

**JEFFERSON COUNTY COMMISSION**  
**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 of Privacy Practices ("Notice") applies to Protected Health Information (defined below), associated with Group Health Plans provided by Jefferson County Commission (JCC) to its employees, its employees' dependents and, as applicable, retired employees and retired employees' dependents. This Notice describes how Jefferson County Commission - which includes Cooper Green Mercy Health System (CGM Health System) - and its third party administrator(s) may use and disclose Protected Health Information ("PHI") to carry out payments, health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of PHI and to provide individuals covered under our Group Health Plans with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by JCC.

PHI means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

We may make material changes to the Notice. Copies of revised Notices will be placed on the Human Resources (HR) website and will be mailed to all plan holders then covered by the Group Health Plan during the next open enrollment. A copy of our current Notice may be obtained by contacting HR at (205) 325-5249 or in writing at 716 Richard Arrington Jr. Blvd. North, Room A610, Birmingham, AL 35203, or on the HR website at <http://jeffconline.jccal.org/depts/>.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose PHI without your permission. For each category of uses and disclosures, we will explain what it means and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

### *For Treatment and Treatment Alternatives*

We may use or disclose your PHI to facilitate medical treatment or services by providers. The Group Health Plans may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Group Health Plans, through its third party administrator(s), might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

### *For Payment*

We may make requests, uses, and disclosures of your PHI so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may use information regarding your medical procedures and treatment to process and pay claims.

### *Routine Health Care Operations*

We may use and disclose your PHI as necessary for HR and CGM Health System routine operations. These uses and disclosures are necessary for the provision of employer benefits and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. Other examples of routine health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plans coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

### *Organized Health Care Arrangement*

The parties described in this Notice are participants in an organized health care arrangement, which permits protected health information to be shared for purposes of treatment, payment and/or health care operations (described above) relating to such organized health care arrangement.

### *Business Associates*

At times we contract with business associates to help us provide you with Group Health Plan benefits and medical services. Examples include vendors who underwrite health insurance, third-party administrators who process your medical claims, consultants, medical transcriptionists, and a copy service used when making copies of your health record. At times it may be necessary for us to provide certain of your PHI to one or more of these business associates. To protect your PHI, however, we require the business associate to appropriately safeguard your PHI.

**Below are other reasons we may use and disclose your medical information without your consent or authorization:**

### *Appointment Reminders*

We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at CGM Health System.

### *As Required by Law*

We may use or disclose your PHI for any purpose required by federal, state or local law. For example, we may be required by law to use or disclose your PHI in response to a court order.

### *Public Health Activities*

We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations. For example, CGM Health System is required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Health to protect the health and well-being of the general public. We may disclose your PHI to individuals exposed to a communicable disease or at risk for spreading the disease. We may disclose medical information if you require medical services to determine whether you suffered a work-related injury.

### *Health Oversight Activities*

We may disclose your PHI if authorized by law to a government oversight agency. Oversight activities include conducting audits, inspections, investigations, and licensure. These activities are essential for monitoring government programs, the health care system, and compliance with civil rights laws.

### *Abuse, Neglect or Domestic Violence*

We are required to disclose your PHI to the state of Alabama if we believe you to be a victim of abuse, neglect, or domestic violence.

### *Lawsuits*

We may disclose your PHI in the course of a judicial or administrative proceeding as required by law. We may disclose your PHI in response to a subpoena or discovery request.

### *Law Enforcement*

We may disclose your PHI to the proper authorities for law enforcement purposes as required by law, in response to a subpoena, for identification and location of missing persons, fugitives, witnesses, suspected victims, deaths resulting from criminal activity and for suspected crimes on county premises.

### *Inmates or Individuals in Custody*

We may disclose your PHI to the correctional institution or law enforcement official if you are an inmate or under the custody of a law enforcement official.

### *Coroners, Medical Examiners and Funeral Directors*

We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with the law.

### *Organ and Tissue Donation*

If you are an organ donor, we may disclose your PHI to organizations responsible for the procurement, banking or transportation of the organ to facilitate donation and transplantation.

### *To Avert a Serious Threat to Health and Safety*

We may use or disclose your PHI when necessary to avert a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure would only be to the individual(s) able to help prevent the threat.

### *Military*

If you are a member of the military, we may use or disclose your PHI as required by armed forces authorities.

### *National Security*

We may also disclose your PHI to authorized federal officials for specialized government functions such as national security or intelligence activities as authorized by law.

### *Government Audits*

We are required to disclose your protected health information 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.

### *Workers' Compensation*

We may disclose your PHI to workers' compensation agencies for your benefit determination.

### *Department of Health and Human Services*

We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

### *Disclosure of Individual's Information to Family Members & Others Involved in Care*

We may disclose to a family member, other relative, or your close personal friend, or any other person identified by you, the PHI "directly relevant" to such person's involvement with the individual's care or payment for health care. When you are present and have the capacity to make decisions, we may only disclose PHI if you do not object or we reasonably infer from the circumstances, based on professional judgment that you do not object. If you are not present or are incapacitated, we may disclose PHI if, in the exercise of professional judgment, we determine the disclosure to be in your "best interest."

