

## BETHLEHEM CENTRAL SCHOOL DISTRICT PRESCRIPTION DRUG PLAN NOTICE OF PRIVACY PRACTICES

*As Required by the Privacy Regulations Pursuant to the Health Insurance Portability and Accountability Act  
of 1996 ("HIPAA")*

**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 Bethlehem CSD Prescription Drug Plan ("Plan") is committed to maintaining the privacy of your health information. This Notice governs all of the self-insured benefits provided under the Bethlehem CSD Prescription Drug Plan.

The Bethlehem CSD Prescription Drug Plan will create records regarding you and the benefits provided to you. The Plan is required by law to take reasonable steps to ensure the privacy and confidentiality of health information that identifies you. The Plan is also required by law to provide you with this notice to inform you about:

- The Plan's uses and disclosures of Protected Health Information (PHI)
- Your privacy rights with respect to your PHI
- The Plan's legal duties and privacy practices concerning your PHI
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health & Human Services, and
- The office to contact for further information about the Plan's privacy practices

PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

The terms of this notice apply to all records containing your PHI that are created or retained by the Bethlehem CSD Prescription Drug Plan. The Plan reserves the right to revise or amend this notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records the Plan may create or maintain. If there is a material revision to this notice, the Plan will distribute the new notice to enrollees within 60 days of the revision.

### HOW THE Bethlehem CSD PRESCRIPTION DRUG PLAN MAY USE AND DISCLOSE YOUR PHI

There are some services provided by the Plan through contracts with business associates. When these services are contracted for, the Plan may disclose PHI about you to its business associates so that they can

perform the job the Plan has asked them to do. To protect your PHI, the Plan requires business associates to appropriately safeguard the health information. The following categories describe the different ways in which the Plan and its business associates may use and disclose your PHI.

1. **Treatment.** Treatment is the provision, coordination or management of health care and related services. It includes consultations and referrals between providers. For example, a pharmacist who fills a prescription for you may consult with the prescribing physician.
2. **Payment.** Payment includes actions to make coverage determinations and payment (including billing, claims management, coordination of benefits, plan reimbursement, review for medical necessity and appropriateness of care, utilization review and preauthorization's.) For example, the Plan may contact your health care provider to certify that you have received treatment (and for what range of benefits), and the Plan may request details regarding your treatment to determine if your benefits will cover, or pay for, your treatment. The Plan also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members or other insurance companies.
3. **Health Care Operations.** Health care operations are activities such as quality assessment and improvement, reviewing competence or qualifications of providers, underwriting, premium rating, disease or case management, conducting or arranging for medical review, legal services and auditing functions, and general administration of the Plan. As examples of the ways in which the Plan may use and disclose PHI for operations, the Plan's claims administrator or the Bethlehem CSD Prescription Drug Plan may use your PHI to conduct cost-management and planning activities.
4. **Disclosures to You.** The Bethlehem CSD Prescription Drug Plan may contact you about information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.
5. **Disclosures to Your Authorized Representative.** The Bethlehem CSD Prescription Drug Plan may disclose your PHI to persons authorized by law or by you to receive such information. Your authorization must be in writing. The Plan may also disclose information about a minor child to the child's parent in those circumstances permitted by law.

6. **Authorized Disclosures.** You must provide the Bethlehem CSD Prescription Drug Plan with your written authorization for the types of uses and disclosures that are not identified by this notice or permitted or required by applicable law.

Any authorization you provide to the Plan regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, the Plan will no longer use or disclose your health information for the reasons described in the authorization, except for the two situations noted below:

- The Plan has taken action in reliance on your authorization before the Plan received your written revocation; and
- You were required to give the Plan your authorization as a condition of obtaining coverage.

**WHEN THE Bethlehem CSD PRESCRIPTION DRUG PLAN MAY USE OR DISCLOSE YOUR PHI WITHOUT AN AUTHORIZATION**

The following categories describe circumstances in which the Plan may (or may be required to) use or disclose your PHI without your authorization or consent:

1. **Disclosures Required by Law.** The Bethlehem CSD Prescription Drug Plan will use and disclose your PHI when the Plan is required to do so by federal, state and local law.
2. **Public Health Risks.** The Bethlehem CSD Prescription Drug Plan may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Preventing or controlling disease, injury or disability;
  - Notifying appropriate authorities regarding adverse events, defective products or product recalls of FDA-regulated substances;
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
3. **Health Oversight Activities.** The Bethlehem CSD Prescription Drug Plan may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with laws and the health care system in general.
4. **Lawsuits and Similar Proceedings.** The Bethlehem CSD Prescription Drug Plan may use or disclose your PHI in response to a court or

administrative order, if you are involved in a lawsuit or similar proceeding. The Plan also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the Plan has made an effort to inform you of the request or if an appropriate protective order has been requested.

5. **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if the Plan is unable to obtain the person's agreement.
- Concerning a death the Plan believes might have resulted from criminal conduct
- Regarding criminal conduct at the Plan's offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person, and
- In an emergency, to report a crime (including the location or victim(s) of the crime or the description, identity or location of the perpetrator)

6. **Military.** The Bethlehem CSD Prescription Drug Plan may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. **National Security.** The Bethlehem CSD Prescription Drug Plan may disclose your PHI to federal officials for intelligence and national security activities authorized by law. The Plan also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Workers' Compensation.** The Bethlehem CSD Prescription Drug Plan may release your health information for workers' compensation and similar programs.

**YOUR RIGHTS**

You have the following rights regarding your PHI that the Plan maintains:

1. **Confidential Communications.** You have the right to request that the Bethlehem CSD Prescription Drug Plan communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that the Plan contact you at home, rather than at work. In order to request a type of confidential communication you must make a written request to the address at the bottom of this Section specifying the requested method of contact, or the location where you wish to be contacted. The Bethlehem CSD Prescription Drug Plan will accommodate reasonable requests.

2. **Requesting Restrictions.** You have the right to request a restriction on the Plan's use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that the Plan limit disclosure of your PHI to individuals involved in your care or the payment for your care, such as family members and friends. **The Plan is not required to agree to your request;** however, if the Plan does agree, it is bound by that agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction on the Plan's use or disclosure of your PHI, you must make your request in writing to the address at the bottom of this Section. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit the Bethlehem CSD Prescription Drug Plan's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you. You must submit your request in writing to the address listed at the end of this Section in order to inspect and/or obtain a copy of your PHI. The Bethlehem CSD Prescription Drug Plan may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The Plan may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of the Plan's denial.
4. **Amendment.** You may ask the Plan to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the address listed at the end of this Section. You must provide the Plan with a reason that supports your request for amendment. The Plan will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, the Plan may deny your request if you ask the Plan to amend PHI that is: (a) accurate and complete; (b) not part of the PHI kept by or for the Plan; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by the Plan's office, unless the individual or entity that created the PHI is not available to amend it.
5. **Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures the Plan has made of your PHI after April 14, 2003 for most purposes other than treatment, payment, healthcare operations, information provided at your request, and certain government functions. To request an accounting, you must submit a written request to the address at the end of this Section. You must specify the

time period, which may not be longer than six years and may not include dates before April 14, 2003. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

6. **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this notice at any time.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of Health and Human Services. To file a complaint with the Plan, you must submit it in writing to the address listed at the end of the Section. You will not be penalized for filing a complaint.

If you have questions about this notice or would like to exercise one or more of the rights listed in this notice, please contact:

Privacy Official  
Bethlehem CSD Prescription Drug Plan  
90 Adams Place  
Delmar, NY 12054

