

**NOTICE OF PRIVACY PRACTICES  
OF THE GROUP PLANS MAINTAINED BY THE  
CITY OF WISCONSIN RAPIDS**

Revised 2/19/18

**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 applies to the Group Health Plans (each "Plan" and collectively the "Plans") maintained by the City of Wisconsin Rapids, and listed on Exhibit A at the end of this Notice. Each of the Plans is required by law to take reasonable steps to protect the privacy of information that may reveal your identity, and to provide you with a copy of this Notice which describes the health information privacy practices. The City will post a copy of the Plans' current Notice in the breakrooms at all City worksites. You will also be able to obtain your own copy by contacting Human Resources.

This notice will inform you about:

- The Plans' uses and disclosures of Protected Health Information (PHI);
- Your privacy rights with respect to your PHI;
- Your right to file a complaint with the Plan and the Secretary of the Department of Health and Human Services; and
- The person or office to contact for further information about the Plans' privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of its form (oral, written, electronic). A more detailed description of PHI is given below.

If you have any questions about this notice or would like further information, please contact Human Resources, City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214.

**SECTION 1. EFFECTIVE DATE OF THIS NOTICE.**

This Notice of Privacy Practices becomes effective on February 19, 2018. It replaces a Notice of Privacy Practices previously effective April 14, 2004.

## **SECTION 2. WHAT HEALTH INFORMATION IS PROTECTED.**

The Plans are committed to protecting the privacy of information it gathers about you while providing coverage of health-related services. Some examples of protected health information (PHI) are:

- Information about your past, present, or future health condition (such as a disease you may have);
- Information about health care services you have received or may receive in the future (such as an operation or specific therapy);
- Information about your health care benefits under the Plans (such as whether a prescription or medical test is covered);
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- Other types of information that may identify who you are.

## **SECTION 3. THE RESPONSIBILITY OF THE PLANS.**

The Plans are required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you with a copy of this Notice of the Plans' legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

## **SECTION 4. PHI USES AND DISCLOSURES BY THE PLAN THAT REQUIRE YOUR AUTHORIZATION.**

Except as otherwise indicated in this Notice, uses and disclosures of your PHI will be made by the Plans only with your written authorization subject to your right to revoke such authorization. The Plans will generally obtain your written authorization before using your PHI or sharing it with others. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide the Plans with written authorization, you may revoke that authorization at any time, except to the extent that the Plans have already relied upon it. To revoke an authorization, please request a revocation of authorization form by contacting Human Resources, City of Wisconsin Rapids, 444 West Grand

Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214.

## **SECTION 5. PHI USES AND DISCLOSURES BY THE PLANS THAT DO NOT REQUIRE YOUR AUTHORIZATION OR CONSENT.**

### **PHI Uses and Disclosures Required by Law**

Upon your request, the Plans are required to give you access to certain PHI in order to allow you to inspect and copy it. You will find a more detailed discussion below.

The Secretary of the Department of Health and Human Services may require use and disclosure of your PHI to investigate or determine the Plans' compliance with the HIPAA privacy regulations.

### **Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations**

The Plans and their business associates will use PHI without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment and health care operations. The Plans may also share your PHI with another company that performs business services for the Plans, such as billing companies and third party administrators. If so, the Plans will have a written contract to ensure that this company also protects the privacy of your PHI. The Plan will also disclose PHI to the City for purposes related to treatment, payment and health care operations. The City has amended the Plan documents to protect your PHI as required by federal law.

"Treatment" is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your health care providers. For example, the Plans may disclose to one treating provider the name of another of your treating providers so that the second provider may ask the first provider for your medical records or x-rays.

"Payment" includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, Plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorization). For example, the Plans may tell a physician whether you are eligible for coverage of a particular procedure or what percentage of the bill the Plans will pay. The Plans may also use and disclose your PHI to obtain payment under a contract for reinsurance, including stop-loss insurance.

"Health care operations" include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance

programs, business planning and development, business management and general administrative activities. For example, the Plans may use information about your claims, which might include PHI, to project future benefit costs or audit the accuracy of the claims processing functions of one of its business associates. The Plans may also provide your PHI to our attorneys, accountants, and other consultants who assist the Plans in performing its functions and to make sure the Plans are complying with the laws that affect them.

