



## *Notice of Privacy Practices*

*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.*

***This Notice is effective on June 1, 2016.***

*The City of Portsmouth and our Health Care Business Associates\* (“we”) are committed to maintaining and protecting the confidentiality of individuals’ personal and sensitive information. We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are required to abide by the terms of our Notice that is currently in effect. This Notice meets the requirements of the HIPAA Omnibus Final Rule of March 26, 2013. You have a right to a copy of this Notice.*

### **How We Protect Your Privacy**

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The Department of Human Resource Management will not disclose your protected health information without your authorization unless it is necessary to provide your health benefits, administer your benefit plans to include flexible spending accounts, to support programs or services, or as otherwise required or permitted by law. When we disclose individually identifiable information, we will follow the policies described in this Notice to protect your protected health information. The Department of Human Resource Management restricts the access to your protected health information to those employee(s), insurance companies and their business associates, and service providers who need to know that information to provide services or products to you. In addition, Human Resource Management is committed to preventing unauthorized access to your protected health information by maintaining procedural safeguards for protecting your protected health information. The City’s health plan is prohibited under the Genetic Information Nondiscrimination Act from using or disclosing genetic information for underwriting or other unlawful purposes. Any employee who violates the City’s Privacy Policy is subject to disciplinary action.

*\*Health Care Business Associates include the City of Portsmouth’s medical, dental, vision, and flexible spending account vendors as well as other companies who have contractual agreements with the City’s vendors to provide benefits and services to participants in the City’s health care plans.*

## Individual Protected Health Information We Collect

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The types of individual protected health information that the Department of Human Resource Management collects include the following:

- Information that we get from you on applications or other health insurance forms, such as your name, address, date of birth, phone number, social security number, name of primary care physician, name and social security numbers of your dependents;
- Information such as your policy coverage, premiums, payment history and limited claims information that we get from our health care business associates.
- In addition to the information listed above, we collect banking related information for those participants who elect to have their flexible spending account reimbursement direct deposited.

## How We Are Allowed to Use and Disclose Your Protected Health Information

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**Treatment.** We are allowed by law to disclose, without your authorization, your protected health information to your health care provider for its provision, coordination or management of your health care and related services – for example, for coordinating your health care with us or for referring you to another provider for care.

**Payment.** We may use and disclose, without your authorization, your protected health information to obtain payment of premiums for your coverage and to determine and fulfill our responsibility to provide your health plan benefits – for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. We may disclose, without your authorization, your protected health information to another plan or a health care provider for its payment activities – for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

**Health Care Operations.** We may use and disclose, without your authorization, your protected health information for our health care operations – for example, to provide customer service and conduct quality assessment and improvement activities. Other health operations may include providing appointment reminders or sending you information about treatment alternatives or other health-related benefits and services. We also may disclose your protected health information to another health plan or a provider who has a relationship with you, so that they can conduct quality assessment and improvement activities – for example, to perform case management.

**Disclosures to the City of Portsmouth as the Sponsor of Your Health Plans.** Our health care business associates may disclose without your authorization your protected health information to the City or to a company acting on the City's behalf, so that it can monitor, audit and otherwise administer the health benefit plans in which you participate. **The City of Portsmouth is not permitted to use the protected health information they disclose for any purpose other than for the administration of your health benefit plans.**

**Health Oversight Activities.** We may disclose without your authorization your protected health information to a government agency, including the Secretary of Health and Human Services, that is legally responsible for oversight of HIPAA, the health care system, or, for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need health information to determine compliance.

**Disclosures to our Health Care Vendors and Accreditation Organizations.** Your protected health information may be disclosed without your authorization to companies with whom they contract, if they need it to perform the services we have requested – for example, vendors who help provide important information and guidance to members with chronic conditions like diabetes and asthma. Our health care business associates may also disclose, without your authorization, protected health information to their business associates, accreditation organizations such as the National Committee for Quality Assurance (NCQA) when the NCQA auditors collect Health Plan Employer Data and Information Set (HEDIS®) data for quality measurement purposes. When our health care business associates enter into these types of arrangements, they obtain a written agreement to protect your confidential information.

**Promotional Gifts.** We may use or disclose, without your authorization, your protected health information to provide you with a promotional gift of nominal value. However, we will not use your protected health information for marketing purposes.

