

## SCHOOLCARE NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SCHOOLCARE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. The words “we” and “our” refer to SCHOOLCARE.**

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment for health care services provided to you, or your physical or mental health condition, in the past, present or future. This Notice of Privacy Practices (the “Notice”) describes how SCHOOLCARE may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a health plan, SCHOOLCARE is required by federal law to maintain the privacy of PHI and to provide you with this Notice of our legal duties and privacy practices. The New Hampshire School Health Care Coalition (the “Coalition”) administers SCHOOLCARE and is responsible for ensuring SCHOOLCARE’s compliance with federal law.

We are required to abide by the terms of this Notice, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under SCHOOLCARE at that time.

### **PERMITTED USES AND DISCLOSURES**

#### **Treatment, Payment and Health Care Operations**

Federal law allows a health plan to use and disclose PHI, for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that SCHOOLCARE, as a health plan, may make are listed below:

1. Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. SCHOOLCARE does not provide treatment.
2. Payment. Payment refers to the activities of a health plan in collecting premiums and paying claims for health care services you receive. Examples of uses and disclosures under this section include the sending of PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with other insurers to determine Coordination of Benefits or settle Subrogation claims; providing PHI to a utilization review company for pre-certification or case management services; providing PHI in the billing, collection and payment of premiums and fees to SCHOOLCARE vendors such as third party administrators and stop-loss or excess insurance carriers; and sending PHI to such carriers to obtain reimbursement of claims paid under the SCHOOLCARE health plan. SCHOOLCARE will not generally conduct these types of activities directly, but will instead utilize the services of its Business Associate, Cigna Health and Life Insurance Company (“Cigna”). Accordingly, SCHOOLCARE will not ordinarily possess PHI related to payment activities.
3. Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate SCHOOLCARE. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate SCHOOLCARE’s overall performance or the performance of a particular network, vendor or other Business

Associate; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and insurance quotes to SCHOOLCARE; the disclosure of PHI to stop-loss or excess insurance carriers to obtain claim reimbursements to SCHOOLCARE; disclosure of PHI to consultants who provide legal, actuarial and auditing services to the plan; and use of PHI in general data analysis used in the long term management and planning for SCHOOLCARE and the Coalition. Again, SCHOOLCARE will not generally conduct these types of activities directly, but will instead utilize the services of its Business Associate, Cigna. Accordingly, SCHOOLCARE will not ordinarily possess PHI related to health care operations.

#### **Other Uses and Disclosures Allowed Without Authorization**

Federal law also allows a health plan to use and disclose PHI without your consent or authorization in the following ways:

1. To you, as the covered individual.
2. To a personal representative designated by you to receive your PHI or to a personal representative designated by law, such as the parent or legal guardian of a child, or the duly appointed representative of the estate of a deceased individual.
3. To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rules.
4. To a Business Associate as part of a contracted agreement to perform services for SCHOOLCARE.
5. To a health oversight agency, such as the Department of Labor (DOL), the Internal Revenue Service (IRS) and the New Hampshire Insurance Commissioner's Office, to respond to inquiries or investigations of the plan, requests to audit the plan, or to obtain necessary licenses.
6. In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
7. As required for law enforcement purposes; for example, to notify authorities of a criminal act.
8. In providing you with information about treatment alternatives and health services that may be of interest to you as a result of a specific medical condition.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

#### **OTHER USES AND DISCLOSURES**

Other uses and disclosures of your PHI will only be made upon receiving your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke an authorization at any time by providing written notice to the Coalition that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

## **YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION**

**Important:** As indicated above, SCHOOLCARE will not ordinarily possess PHI. Accordingly, you may wish to contact our Business Associate, Cigna, directly with respect to the rights described in the following paragraphs. The Cigna Privacy Officer contact information is set forth at the end of this Notice.

### **Right to Request Restrictions on Uses and Disclosures**

You have the right to request that SCHOOLCARE limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request the plan restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Contact listed at the end of this Notice and must state the specific restriction requested and to whom that restriction would apply. SCHOOLCARE is not required to agree to a restriction that you request, and we will notify you in writing whether we will agree to the requested restriction.

### **Right to Receive Confidential Communications**

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. SCHOOLCARE is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Contact listed at the end of this Notice.

### **Right to Access to Your Protected Health Information**

You have the right to inspect and copy your PHI that is contained in a designated record set for as long as SCHOOLCARE maintains the PHI. You also have the right to inspect and copy your PHI that is maintained by SCHOOLCARE's Business Associates. A designated record set contains claim information, premium and billing records and any other records SCHOOLCARE has created in making claim and coverage decisions relating to you. Federal law does prohibit you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI should be directed to the Privacy Contact listed at the end of this Notice.

If SCHOOLCARE or its Business Associates maintains your PHI electronically, you will have the right to request a copy in electronic format. SCHOOLCARE will use the format you request unless it is not practical to do so. You may also request that we send a copy of your PHI directly to another person that you designate. Such a request must be in writing, signed by you, and must clearly identify the PHI requested and the person to whom and address where the PHI should be sent. SCHOOLCARE reserves the right to charge a reasonable, cost-based fee for paper copies or for processing electronic copies of Protected Health Information.

Any request to exercise your right of access to your Protected Health Information must be submitted in writing to the Privacy Contact listed at the end of this notice. SCHOOLCARE will respond to your request for access within 30 days of receiving the request. If all or any part of your request is denied, SCHOOLCARE's response will detail any appeal rights you may have with respect to that decision.

### **Right to Amend Protected Health Information**

You have the right to request that PHI in a designated record set be amended for as long as SCHOOLCARE or its Business Associates maintain the PHI. SCHOOLCARE may deny your request for amendment if it determines that the PHI was not created by SCHOOLCARE, is not part of designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and SCHOOLCARE has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Contact listed at the end of this Notice.

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

You have the right to receive an accounting of all disclosures of your PHI that SCHOOLCARE and its Business Associates have made, if any, for reasons other than treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by SCHOOLCARE or its Business Associates after July 1, 2003 and cannot exceed a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Contact listed at the end of this Notice.

#### **Right to Receive Notice of a Breach of Confidentiality**

You have the right to be notified in the event of a breach of any of your unsecured Protected Health Information. SCHOOLCARE will provide you with written notice if your unsecured Protected Health Information is used or disclosed in violation of the HIPAA Privacy Rules.

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

You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Contact listed at the end of this Notice.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with SCHOOLCARE or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Contact listed at the end of this Notice. SCHOOLCARE will not retaliate against you for filing a complaint.

#### **PRIVACY CONTACT**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE SCHOOLCARE/NH SCHOOL HEALTHCARE COALITION PRIVACY OFFICER. THE PRIVACY OFFICER CAN BE REACHED AT THE ADMINISTRATIVE OFFICES OF THE COALITION, LOCATED AT 370 HARVEY ROAD STE. 4, MANCHESTER, NH, 03103 AND AT (603) 836-5031 EXT. 305.**

**IMPORTANT: YOU MAY ALSO CONTACT CIGNA HEALTHCARE DIRECTLY WITH ANY QUESTIONS OR REQUESTS. CIGNA WILL POSSESS MOST PROTECTED HEALTH INFORMATION AND MAKE IT AVAILABLE TO YOU AS REQUIRED BY THE PRIVACY RULE. YOU MAY WRITE TO: PRIVACY OFFICER, CIGNA, P.O. BOX 188014, CHATTANOOGA, TN 37422, OR YOU MAY CALL 1-800-762-9940.**

**EFFECTIVE DATE OF NOTICE.** This Notice first became effective on July 1, 2003 and was revised effective July 1, 2008 and September 23, 2013.