

# HIPAA Notice of Privacy Practices

**This Notice Describes How Health Information About You May Be Used and Disclosed and How You Can Get Access to This Information.  
Please Review It Carefully.**

If you have questions about this notice, please contact Lori Huss, Data Privacy Officer, at 952-496-8103.

## **A. We Have a Legal Duty to Protect Your Health Information**

We understand that health information about you is personal. We are committed to protecting your health information. We create a record of the health care claims reimbursed under the Plan for administration purposes. This notice applies to all of the health records we maintain. Your doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose your Personal or Protected Health Information (**PHI**). It also describes your rights regarding the use and disclosure of PHI. PHI is individually identifiable information about your past, present, or future health or condition including the provision or payment of health care for you.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

## **B. How We May Use and Disclose Health Information About You**

We may use and disclose health information for the following purposes:

1. **For Treatment.** We may use or disclose your health information about you to facilitate medical treatment or services by providers (doctors, dentists, pharmacies, hospitals, and other caregivers) who request it in connection with your treatment.
2. **For Payment.** We may use and disclose health information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may share information with your Health Care Plan about your health history to determine whether the Plan will cover the treatment. Likewise, we may share health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
3. **For Health Care Operations.** We may use and disclose health information about you to carry out insurance-related activities or for other Plan operations. For example, we may use health information in connection with: conducting quality assessment; underwriting, establishing premiums, and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; planning and development such as cost management; and business management and general Plan administrative activities.

4. **In Addition, the Law Permits Us to Use or Disclose Your Health Information in the Following Special Situations Without Your Authorization, Subject to all Applicable Legal Requirements and Limitations:**

**As Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Disclosure to Health Plan Sponsor:** Information may be disclosed to a health plan maintained by Scott County for purposes of administering benefits, such as facilitating claims payments, under that plan.

**Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations involved in procuring, banking, or transplanting organs or tissues, as necessary.

**Military, Veterans, National Security and Intelligence:** If you are a member of the Armed Forces, or part of the national security or intelligence communities, we may release health information about you.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** As required by law, we may disclose health information about you for public health reasons. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report suspected abuse or neglect;
- to report reactions to medications or problems with products;
- to report non-accidental physical injuries

**Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement:** We may release health information if asked to do so by law enforcement officials: in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death.

5. **Other Uses or Disclosures of PHI Require Your Written Authorization:** We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you provided us written consent, you may revoke your permission, in writing at any time.

## **C. Your Rights Regarding Health Information About You**

You have the following rights regarding health information we maintain about you:

1. **Right to Inspect and Copy.** You have the right to inspect and copy your PHI that may be used to make decisions about your Plan benefits by submitting your request in writing to Scott County Employee Relations. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other handling fees. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.
2. **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan, by submitting your request in writing to Scott County Employee Relations. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - is not part of the health information kept by or for the Plan;
  - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the information which you would be permitted to inspect and copy; or
  - is accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations, by submitting your request in writing to Scott County Employee Relations. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list. The first list you request within a 12-month period will be free. There may be a charge for more frequent requests.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. To request restrictions, you may complete and submit the *Request for Restriction on Use/Disclosure of Medical Information* to Scott County Employee Relations. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete the *Request for Restriction On Use/Disclosure of Medical Information and/or Confidential Communications* to Scott County Employee Relations. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice and/or an electronic copy upon request. You may obtain a copy of this notice on the Scott County Intranet in the benefits hub. To obtain a paper copy of this notice contact Scott County Employee Relations.

## **D. Complaints**

If you believe your privacy rights have been violated, you may file a written complaint with our office. To file a written complaint with our office please contact:

Lori Huss, Data Privacy Officer  
Scott County Employee Relations  
Government Center, Room 201  
200 Fourth Avenue West  
Shakopee, MN 55379-1220  
(952) 496-8103  
Lhuss@co.scott.mn.us

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

Office of Civil Rights, Region V  
U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite 240  
Chicago, IL 60601  
Voice phone (312) 886-2359  
Fax (312) 886-1807  
TDD (312) 353-5693

**You will not be penalized for filing a complaint.**

## **E. Effective Date of This Notice**

This Notice of Privacy Practices is effective August 1, 2019. This notice will be revised and redistributed whenever there is a material change to the policies and procedures described within it. This redistribution may be through a notice posted on our benefit hub, an email communication; a notice posted predominately at all County locations, or other means of communication.