

**Notice of Privacy Practices
FOR THE
GROUP HEALTH PLANS
OF
PINELLAS COUNTY SCHOOLS**

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.

Pinellas County Schools sponsor group health plans that provide medical, dental, vision, prescription drug and/or health flexible spending benefits (the “Plans”) for the benefit of eligible employees of Pinellas County Schools and those related companies participating in the Plans (collectively with Pinellas County Schools, the “Company”). These Plans are the Humana Medical Plans, and the health flexible spending accounts under the Humana Plan

The Health Insurance Portability and Accountability Act (HIPAA) requires health plans to notify plan participants and beneficiaries about their policies and practices to protect the confidentiality of their health information. The following notice satisfies the HIPAA requirement with respect to all health information created, received or maintained by the Humana Plans.

While providing you with this notice is a requirement under HIPAA legislation, we would like to take this opportunity to assure you that our practice has been—and will continue to be—to treat any of your personal health information that may be obtained as sensitive and confidential. In addition, Human Resources professionals who may have access to your Protected Health Information or PHI (that is, any health information that identifies you) are bound by HIPAA standards to protect that information.

To help you understand the following notice, we have summarized a few key points:

- Specifically, the health plan is required by law to:
 - Make sure that health information that identifies you is kept private
 - Provide you with this notice of the plan’s legal duties and privacy practices with respect to health information about you
 - Notify you if you are affected by a breach of your unsecured PHI
 - Follow the terms of the notice that are in effect.

Health Information Privacy

This notice is intended to describe how the Plans, to the extent applicable to you, will protect your health information. Health information for this purpose means information that identifies you and either relates to your past, present or future physical or mental health condition, or relates to the past, present or future payment of your health care expenses. This individually identifiable health information is known as protected health information (PHI).

Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to: (1) your past,

present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you. Your PHI will not be used or disclosed without written authorization from you, except as described in this notice or as otherwise permitted by federal or state health information privacy laws.

Health Plan Privacy Obligations

The Plans are required by law to:

- Make sure that health information that identifies you is kept private.
- Provide you this notice of its legal duties and privacy practices with respect to health information about you.
- Notify you if you are affected by a breach of your unsecured PHI
- Follow the terms of the notice that are in effect.

How the Plan May Use and Disclose Health Information About You

Under law, the Plans may use health information or disclose it to others for a number of different reasons. The following are the different ways that the health plan may use and disclose your PHI without your authorization although not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

- **For Treatment:** The Plans may disclose your PHI to a health care provider who provides, coordinates or manages health care treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Plans may advise an emergency room physician about the different medications that you may have been prescribed.
- **For Payment:** The Plans may use and disclose your PHI so that claims for health care treatment, services and supplies that you receive from health care providers may be paid according to the Plans' terms. Payment for health care includes such activities as :making eligibility or coverage determinations, claims management or adjudication, claims appeals determinations, coordination of benefits with another health plan, medical necessity determinations, subrogation, utilization review, billing, determination of cost sharing, precertification or preauthorization of services, risk adjusting based on enrollee health status and demographics, disclosure to consumer reporting agencies, obtaining payment under a reinsurance contract, and collection activities. The Plans may also use your PHI for billing, reviews of health care services received and for third-party recovery. For example, the Plans may tell a doctor or hospital whether you are eligible for coverage or what percentage of the bill will be paid by the health plan. Likewise, we may share your protected information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- **For Health Care Operations:** The Plans may use and disclose your PHI to enable it to operate more efficiently or to make certain that all of its participants receive the appropriate health benefits. Specifically, the Plans may use your PHI for case management, to refer individuals to disease management programs, for underwriting, premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, to arrange for medical reviews, or to perform population-based studies designed to reduce health care costs. In addition, the health

plan may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, actuarial studies, and/or for fraud and abuse detection. The Plans may also combine health information about participants and disclose it to Aon in a non-identifiable, summary fashion so that Aon can decide what types of coverage the health plan should provide or what plan design changes may be appropriate. The health plan may also remove information that identifies you from health information that is disclosed to Aon so that the health information that is used by Aon does not identify the specific health plan participants. The Plans will not use or disclose your PHI that is genetic information for underwriting purposes.

