



Date: March 23, 2010  
To: All Employees  
From: Charles McClendon, City Manager  
Re: AP-45 Notice of Privacy Practices

A handwritten signature in black ink, appearing to read 'Charles P. McClendon', written over the 'From:' line of the header.

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 City of Avondale provides the following medical benefit plans that are subject to this notice: The City of Avondale Health Plan, The City of Avondale Dental Plan, The City of Avondale Short Term Disability, and The Flexible Spending Account (collectively referred to as the "Plan").

The Plan is required by law to take additional reasonable steps to ensure the privacy of your Protected Health Information referred to (PHI). The Plan is also required to provide all Plan participants with this notice to inform you about the following:

- The Plan's uses and disclosures of PHI;
- Your privacy rights with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Plan's privacy practices.

The term "**Protected Health Information**" (**PHI**) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

### USES AND DISCLOSURES

The Plan may use and disclose your PHI for the following types of purposes:

***Uses and disclosure to carry out treatment, payment and health care operations***

The Plan and its business associates may use PHI without your authorization to carry out treatment or payment and health care operations. The Plan may disclose PHI to the Plan Sponsor (City of Avondale) for purposes related to administering benefits under the Plan. The Plan documents will be amended to protect your PHI as required by federal law.

*Treatment* is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one and more of your providers. (For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist).

The Plan will mail explanation of benefits forms and other mailings containing PHI for participants and enrolled dependents and family members to the address the Plan has on record for the employee who is enrolled in the Plan.

Disclosure of your PHI to family members, other relatives and your personal friends is allowed if the information is directly relevant to the family or friend's involvement with your care or payment for that care and you have agreed to the disclosure or have been given an opportunity to object and have not objected.

***Uses and disclosure with authorization***

Except as described in this notice, other uses or disclosures of your PHI will be made only with your written authorization.

***Other permitted or required uses and disclosures***

Use and disclosure of your PHI is allowed without your authorization under the following circumstances:

1. When required by law.
2. When needed by a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
3. When required for judicial or administrative proceedings. For example, your

PHI may be disclosed in response to a subpoena or discovery request provided certain written notification conditions are met.

4. When required for law enforcement purposes such as in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect; or to provide information about a victim of a crime.
5. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that a person may be a victim of abuse, neglect or domestic violence.
6. When required to give to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or other duties as authorized by law. Disclosure is permitted to funeral directors, consistent with applicable law as necessary to carry out their duties with respect to the decedent.
7. When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a threat to the health or safety of a person or the public.
8. When needed by public health agencies for reasons such as preventing or controlling disease, injury or disability.
9. When needed for research, subject to conditions.
10. When authorized by and to the extent necessary to comply with worker's compensation or other similar programs established by law.
11. When required by military authorities or to authorized federal officials for security and intelligence activities.

**YOUR RIGHTS REGARDING PHI**  
***Right to request restrictions***

You may request the Plan to restrict uses and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

***Right to request confidential communications***

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the City of Avondale Privacy Officer, Human Resources Department 623-333-2220 or you may mail the request to 11465 W. Civic Center Drive #240, Avondale, AZ 85232.

### ***Right to inspect and copy PHI***

You have a right to inspect and obtain a copy of your PHI in the Plan's custody, contained in a designated record set for as long as the Plan maintains the PHI. The designated record set includes information such as medical records, billing records, enrollment, payment, claims adjudication and case or medical management maintained by the health plan. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the City of Avondale Privacy Officer as noted above. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

A form to request access to the PHI must be filled out and submitted to the City of Avondale Privacy Officer as noted above.

If access to this information is denied you will receive a written denial setting forth the basis for the denial and you may request that the denial be reviewed.

### ***Right to amend PHI***

You have the right to request the Plan to amend PHI about you if it is incorrect or incomplete. You have a right to make this request for as long as the information is kept by or for the Plan.

Requests to amend PHI should be submitted to the City of Avondale Privacy Officer as noted above.

### ***Right to accounting of PHI disclosures***

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting can not include PHI disclosures made: 1) to carry out treatment, payment or health care operations, 2) to individuals about their own PHI; 3) prior to April 14, 2003; or 4) based on your written authorization.

### ***Right to paper copy of this notice upon request***

To obtain a paper copy of this notice contact the Privacy Officer. You may also access this notice on the City of Avondale Website at [www.avondale.com](http://www.avondale.com).

### ***Personal representative***

You may exercise your rights through a personal representative. The representative will be requested to produce evidence of authority to act on your behalf before that person will be given access to your PHI. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

## **PLAN DUTIES**

### ***Changes to this Notice***

The Plan reserves the right to change its privacy practice to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice has changed this notice will be revised and posted on the City of Avondale web site indicating the date last updated.

### ***Minimum necessary standard***

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose taking into consideration practical and technological limitations.

### ***De-identifiable information***

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual.

### ***Summary health information***

The Plan may use or disclose summary health information to the Plan sponsor for obtaining premium bids or modifying, amending etc. the group plan. This could summarize the claims history, claims expenses or type of claims experienced by individuals for whom a Plan sponsor has provided benefits under a group health plan and from which identifying information has been deleted in accordance with HIPAA.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may contact:

City of Avondale Privacy Officer  
Human Resources Department  
11465 W. Civic Center Drive #240  
Avondale, AZ 85232  
623-333-2220

You can also contact the:

U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue S.W.  
Washington, D.C. 20201

The Plan and the City of Avondale will not retaliate against you for filing a complaint.

## **NOTIFICATION**

A federal law known as HIPAA (the Health Insurance Portability and Accountability Act) regulates PHI use and disclosure by the Plan. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations. This notice is effective as of April 14, 2003.