

NOTICE OF PRIVACY PRACTICES:

Effective Date: This notice is effective July 1, 2008

Privacy Notices Distribution:

CIS may/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, but in no case, will a Reminder Notice be sent less than 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 has issued regulations that govern how group health plans and other “covered entities” use and disclose “protected health information.” This Notice will refer to those regulations as the “Privacy Regulations.”

The term “Plan,” as used in this Privacy 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, Health Care Spending Account Plan, Employee Assistance Plan and Long-Term Care Plan.

“Protected health information” is health information that is 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; where 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 covered entities to exchange protected health information among themselves (for certain permitted purposes) subject to fewer restrictions than apply when such information is shared with a person or entity that is not a covered entity. This Notice describes how your protected health information may be used and disclosed and how you can get access to this information.

Permitted Uses and Disclosures

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

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

For purposes of payment. The Plan may 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 covered 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 disclose your health information to another covered entity, provided that the entity has or had a relationship with you, and the information pertains to the relationship, and the information is for the purpose of (i) conducting quality assessment and

improvement activities or reviewing the competence and qualifications of health care professionals; or (ii) fraud and abuse detection or compliance. For example, the Plan may use your protected health information to conduct customer service and grievance resolution activities.

To the Plan Sponsor. The Plan may disclose your PHI 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 it is used only as described in this Notice or as permitted by law.

To advise of health-related benefits and services. The Plan may use and disclose your PHI 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 PHI to a close friend or family member involved in 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.

Where authorization is not required. In certain additional circumstances, the Privacy Regulations permit the Plan (or CIS, the Plan Sponsor) to disclose your protected health information without your authorization. Those circumstances include:

- Disclosures for public health activities;
- Disclosures about victims of abuse, neglect or domestic violence;
- Disclosures for health oversight activities;
- Disclosures for judicial and administrative proceedings;
- Disclosures for law enforcement purposes;
- Disclosures about decedents;
- Disclosures for organ donation purposes;
- Disclosures for research purposes;
- Disclosures to avert a serious threat to health or safety;
- Disclosures for specialized government functions; and
- Disclosures for workers' compensation.

Special Statements Regarding Certain Disclosures

The Privacy Regulations require that special statements be included in this Notice regarding certain types of uses or disclosures of protected health information. This section is intended to comply with that requirement.

Individual Rights

Right to request restrictions. As is described in this Notice, the Plan is permitted, under the Privacy Regulations, to use and disclose your protected health information subject to certain restrictions. You have a right to request that the Plan further restrict such uses and disclosures. The Plan, however, is not required to agree to a requested further restriction.

Right to receive confidential communications. Subject to the conditions described in the next sentence, 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 only accommodate such a reasonable request 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 this paragraph in writing; and (iii) specify an alternative address or other method of contact.

Right to inspect and copy. Subject to the exceptions set forth below, you have a right to access and inspect and obtain a copy of protected health information about you, for as long as the protected health

information is maintained by the Plan. However, you have no right to access, inspect or obtain copies of (i) psychotherapy notes; (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; (iii) protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 (to the extent that providing you with access would be prohibited by law), or that is exempt from such law under relevant regulations.

Under certain circumstances, your request to access, inspect or obtain a copy of protected health information may be denied by the Plan and you will not have a right to have such decision reviewed. Those circumstances are:

- The protected health information is not accessible to you, because it falls within the exceptions set forth in the first paragraph of this subsection of the Notice (“right to inspect and copy”).
- The protected health information is contained in records that are subject to the Privacy Act (so long as denial of access under the Privacy Act would meet the requirements of that law).
- The protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access you requested would be reasonably likely to reveal the source of the information.

Under certain other circumstances, your request to access, inspect or obtain a copy of protected health information may be denied by the Plan and you will have a right to have such decision reviewed. Those circumstances are:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access you requested is reasonably likely to endanger your life or physical safety or that of another person.
- The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
- The request for access is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or to another person.

If access is denied under the circumstances set forth above, you have the right to have the denial reviewed by a licensed health care professional who is designated by the Plan to act as a reviewing official. Such professional may not have participated in the original decision to deny. The Plan must follow the decision of the reviewing official regarding your request.