### **Sharing of PHI Among the Plans**

In addition to the uses and disclosures of your PHI for purposes of treatment, payment and health care operations discussed above, the Plans may share your PHI with each other. The Plans have entered into an arrangement to coordinate their operations, and to do so the Plans may need to share PHI with each other to manage their operations. However, the Plans will only share your PHI with each other as necessary for treatment, payment or health care operations of the Plans and their common operations.

### **Disclosures to the Sponsor of the Plans**

The Plans may disclose your PHI to the City. As the sponsor of the Plans, the City assigns certain of its personnel to administer the Plans so that the Plans can operate and provide you with health benefits. The City will only use and disclose your PHI as necessary to administer the Plans. The law only permits the Plans to disclose your PHI to the City in its role as the Plans' sponsor, if the City, among other things, agrees that it will only use and disclose your PHI as permitted by the Plans, will restrict access to your PHI to those employees of the City whose job it is to administer the Plans and will not use PHI for any employment-related actions or decisions.

### **Uses and Disclosures of Business Associates**

The Plans contract with individuals and entities ("Business Associates") to perform various functions on the Plans' behalf or to provide certain types of services. To perform these functions or to provides these services, the Plans' Business Associates will receive, create, maintain, use, or disclose PHI, but only after the Plans require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your PHI, consistent with federal law. For example, the Plans may disclose your PHI to a Business Associate to administer claims or provide service support, utilization management, and subrogation or pharmacy benefit management.

### **Other Uses and Disclosures**

The Plans may use and disclose your PHI without your consent, authorization or request under the following circumstances:

1. When required by federal, state, or local law.

2. When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. The Plans may disclose your PHI to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public. In addition, the Plans may share your PHI with government officials that are responsible for controlling disease, injury, or disability. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plans will promptly inform you that it has or will make such a disclosure unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that the Plans have or will make such a disclosure. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
4. The Plans may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This would include uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
5. The Plans may disclose your PHI when required for judicial or administrative proceedings. For example, the Plans may disclose your PHI in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plans that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
6. For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information to a law enforcement official about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Plans are unable to obtain the individual's agreement because of emergency circumstances. Also, the law enforcement official must represent that

the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plans' best judgment.

7. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. In addition, the Plans may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the deceased person.
8. The Plans may use or disclose PHI for medical research, subject to conditions.
9. The Plans may disclose your PHI to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
10. When consistent with applicable law and standards of ethical conduct if the Plans, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
11. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
12. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the Plans may disclose your PHI to the correctional institution or law enforcement official if necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.
13. If you are an organ donor, the Plans may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
14. If you are a member of the armed forces, the Plans may release your PHI as required by military command authorities. The Plans may also release PHI about foreign military personnel to the appropriate foreign military authority.

**SECTION 6. USES AND DISCLOSURES THAT REQUIRE THAT YOU BE GIVEN AN OPPORTUNITY TO AGREE OR DISAGREE PRIOR TO THE USE OR RELEASE.**

If you do not object, the Plans may share your PHI with a family member, relative, or close personal friend who is involved in your care or payment for that care. The Plans may also notify a family member, personal representative, or another person responsible for your care about your general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons. Generally, this disclosure of your PHI to family members, other relatives, and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You either have agreed to the disclosure or the Plans gave you the opportunity to object and you have not objected.

**SECTION 7. RIGHTS OF INDIVIDUALS TO PHI.**

The Plans want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information the Plans have about you is accurate. They may also help you control the way the Plans use your information and share it with others, or the way the Plans communicate with you about your medical matters.

Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plans to restrict uses and disclosures of your PHI provided however you cannot ask the Plans to limit uses and disclosures that the Plans are required to give to the Secretary of the Department of Health and Human Services or the disclosures described in Section 4, above.

Such requests should be made in writing to the following: Human Resources, City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214. \_\_\_\_\_

The Plans are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. Currently the Plans have determined operational reasons not to agree to any restrictions, except as required in the next paragraph.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), the Plans will comply with any restriction request if: 1) except as otherwise required by law, the disclosure is to the Plan for purposes of carrying out payment or health care

operations (and is not for purposes of carrying out treatment); and 2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about your health care benefits.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. You should make requests for access to PHI to the following officer: Dawn Urban, City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8245. The Plans will charge \$.05 per page for a copy of any or all of your PHI.

