

NORTHEAST PENNSYLVANIA SCHOOL DISTRICTS HEALTH TRUST

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.

Effective Date of this Notice: April 1, 2015

This Notice applies to the privacy practices of the Plan of Benefits (“Plan”) of the Northeast Pennsylvania School Districts Health Trust (“Trust”). The Trust is a multi-employer trust that is administered by Trustees who are appointed by the participating public school entities and labor organizations. Your Employer participates in the Trust. The Trustees administer the Plan, which includes programs for providing health care and prescription drugs to the individuals enrolled in these programs.

The Plan is required by federal law to take reasonable steps to ensure the privacy of health information that personally identifies you and is included in its records. This information is referred to as “Protected Health Information” or “PHI.” PHI is your individually identifiable health information, including demographic information, collected from you or created by a health care provider, a health plan, an employer or a health care clearinghouse that relates to (1) your past, present or future physical or mental health condition; (2) provision of health care to you; or (3) the past, present or future payment for the provision of health care to you. PHI includes such information that is transmitted or maintained by the Trust or its Business Associates, regardless of form (oral, written or electronic). The Plan has established a policy to guard against unnecessary disclosure of your PHI.

For purposes of this Notice, entities or individuals who perform services, functions or activities on behalf of the Plan involving the handling of PHI are called “Business Associates.” Business Associates include but are not limited to third party administrators, auditors, attorneys, consultants and physicians.

The purpose of this Notice is to inform you of:

- The Plan’s uses and disclosures of your PHI;
- Your privacy rights with respect to your PHI;
- The Plan’s duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Plan’s privacy practices.

NOTICE OF USES AND DISCLOSURES OF YOUR PHI

A. The Plan and its Business Associates may use or disclose your PHI without asking you to sign a consent or authorization form under the following circumstances.

To Make or Obtain Payment: Payment includes but is not limited to actions to make coverage determinations and to make payment to third parties, such as other health plans or providers, for the health care you receive (including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care, utilization review and preauthorizations). For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations: Health care operations include but are not limited to quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; accreditation, certification, licensing or credentialing activities; underwriting, enrollment, premium rating and other insurance activities relating to creating or renewing insurance contracts; conducting or arranging for medical review, legal services or auditing functions; securing or placing reinsurance, stop-loss insurance or excess of loss insurance; business planning and development; business management and general administrative activities of the Plan, including resolution of internal grievances or appeals.

For example, we may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in grievance or appeal resolution activities.

However, if we use or disclose PHI for underwriting purposes, we are prohibited from using or disclosing PHI that is genetic information, including information about your genetic tests and the genetic tests of your family members, for such purposes.

We may disclose your PHI to another health plan or a health care provider subject to the federal privacy protection laws, for health care operations activities as long as the plan or provider has or had a relationship with you and the PHI is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection or compliance.

For Treatment: Treatment is the provision, coordination, or management of health care and related services by one or more health care providers and includes consultations and referrals between health care providers. For example, we may disclose to a treating cardiologist the name of your family physician so that the cardiologist may obtain your relevant medical history.

For Communication of Health-Related Benefits and Services: We may use your PHI to communicate with you about health-related products, benefits and services that we provide or include in our Plan, and about treatment alternatives that may be of interest to you.

For Disclosure to the Plan Sponsor. The Plan may disclose your health information to the Trust's Board of Trustees for plan administration functions performed by the Trust on behalf of the Plan. In addition, the Plan may provide "summary health information" to the Board of Trustees so that they may solicit premium bids from health plans for providing health insurance coverage offered under the Plan, or to modify, amend or terminate the Plan. "Summary health

information” is information that summarizes the claims history, claims expenses or types of claims experienced by individuals enrolled in the Plan and which is stripped of direct identifying information. The Plan also may disclose to the Board of Trustees information on whether you are participating in or are enrolled in programs in the Plan.

B. The Plan and its Business Associates may also use and disclose your PHI, without your authorization or permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research and other public benefit functions.

For Public Health Activities. To a public health authority for public health activities, including to report disease, product defects and vital statistics or to report child abuse or adult abuse, neglect or domestic violence.

To Conduct Health Oversight Activities. To a health oversight agency for authorized activities, including audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions. The Plan, however, may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or a claim for public health benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process, but only when the Plan receives satisfactory assurance that you are notified about the request or that an order has been obtained protecting your health information.

For Law Enforcement Purposes. To a law enforcement official for certain law enforcement purposes (for example, for the reporting of certain types of wounds or other physical injuries or for identifying or locating a suspect, fugitive or missing person, or with respect to crime victims or crime reporting).

In the Event of a Serious Threat to Health or Safety. Consistent with applicable law and ethical standards of conduct, if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.

For Research. Subject to certain conditions, for research purposes.

About Decedents. To coroners, medical examiners, funeral directors and organ procurement organizations when required or permitted by law.

For Specified Government Functions. In certain circumstances, to facilitate specified 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.

For Worker's Compensation. To the extent necessary to comply with laws related to worker's compensation or similar programs.

C. Your Authorization

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your PHI for any purpose other than those described in this Notice.