### *Disclosure of Deceased Individual's Information to Family Members & Others Involved in Care*

We may disclose a decedent's PHI to a family member or others who were involved in the care or payment for care prior to death, unless doing so is "inconsistent with any prior expressed preference of yours that is known" to us. This group may include spouse, parents, children, domestic partners, other relatives, or friends of a decedent.

### **Student Immunization Information**

For public health activities, we may disclose immunization information to a school where state or other law requires the school to have such information prior to a student's admission, provided the information is limited to proof of immunization. We will require your agreement to release such information.

### **Below are reasons we may only use and disclose your medical information with your authorization:**

Other uses or disclosures of your protected health information not described above will only be made with your written authorization. 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.

### **Below are some of the circumstances when we may use and disclose your medical information only with your authorization:**

#### *Psychotherapy Notes*

With limited exceptions, your authorization is required for use or disclosure of psychotherapy notes, which are notes recorded by a mental health professional documenting the contents of a conversation during a private counseling session or

a group, joint, or family counseling session and that are separated from the rest of your medical record.

### *Marketing*

With limited exceptions, your authorization is required for use or disclosure of your medical information for marketing purposes.

### *Sale of Your Medical Information*

Your authorization is required if we want to sell your medical information.

## **Your Rights with regard to Protected Health Information**

You have the following rights with respect to your protected health information:

### *Right to Inspect and Copy*

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. Requests for access to your PHI must be in writing, signed by you or your legally authorized representative, and must state you want access to your PHI. You will be notified in writing of the approval or denial of your request in a timely manner, generally within 30 days of receipt of the request. Access request forms are available in HR at the HR address at the end of this document. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

You may also designate a third party to request and receive your PHI information. The designation must be in writing, clearly designating the third party, and be signed by you.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the address below.

### *Right to Amend*

If you feel that the protected 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 Group Health Plans.

To request an amendment, your request must be made in writing and submitted to the address below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment 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 medical information kept by or for the Group Health Plans;
- 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 that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

#### *Right to Restrict Disclosures of PHI*

You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. We will agree to restrict access, at your request, where the disclosure would be to a health plan for payment or health care operations purposes and you have paid out of pocket in full for the service. However, the County will not notify "downstream providers" of the restriction, you will be obligated to request restrictions from subsequent providers. The request must be made in writing and describe in detail the information to be restricted, the type of restriction being requested, and to whom the restriction should apply.

We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate except as required by law. For PHI related to the provision of medical care, we may choose not to comply with your restriction request unless you have paid for medical services out of pocket, in full, and you have requested that we not disclose PHI related solely to those services.

We retain the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by us, you will be notified of the termination. You also have the right to terminate or revoke, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting the Compliance and Technology Division Manager at the telephone number or address at the end of this document.

#### *Right to an Accounting of Disclosures*

You have the right to receive an accounting of certain disclosures of your PHI. Examples of disclosures that we are required to account for include those to state

insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting request must be in writing and signed by you or your legally authorized representative. Accounting request forms are available in HR at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

#### *Right to Receive Security Breach Notifications*

You have the right to be notified in the event your unsecured PHI is improperly disclosed.

#### **Right to Request Confidential Communications**

You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

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#### *Right to a Paper Copy of Notice*

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

#### **Genetic Information / Overlap with GINA**

Genetic information is PHI. Underwriting activities based on genetic information is prohibited. Further, we will not request genetic information (e.g., family history) as part of enrollment or providing any type of reward to provide genetic information. A violation of GINA underwriting rules is a HIPAA privacy violation.

All JCC health plans such as dental, vision, supplemental plans, etc., are covered under this GINA "underwriting" provision with the exception of long-term care.

## **For More Information or to Report a Complaint**

If you believe your privacy rights have been violated, you may file a complaint as appropriate with the HR Department – Compliance and Technology Division Manager or with CGM Health System.

You may also file a complaint with the Office of Civil Rights in the U.S. Department of Health and Human Services. The complaint must be filed within 180 days of a violation of your rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Human Resources Department:**

Compliance and Technology Division Manager  
Jefferson County Commission Human Resources Dept.  
716 Richard Arrington, Jr., Blvd. North  
Room A610  
Birmingham, AL 35203

### **Regional Office:**

Office of Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center Suite 16T70  
61 Forsyth Street, SW  
Atlanta, GA 30303-8909

### **Headquarters:**

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, D.C. 20201

## **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact the Compliance Manager by writing to: Jefferson County Commission, Human Resources Department, Attn: Compliance and Technology Division Manager, 716 Richard Arrington Jr. Blvd. North, Room A610, Birmingham, AL 35203, or by calling (205) 325-5249, ext. 20117.

**NOTICE EFFECTIVE DATE:** This Notice is effective September 23, 2013.