If the Plans deny you access to your PHI, the Plans will provide you or your personal representative with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

### **Right to Correct or Update Your PHI**

You have the right to request the Plans to amend your PHI for as long as the PHI is maintained by the Plans. You must tell the Plans in writing why you think your PHI needs to be amended, and if your request is not in writing or does not tell the Plans why the amendment is needed, your request for amendment will be denied.

The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the Plans deny your request in whole or part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

The Plans may deny your request if you ask the Plans to amend PHI that:

- Was not created by the Plans, unless the person who created the PHI is no longer available to make the amendment;
- Is not part of the PHI that the Plans keep about you;
- Is not part of the PHI that you would be allowed to see or copy; or

- Is determined by the Plans to be accurate and complete.

Requests for amendment of PHI in a designated record set should be made to the following officer: Morgan Tauschek, City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214.

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

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

At your request, the Plans will also provide you with a list (known as an accounting) of disclosures by the Plans of your PHI during the six years before the date of your request. However, such accounting will not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures to you about your own PHI; (3) disclosures which you authorized; (4) disclosures made prior to April 14, 2004; (5) disclosures made to your friends and family involved in your care or because of an emergency; (6) disclosures incidental to otherwise permissible disclosures; and (7) disclosures made to federal officials for national security and intelligence activities.

If the Plans cannot provide an accounting within 60 days, an additional 30 days is allowed if the Plans give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

### **The Right to Receive a Paper Copy of This Notice Upon Request**

To obtain a paper copy of this Notice contact the following: Human Resources, City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214.

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

You have the right to request that the Plans communicate with you about your medical matters in a more confidential way. For example, you may ask that the Plans contact you at home instead of at work. To request more confidential communications, please contact Dawn Urban, City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to

be contacted, and how payment for your health care coverage under the Plans will be handled if the Plans communicate with you through this alternative method or location.

### **The Right to be Notified of a Breach**

You have the right to be notified in the event that the Plans (or a Business Associate) discover a breach of unsecured PHI.

### **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before the Plans will give that person access to your PHI or allow that person to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

## **SECTION 8. THE PLANS' DUTIES.**

The law requires the Plans to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of their legal duties and privacy practices.

This Notice is effective beginning April 14, 2011 and the Plans are required to comply with the terms of this Notice. However, the Plans reserve the right to change their privacy practices and to apply the changes to any PHI received or maintained by the Plans before that date. If a privacy practice is changed, the Plans will provide a revised version of this Notice to all past and present participants and beneficiaries for whom the Plans still maintain PHI.

Any revised version of this Notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plans or other privacy practices stated in this Notice.

### **Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the Plans will make reasonable efforts not to use, disclose or request more than the minimum amount

of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Plans may use or disclose "summary health information" to the City, for obtaining premium bids or modifying, amending or terminating the Plans, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the City has provided health benefits under the Plan; and from which identifying information has been deleted in accordance with HIPAA.

## **SECTION 9. YOUR RIGHT TO FILE A COMPLAINT WITH THE PLANS OR THE HHS SECRETARY.**

If you believe that your privacy rights have been violated, you may complain to the Plans in care of the following officer: Morgan Tauschek City of Wisconsin Rapids, 444 West Grand Avenue, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214.

You may file a complaint with the Office for Civil Rights ("OCR") of the Department of Health and Human Services. You may file a written complaint with OCR by mail, fax or e-mail at the address listed below. You may, but are not required to, use OCR's Health Information Privacy Complaint Form. To obtain a copy of this form, or for more information about HIPAA's privacy rule or how to file a complaint with OCR, contact any OCR office or go to [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). The address for OCR is Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, telephone number (312) 886-2359, fax number (312) 886-1807, TDD (312) 353-5693.

The Plans will not retaliate against you for filing a complaint.

## **SECTION 10. WHOM TO CONTACT AT THE PLANS FOR MORE INFOAAIATION.**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the following officer: Morgan Tauschek, Wisconsin Rapids, WI 54495, telephone number (715) 421-8214.

### **Conclusion**

PHI use and disclosure by the Plans is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act of 1996). You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

## **EXHIBIT A**

### **THE CITY OF WISCONSIN RAPIDS Group Health Plans**

Group Health Plans maintained by the City of Wisconsin Rapids:

- I. City of Wisconsin Rapids Group Health Plan.
2. **Wellness FIT Program**
3. City of Wisconsin Rapids Group Dental Plan.
4. City of Wisconsin Rapids Flexible Spending Plan.

