The activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. The plan administrators may disclose protected health information to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

Inmates. If you become an inmate of a correctional institution or fall under the custody of a law enforcement official, the plan may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Law Enforcement. The plan administrators may release medical information in these situations; if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, the plan administrators are unable to obtain the person's agreement; about a death the plan administrators believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the plan administrators may disclose medical information about you in response to a court or administrative order. The plan administrators may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military and Veterans. If you are a member of the armed forces, the plan administrators may release medical information about you as required by military command authorities. The plan administrators may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. The plan administrators may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

Organ and Tissue Donation. If you are an organ donor, the plan administrators may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Protective Services for the President and Others. The plan administrators may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foresight heads of state or conduct special investigations, as authorized by law.

Public Health Risks. The plan administrators may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with a product; to notify people of product recalls, repairs or replacement; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if the plan administrators believe a patient has been the victim of abuse, neglect or domestic violence. The plan administrators will only make this disclosure if you agree or when required or authorized by law.

Serious Threats. As permitted by applicable law and standards of ethical conduct, the plan administrators may use and disclose protected health information if the plan administrators, in good faith believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation. The plan administrators may release medical information about you for programs that provide benefits for work-related injuries or illnesses.

YOUR RIGHTS

- You have the right to request restrictions on the CKEB Plan's uses and disclosures of protected health information for treatment, payment and health care operations. However, the CKEB Plan is not required to agree to your request.
- You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
- Subject to payment of a reasonable copying charge (if you cannot afford to pay for copies, you will not be denied access), you have the right to inspect and copy the protected health information contained in the plan's records, except for psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed by the Privacy Officer.
- You have the right to request an amendment to your protected health information, but the CKEB Plan may deny your request. Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
- You have the right to receive an accounting of disclosures of protected health information made by the plan to individuals or entities other than to you, except for disclosures to carry out treatment, payment and health care operations as provided above; to persons involved in your care or for other notifications purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; or that occurred prior to April 14, 2003.
- You have the right to request and receive a paper copy of this notice from the Kern County Administrative Office.