- **To the Plan Sponsor:** The Plans are sponsored by Pinellas County Schools. The Plans may disclose your PHI to designated personnel at Humana so that they can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Plans. These individuals are required to protect the privacy of your health information and ensure that it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information:
 - May not be disclosed by the Plans to any other employee or department of Pinellas County Schools.
 - Your PHI cannot be used by Pinellas County Schools for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by Pinellas County Schools.
- **To a Business Associate:** Certain services are provided to the Plans by third-party administrators known as “business associates.” The Plans may place information about your health care treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Plans will disclose your PHI to its business associate so that the business associate can perform its claims processing functions. The Plans will require its business associates, through written agreements, to safeguard your health information appropriately.
- **For Treatment Alternatives or Health-Related Benefits and Services:** The health plan may use and disclose your PHI to tell you about possible treatment options or health care alternatives, or to tell you about health-related benefits or services, that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care:** PHI may be discussed without authorization to your legal representative. In addition, the Plans may in certain cases disclose PHI to a family member or friend who is involved in or who helps pay for your health care. The Plans may also advise a family member or close friend about your location (for example, that you are in the hospital) or death, unless other laws would prohibit such disclosures. In these situations, when you are present and not incapacitated, the Plans will either (1) obtain your agreement, (2) provide you with an opportunity to disagree to the use or disclosure, or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Plan may use professional judgment to determine that the disclosure is in your best interest and disclose PHI relevant to such person’s involvement with your care, payment related to your health care, or notification purposes. If you are deceased, the Plans may disclose to such individuals involved in

your care or payment for your health care prior to your death the PHI that is relevant to the individual's involvement, unless you have previously instructed the Plans otherwise.

- **As Required by Law:** The Plans will disclose your PHI when required to do so by federal, state or local law, including those laws that require the reporting of certain types of wounds, illnesses or physical injuries.

Special Use and Disclosure Situations

The Plans may also use or disclose your PHI without your authorization under the following circumstances:

- **Lawsuits and Disputes:** If you become involved in a lawsuit or other legal action, the Plans may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other forms of lawful due process.
- **Law Enforcement:** The Plans may release your PHI if asked to do so by a law enforcement official, for example in response to a court order, subpoena, warrant, summons, or similar process, or to report child abuse, to identify or locate a suspect, material witness, missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation:** The Plans may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans:** If you are or become a member of the U.S. armed forces, the health plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety:** The Plan 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. Any disclosure however, would only be to someone able to prevent the threat, for example, we may disclose your PHI in a proceeding regarding the licensure of a physician.
- **Public Health Risks:** The Plans may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products, to notify people of recalls of products they have been using; 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; or to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities:** The Plans may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research:** Under certain limited circumstances, the Plans may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities and Protective Services:** The Plans may release your PHI to authorized federal officials: for intelligence, counterintelligence and other national security activities authorized by law, as well as to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to

conduct special investigations. Specifically, we may disclose your PHI to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

- **Inmates:** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Organ and Tissue Donation:** If you are an organ donor, the Plans may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors:** The Plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plans may also release your PHI to a funeral director, as necessary, to carry out his/her responsibilities.
- **Assist Victims of Abuse, Neglect, or Domestic Violence:** The Plans may, under certain circumstances, if you are reasonably believed to be a victim of abuse, neglect, or domestic violence disclose PHI about you to a government authority, including a social service or protective services agency, authorized by law to receive such reports

Required Disclosures

The following is a description of disclosures of your PHI we are required to make:

- **Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **Disclosures to You.** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

- **Personal Representatives.** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such a person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.
- **Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employees. This includes mail relating to the employee's spouse and other

family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

- **Authorizations.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. Your written authorization is also required for (1) most uses or disclosures of psychotherapy notes (where appropriate), (2) uses or disclosures of your PHI for marketing purposes, and (3) disclosures of your PHI that are considered a sale of PHI under the HIPAA rules. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information that the Plans maintain about you. If you need to contact the Plan Administrator, you can do that at (1-877-230-3318).

- **Right to Inspect and Copy Your Personal Health Information:** You have the right to inspect and copy your PHI that is maintained in a designated record set for so long as the health plan maintains your PHI. A designated record set includes medical information about eligibility, enrollment, claim and appeal records, and medical and billing records maintained by the health plan, but does not include psychotherapy notes, information intended for use in a civil, criminal or administrative proceeding, or information that is otherwise prohibited by law. . If your PHI is maintained in one or more designated record sets electronically and if you request an electronic copy, then the Plans will provide access in the electronic form and format you requested, if it is readily producible in that form and format, or if not, then access will be provided in a readable electronic form and format that is mutually agreed upon.