**Public Health Activities.** We are permitted by law to disclose, without your authorization, your protected health information for the following public health and other lawful activities and purposes in accordance with HIPAA regulations: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports; (3) to report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity; and (4) to alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.

**For Research.** We may disclose, without your authorization, your protected health information for research purposes, subject to strict legal restrictions.

**To Comply with the Law.** We may use and disclose, without your authorization, your protected health information when required to do so by federal, state and local law.

**Judicial and Administrative Proceedings.** Your protected health information may be disclosed without your authorization in a judicial or administrative proceeding or in response to a legal order.

**Law Enforcement Officials, Coroners and Medical Examiners.** We may disclose, without your authorization, your protected health information to the police or other law enforcement officials, or coroners or medical examiners as required by law or in compliance with a court order or other process authorized by law.

**Health or Safety.** We may disclose, without your authorization, your protected health information to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the general public.

**Government Functions.** We may disclose, without your authorization, your protected health information to various departments of the government such as the U.S. military or the U.S. Department of State.

**Workers' Compensation.** We may disclose, without your authorization, your protected health information when necessary to comply with workers' compensation laws.

## **Uses and Disclosures With Your Written Authorization**

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We will not use or disclose your protected health information for any purpose other than the purposes described in this Notice, without your written authorization. For example, we will not supply your protected health information to a company for its marketing purposes or to a potential employer without your signed authorization stating what information is to be released and to whom it is to be given. You may revoke an authorization that you previously have given us by sending a written request to our Privacy Officer, but not with respect to any actions we already have taken.

## **Your Individual Rights**

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**Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your protected health information for the treatment, payment and health care operations purposes explained in this Notice. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. You have the right to ask for a restriction of your protected health information to your health plan if you pay for certain medical services entirely out-of-pocket.

**Right to Receive Confidential Communications.** You may ask to receive communications of your protected health information from us by alternative means of communication or at alternative locations. While we will consider reasonable requests carefully, we are not required to agree to all requests.

**Right to Inspect and Copy Your Protected Health Information.** You may ask to inspect or to obtain a copy of your protected health information that is included in certain records we maintain. If the City of Portsmouth does not maintain the protected health information that you have requested but know where it is maintained, we will tell you where to send your request for access. Under limited circumstances, you may be denied access to a portion of your records. If you request copies, we and/or the health care provider may charge you copying and mailing costs. Requests for information kept by the Human Resource Management (HRM) Department should be made in writing to the HRM Department.

**Right to Amend Your Records.** You have the right to ask the healthcare plan providers to amend your protected health information that is contained in their records. If they determine that the record is inaccurate, and the law permits them to amend it, they will correct it, if possible, or add your request to the record. If your doctor or another person created the information that you want to change, you should ask that person to amend the information.

**Right to Obtain a Copy of the Notice.** You have the right to obtain a paper copy of this Notice upon request. You have this right even if you agree to receive the Notice electronically.

**Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of disclosures of your protected health information from the provider(s). Accountings are not provided for treatment, payment or health care operations. If you request an accounting more than once during any 12-month period, the provider may charge you a reasonable fee for each accounting statement after the first one.

If you wish to make any of the requests listed above under “Individual Rights,” you may call the Department of Human Resource Management to request the appropriate form. Forms should be mailed to the address printed on the forms. After we receive your signed, completed form, we will respond to your request.

## For More Information

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If you want more information about your privacy rights, do not understand your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that was made about access to your protected health information, you may contact the Department of Human Resource Management. If you wish to file a complaint regarding a privacy matter, please contact the Director of Human Resource Management. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Please call our Privacy Officer to obtain the correct address for the Secretary. We will not take any action against you if you file a complaint with the Secretary or us.



*Privacy Officer – Elizabeth L. Gooden, Director*  
*City of Portsmouth, Department of Human Resource Management*  
*801 Crawford Street – 2<sup>nd</sup> Floor, Portsmouth, VA 23704*  
*Telephone: (757) 393-8626*

## Changes to This Notice

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We may change the terms of this Notice at any time. If we change this Notice, and if required by law, we may make the new Notice terms effective for all of your protected health information that we maintain, including protected health information that we created or received before we issue the new Notice. If we materially change our privacy practices, we will post a copy of the current Notice in the Department of Human Resource Management and on our website, and ensure that all new employees receive current copies of the Notice. You also may obtain any new notice by calling the Department of Human Resource Management at (757) 393-8626.