Right to amend. Subject to the conditions set forth below, you have the right to request that the Plan amend protected health information for 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 that is the subject of the request:

- 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.

The Plan has established the following conditions that you must meet before the Plan will consider your request for amendment of protected health information: you must (i) make requests for amendment in writing, and (ii) provide a reason to support a requested amendment.

Upon receipt of a written request for amendment, the Plan will act within 60 days, either granting or denying the request. If the Plan is unable to act within 60 days, it will provide you with a written statement of the reasons for the delay and the date by which it will complete consideration of your request (which date will be no later than 30 days after the end of the original 60 day period). The Plan may have only one such extension of time for action on a given request for amendment.

If the Plan grants your request, it will (i) amend the records containing the information, (ii) inform you that the amendment has been made and obtain from you the identity of any persons with whom the amendment needs to be shared and your agreement to permit the Plan to notify such persons, and (iii) make reasonable efforts to inform such persons and any persons that the Plan knows have the protected health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment.

If the Plan denies your request for amendment, the denial will be communicated to you in writing. Any denial will provide (i) the basis for the denial, (ii) that you have a right to submit a written statement disagreeing with the denial and instructing you how you may file such a statement, (iii) that if you do not submit a statement of disagreement, you may request that the Plan provide copies of your request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment, and (iv) a description of how you may complain to the Plan (including the name or title and telephone number of the Plan's contact person for complaints) under the complaint procedures established in the Privacy Regulations.

You are permitted to submit a written statement to the Plan, disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The Plan may reasonably limit the length of such a statement. The Plan may prepare a written rebuttal to any such statement, and must provide you with a copy. The Plan then must identify the record to which the amendment request referred, and link or append any statement of disagreement and rebuttal statement to such record. In cases in which a statement of disagreement has been submitted, any subsequent disclosures of the record to which such statement relates must be accompanied by the statement and any rebuttal (or, at the Plan's election, an accurate summary of such material).

Right to receive an accounting. You have a right to request that the Plan provide you with an accounting of the Plan's disclosures of your protected health information. The Plan must only provide an accounting for disclosures that took place within the six years prior to the date of your request (or a shorter period specified in your request). Any such request must be in writing. The Plan must act within 60 days of your request to either provide you with (i) the accounting, or (ii) an explanation of why, under the Privacy Regulations, the Plan is not required to provide you with the accounting you have requested. If the Plan is unable to provide the accounting within the 60 day period, it may extend the time to provide the accounting by 30 days, provided that it gives you a written statement of the reasons for the delay and provides the date by which it will give you the accounting.

The Plan is not required to (and will not) give you an accounting of disclosures of protected health information with respect to its disclosures:

- To carry out treatment, payment and health care operations;
- To you where such protected health information was about you;
- Incident to a use or disclosure otherwise permitted by the Privacy Regulations;
- That you authorized the Plan to make;
- Where you were provided with an opportunity to agree or object at the time the disclosure was made;
- For national security or intelligence purposes;

- To correctional institutions or law enforcement officials, or as part of a “limited data set” in accordance with the Privacy Regulations; or
- That occurred prior to April 14, 2004.

Right to obtain paper copy. This Notice may be delivered to you by e-mail, if you have consented to such form of delivery and your consent has not been withdrawn. Even if you have consented to receive, and have received, this Notice by e-mail you retain the right to receive a paper copy of this Notice from the Plan upon request.

Covered Entity’s Rights and Duties

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 notice of the Plan’s legal duties and its privacy practices.

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 Privacy 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. (It may be provided by e-mail or other electronic method if you have consented to the electronic delivery of notices.)

Duty to post notice on web site. CIS will prominently post this Notice on the web site, and make it available electronically through the web site.

Complaints

You may complain to the Plan and to the Secretary 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: Plan Administrator, CIS Welfare Benefit Plan; **c/o CIS HIPAA Privacy Official: Janie McCollister/1212 Court ST 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 notice or the privacy of protected health information in general, you may call the **CIS Privacy Official, Janie McCollister at (503) 763-3859.** Alternatively, you may write to: CIS Welfare Benefit Plan; **c/o CIS Privacy Official/Janie McCollister/1212 Court ST NE/Salem, OR 97301.**