To inspect and copy health information maintained by the health plan, contact the applicable claims administrator as directed previously. The Plans may charge a fee for the cost and labor of copying (paper or electronic) and/or mailing your request. The Plan must act upon your request for access no later than 30 days after receipt (60 days if the information is maintained off-site). A single, 30-day extension is allowed if the Plans are unable to comply by the initial deadline. In limited circumstances, the Plans may deny your request to inspect and copy your PHI.

Generally, if you are denied access to your health information, you will be informed as to the reasons for the denial, and of your right to request a review of the denial.

- **Right to Amend Your Personal Health Information:** If you feel that the PHI that the Plans have about you in a designated record set is incorrect or incomplete, you may ask the Plans to amend it. You have the right to request an amendment for so long as the Plans maintain your PHI in a designated record set.

To request an amendment, contact the applicable claims administrator as directed previously. You must provide the reason(s) to support your request. The Plans may deny your request if you ask the health plan to amend health information that is:

- Accurate and complete
- Not created by the health plan
- Not part of the health information kept by or for the health plan; or
- Not information that you would be permitted to inspect and copy.

The Plans have 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the health plan cannot comply by the initial deadline. If the request is denied, in whole or in part, the health plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and, if permitted under HIPAA, have that statement included with any future disclosures of your PHI.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI. This is a list of disclosures of your PHI that the health plan has made to others for the six-year period prior to the request, except for those disclosures necessary to carry out treatment, payment, or health care operations, disclosures previously made to you, or in certain other situations described under HIPAA.

To request an accounting of disclosures, contact the applicable Plan Administrator as directed previously. Your request must state a time period, which may not be longer than six-years prior to the date the accounting was requested. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the health plan provides you with a written statement of the reasons for the delay and the date by when the accounting will be provided. If you request more than one accounting within a 12-month period, the health plan will charge a reasonable, cost-based fee for each subsequent accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction on the health information that the Plans use or disclose about you for treatment, payment or health care operations. You also have the right to request that the health plan limit the individuals (for example, family members) to whom the health plan discloses health information about you. For example, you could ask that the health plan not use or disclose information about a surgical procedure that you had.

Except as required by law, the Plans will comply with your restriction request where: (1) the disclosure is to the Plans for purposes of carrying out payment or health care operations (and not for treatment purposes), and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid in full out-of-pocket.

To request a restriction or limitation, contact the applicable Plan Administrator as directed previously. Notwithstanding any further directions provided by the Plan Administrator, you must tell us (1) what information you want to limit; (2) whether you want to limit or use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

- **Right to Request Confidential Communications:** You have the right to request that the Plans communicate with you about health matters using alternative means or at alternative locations. For example, you can ask that the Plans send your Explanation of Benefits (“EOB”) forms about your benefit claims to a specified address. The Plans will make every reasonable attempt to accommodate all reasonable requests. Your request must specify how or where you want to be contacted.

To request confidential communication, contact the applicable insurance company or claims administrator or the Plan Administrator as directed previously.

- **Right to be Notified of a Breach:** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.
- **State Privacy Rights:** You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses and the health treatment of minors.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice upon request. This right applies even if you have previously agreed to accept this notice electronically. You may contact Risk Management Office, 727-588-6195 to request a written copy of this notice at any time.

Changes to this Privacy Notice

The Plans reserve the right to change this notice at any time and from time to time, and to make the revised or changed notice effective for health information that the Plans already have about you, as well as any information that the Plans may receive in the future. The Plans will provide you with a copy of the revised notice as required by the HIPAA rules. The Plan will maintain a copy of the current notice in the Company's Human Resources office at all times.

Complaints

If you believe that your health information privacy rights as described under this notice have been violated, you may file a written complaint with the health plan by contacting the Plan Administrator at (1-877-230-3318). You may also file a written complaint directly with the health plan's regional office of the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). The complaint should generally be filed within 180 days of when the act or omission complained of occurred. Note: You will not be penalized or retaliated against for filing a complaint. For more information, visit the OCR website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or contact OCR at OCRPrivacy@hhs.gov or toll free at 1.800.368.1019 (TDD 1.800.368.1019).

Contact Information

To receive more information about the health plan's privacy practices or your rights, or if you have any questions about this notice, contact the Plan Administrator at Pinellas County Schools, Risk Management Department (727-588-6195). This notice is effective as of 01/01/2016.