

NOTICE OF PRIVACY PRACTICES

Effective Date: This Notice is effective February 1, 2010

Privacy Notice Distribution

CIS will provide and post Notice of Privacy Practices as follows:

- Upon enrollment into a covered plan
- CIS may provide a “hard copy” every year with Open Enrollment materials. If not, a printed Reminder Notice advising of the right to receive upon request a copy of the Notice will be provided at least once every 3 years
- Members’ portal website: <http://www.cisbenefits.org/>

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.

Background

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the U.S. Department of Health and Human Services issued regulations that govern how group health plans and other “covered entities” may use and disclose “protected health information.” This Notice refers to those regulations as the “Privacy Regulations.”

The term “Plan,” as used in this Notice, refers generally to the City County Insurance Services (CIS) Employee Benefits Plan. However, the Privacy Regulations apply only to the programs maintained under the Plan that provide group health care benefits. These programs to which this Notice applies are the CIS Medical, Dental and Vision Plans, Healthcare Flexible Spending Account Plan, Employee Assistance Plan and Long-Term Care Plan.

“Protected health information” is health information created or received by the Plan that relates to the past, present, or future physical condition or mental health of an individual; the provision of health care to an individual; or the past, present, or future payment for provision of health care to an individual; but only if such information identifies the individual (or where there is a reasonable basis to believe the information can be used to identify the individual).

In general, the Privacy Regulations allow health care providers and group health plans (“covered entities”) to exchange protected health information among themselves for certain permitted purposes, and subject to various restrictions. This Notice describes how your protected health information may be used and disclosed, and how you can access this information.

Permitted Uses and Disclosures

The Plan is only permitted to use or disclose your protected health information in the situations described below.

To the individual to whom it pertains. The Plan may disclose your protected health information to you upon written request.

For purposes of payment. The Plan may use or disclose your protected health information for its payment activities, or may disclose it to another covered entity for the payment of activities of the recipient entity. For example, the Plan may disclose your health information to your doctor to assist with the proper payment of medical bills that have been submitted to the Plan for payment.

For purposes of health care operations. The Plan may use and disclose your health information to enable it to perform its operations or to facilitate the provision of benefits to persons covered under the Plan. For example, the Plan may use your health information to develop ways to reduce health care costs, to purchase insurance coverage, to arrange for medical review, legal services and auditing functions, to develop or improve methods of payment of benefits, or to engage in general administrative activities, such as customer service or responding to questions or concerns.

For purposes of medical treatment. The Plan may disclose your health information to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise your treating physician about the types of prescription drugs that you currently take.

To CIS. The Plan may disclose your protected health information to CIS (the Plan Sponsor) and designated CIS workforce personnel to allow them to carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice.

To a business associate. The Plan may disclose health information to other persons or organizations (known as “business associates”) who provide services on the Plan’s behalf. For example, the Plan may hire an administrative firm to process claims made under the Plan. To protect your health information, the Plan requires its business associates to appropriately safeguard the health information disclosed to them.

To advise of health-related benefits and services. The Plan may use your protected health information 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. The Plan may disclose your protected health information to a close friend or family member involved with, or who helps pay for, your health care.

Pursuant to an authorization. The Plan may disclose your protected health information if you have specifically authorized the disclosure in writing. You may revoke any such authorization at any time. Such a revocation must also be in writing.

As required by law. The Plan will disclose your health information when required to do so by federal, state or local law.

Special Use and Disclosure Situations

The Plan may also use or disclose your health information under the circumstances described below.

Judicial and administrative proceedings. The Plan may disclose your health information in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful process.

Law enforcement. The Plan may release your health information if asked to do so by a law enforcement official. For example, the Plan may disclose health information to a police officer if needed to help find or identify a missing person.

Workers' compensation. The Plan may disclose your health information as necessary to comply with applicable workers' compensation or similar laws.

To avert serious threat to health or safety. The Plan may use and disclose your health information when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

Public health activities. The Plan may disclose health information about you for public health activities, such as providing information to an authorized public health authority for the purpose of preventing or controlling a disease, injury or disability.

Health oversight activities. The Plan may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs, or to ascertain compliance with applicable civil rights laws.

Specialized government functions. In certain circumstances, federal regulations require the Plan to use or disclose your health information to facilitate government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

Coroners and medical examiners. The Plan may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify the cause of a person's death.

Your Rights Regarding Health Information About You

Your rights regarding your health information are described below.