D. Family, Friends And Others Involved In Your Care Or Payment For Care

We may disclose your PHI to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only PHI that is relevant to the person's involvement. We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts.

Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your PHI is in your best interest under the circumstances.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Subject to the exceptions found in applicable law, the following types of uses and disclosures require your written authorization.

Psychotherapy Notes. Uses or disclosures of psychotherapy notes – Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include medication prescription and monitoring, the modalities and frequencies of treatment, results of clinical tests and summary information about your mental health treatment. The Plan may use and disclose such notes when needed by the Plan to defend against a legal action or other proceeding filed by you.

For Marketing Purposes. Uses or disclosures of PHI for marketing purposes.

For Sale of PHI. Any disclosure of PHI which is a sale of PHI.

DISCLOSURE OF HEALTH INFORMATION UNDER PENNSYLVANIA LAW

Pennsylvania laws also impose privacy standards under which the Trust and Plan are required to operate. These laws concern HIV or AIDS, mental health, substance abuse/chemical dependency, sexual abuse/sexual assault counseling records, etc. For example, under the Pennsylvania Confidentiality of HIV-Related Information Act, an insurer is not permitted to disclose an HIV-related positive test result to a subject. Also, if disclosure of HIV-related information is not permitted by the law, a specific authorization is required for disclosure.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Plan maintains.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your PHI for treatment, payment or health care operations, or to restrict use and disclosure to family, friends or others you identify who are involved in your care or payment for your care. The Plan is not required to agree to your request unless your request is to restrict the disclosure of your PHI to a health plan and the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf other than the plan has paid the Plan in full. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. If you wish to make a request for restrictions, please contact the Trust Privacy Official, Edward Weiss, 38 Gateway Shopping Center, Edwardsville PA 18704, 1-570-718-0353.

Right to Receive Confidential Communications. You have the right to request that the Plan communicate with you in confidence by alternative means or to alternative locations that you specify if you state that the disclosure of your health information could endanger you. For example, you may ask that the Plan communicate with you at a certain telephone number or by email. If you wish to make a request for confidential communications, please make your request in writing to the Trust Privacy Official, Edward Weiss, 38 Gateway Shopping Center, Edwardsville, PA 18704, 1-570-718-0353.

Right to Inspect and Copy Your Health Information. Subject to certain exceptions provided by law, you have the right to inspect and receive a copy of your PHI contained in a "Designated Record Set" for as long as the Plan maintains the PHI. This includes medical and billing records, other than psychotherapy notes, maintained by or for a health care provider and enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan or other information used by or for the Plan to make decisions about you. A request to inspect and copy records containing your PHI must be made in writing to the Trust Privacy Official, Edward Weiss, 38 Gateway Shopping Center Edwardsville, PA 18704, 570-718-0353. If you request a copy of your PHI, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Amend Your Health Information. You have the right to request that the Plan amend your PHI or other health information. That request may be made as long as the information is maintained by the Plan. A request for an amendment of records must be made in writing to the Trust Privacy Official, Edward Weiss, 38 Gateway Shopping Center, Edwardsville PA 18704, 570-718-0353. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Plan, if the health information you are requesting to amend is not part of the Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Plan determines the records containing your health information are accurate and complete. If we deny your request, we will provide to you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Accounting. You have the right to request a list of certain disclosures of your PHI that were for purposes other than treatment, payment, health care operations, as authorized by you or for certain other activities. The request must be made in writing to the Trust Privacy Official, Edward Weiss, 38 Gateway Shopping Center, Edwardsville PA 18704, 570-718-0353. The request should specify the time period for which you are requesting the accounting, but we are not obligated to account for disclosures made more than six (6) years before the date of the request. The Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Trust HIPAA Assistant, Michelle Savakinas, 38 Gateway Shopping Center, Edwardsville PA 18704 570-718-0353.

Breach Notification. In the event of breach of your unsecured PHI, the Plan will provide you with notification of such breach, as required by law or where we otherwise deem appropriate.

DUTIES OF THE PLAN

The Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you with this Notice of its duties and privacy practices with respect to PHI. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. If the Plan makes material changes with respect to the provisions of this Notice, the Plan will either: (a) provide to you a revised Notice, or information about the material change and how to obtain the revised Notice, within 60 days of the change; or (b) if the Plan maintains a web site, post the change or its revised Notice on its web site by the effective date of the material change, and provide the revised Notice or information about the material change and how to obtain the revised Notice, in its next annual mailing to covered individuals.

You have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plan should be made in writing to the Trust Privacy Official, Edward Weiss, 38 Gateway Shopping Center, Edwardsville, PA 18704. The Plan encourages you to express any concerns you may have regarding the privacy of your information. We will not retaliate against you in any way for filing a complaint.

CONTACT PERSONS AND QUESTIONS

The Plan has designated the Trust Privacy Official, Edward Weiss, and the Trust HIPAA Assistant, Michelle Savakinas, 38 Gateway Shopping Center, Edwardsville PA 18704 1-570-718-0353, as the contact persons for all issues and questions regarding patient privacy and your privacy rights. You may contact these persons at (570) 718-0353, 38 Gateway Shopping Center, Edwardsville, PA 18704.