Right to request restrictions. You may request restrictions on the Plan's use and disclosure of your health information for treatment, payment or health care operation purposes. You also have the right to request a restriction on the Plan's disclosure of your health information to someone involved in the payment of your care. A request for restrictions must be made in writing to the Privacy Official. However, the Plan is not required to agree to your request unless (i) the disclosure is to be made by the Plan to another health plan for purposes of carrying out payment or health care operations (rather than for treatment purposes); (ii) the health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full; and (iii) the Plan is not otherwise obligated by law to disclose the health information.

Right to receive confidential communications. Subject to the conditions described below, you may ask (and the Plan must accommodate your request if the Plan determines it is reasonable) to receive communications of protected health information from the Plan by alternative means or at an alternative location. The Plan will accommodate such a reasonable request only if you (i) clearly state that disclosure of all or part of that information could endanger you; (ii) make such request and provide all information required in writing; and (iii) specify an alternative address or other method of contact. If you wish to receive confidential communications, please make your request in writing to the Privacy Official.

Right to receive certain information in electronic format. You can request that the Plan provide you with a copy of your health information in an electronic format if the Plan uses or maintains your health information in an electronic format. In addition, upon your request, the Plan will transmit the copy directly to an entity or person you designate, provided that the directive is clear and specific. A request for an electronic copy of your health information should be submitted to the Privacy Official.

Right to inspect and copy. You have the right to inspect and copy your health information maintained by the Plan. To inspect and copy health information maintained by the Plan,

you must submit your request in writing to the Privacy Official. The Plan may charge a fee for the costs of copying and mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your health information. Generally, if you are denied access to health information, you may request a review of the denial.

Right to amend health information records. Subject to the conditions set forth below, you have the right to request that the Plan amend your protected health information as long as the protected health information is maintained by the Plan. The Plan may deny your request for amendment if it determines that the protected health information or record at issue:

- Was not created by the Plan, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
- Is not part of the Plan's records;
- Would not be available for inspection under the "Right to inspect and copy" provisions set forth above; or
- Is accurate and complete.

If the Plan denies your request, it will explain the reason for doing so in writing. You will then have the opportunity to send a statement explaining why you disagree with the decision to deny your amendment request.

Right to an accounting of disclosures. You have the right to request a list of your health information that has been disclosed by the Plan, other than disclosures made (i) for treatment, payment or health operations; (ii) to you, or to a person involved in your care; (iii) to a law enforcement custodial official, or for national security purposes; or (iv) in a manner that removed information that identified you.

The request must be made in writing to the Privacy Official. The request must specify the time period for which you are requesting the information (for example, disclosures made during the six months preceding the date of the request). The Plan is not required to provide an accounting for disclosures made more than six years prior to the request.

Right to obtain paper copy. You have a right to request and receive a paper copy of this Notice at any time, even if you have previously received this notice. To obtain a paper copy, please contact the Privacy Official.

Rights and Duties of Plan

Duty to maintain privacy. The Plan is required by law to maintain the privacy of any protected health information it maintains, and to provide employees covered under the Plan with a notice of the Plan's legal duties and its privacy practices with respect to protected health information.

Protection of genetic information. Genetic information about you or your family members may not be used or disclosed by the Plan for activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, or for any other underwriting purpose.

Notification of significant breach of privacy of health information. You will be promptly notified if the Plan or a business associate discovers a significant breach of the privacy of your health information. The U. S. Department of Health and Human Services will also be notified of the breach. A breach is considered to be significant if it exposes you to a substantial risk of financial, reputational or other harm.

Duty to abide by terms of notice. At a given time, the Plan is required to abide by the terms of the Privacy Notice then in effect.

Right to change terms of notice. The Plan reserves the right to change the terms of the Notice and to make the new Notice provisions effective for all protected health information that the Plan maintains. Any such new Notice will be provided to you in a manner reasonably calculated to ensure that you receive it.

Duty to post notice on web site. CIS will prominently post this Notice on the members' portal web site: <http://www.cisbenefits.org/>

Complaints

You may complain to the Plan and to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. Any complaint to the Plan should be made in writing, and be sent to: **CIS HIPAA Privacy Official, c/o CIS Benefits Representative, City County Insurance Services, Employee Benefits, 1212 Court Street NE, Salem, OR 97301.** If you file a complaint, you will not be retaliated against.

Contact

If you would like to speak with a Plan representative regarding the content of this Privacy Notice or the privacy of protected health information in general, you may call the **CIS Privacy Official at (503) 763-3859.** Alternatively, you may write to: **CIS HIPAA Privacy Official, c/o CIS Benefits Representative, City County Insurance Services, Employee Benefits, 1212 Court Street NE, Salem, OR 97301.**