



**BOARD OF COOPERATIVE EDUCATIONAL SERVICES**  
First Supervisory District of Monroe County

Daniel T. White, *District Superintendent*  
Monroe #1 BOCES  
41 O'Connor Road  
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www.monroe.edu

## **Monroe #1 BOCES**

### **PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THAT INFORMATION.**

**THIS NOTICE IS AVAILABLE ANNUALLY TO ALL EMPLOYEES, IRRESPECTIVE OF  
WHETHER THEY ARE COVERED OR PARTICIPATING IN THE BENEFIT PLAN  
DESCRIBED BELOW**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

#### **MULTIPLE PLANS (Organized Health Care Arrangement)**

This Privacy Notice relates to various plans, which are separate health plans (as that term is defined by the HIPAA Privacy Rules) sponsored by Monroe #1 BOCES. Each of the respective health plans named herein have agreed to participate in what the HIPAA Privacy Rules refer to as an "organized health care arrangement." This means that they will all be covered by this joint Privacy Notice, and they all agree to abide by the terms of this joint Privacy Notice. Moreover, as members of an organized health care arrangement, the plans may share PHI with each other as necessary to carry out treatment, payment or health care operations relating to the organized health care arrangement. Reference in this Notice to a "Plan" will mean each plan or all of the plans collectively.

#### **HYBRID ENTITY**

The Plan provides or pays for the cost of medical care through insurance, reimbursement or otherwise, and the Plan also provides or pays for the cost of non-medical care. Under the HIPAA Privacy Rules, the Plan will treat itself as a hybrid entity, which means that only those parts of the Plan that provide or pay for the cost of medical care (*i.e.*, the health care components) will comply with the HIPAA Privacy Rules, and will be referenced in this Notice as the "Plan." Accordingly, this Privacy Notice will apply only to the medical care benefits and to those participants in the Plan who receive those medical care benefits.

#### **POLICY STATEMENT**

This Plan is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from health care providers. Reference in this Notice to "you" refers also to your dependents and anyone covered by the Plan as a result of your employment or prior employment. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

## **USE OR DISCLOSURE OF PHI**

The Plan may use and/or disclose your PHI, without a written Authorization from you, for purposes related to your treatment, payment for your treatment, and health care operations of the Plan. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

**Treatment** – The Plan may have to provide your PHI relating to, for example, medications being used by you to certain of your health care providers in order to help them coordinate your care and reduce the risk of adverse effects from conflicting medications.

**Payment** – In order to pay for your health care, the Plan will obtain your PHI from your health care providers. For example, the Plan may need to provide your PHI to an insurance carrier who insures the cost of your care when that cost exceeds a certain dollar amount:

**Health Care Operations** – In order for the Plan to operate in accordance with applicable law and insurance requirements, it may be necessary for the Plan to compile, use and/or disclose your PHI. For example, the Plan may use your PHI in order to assess Plan management or secure a contract for reinsurance.

## **AUTHORIZATION NOT REQUIRED**

The Plan may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

**De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

**Business Associate** – To a business associate, who is someone with whom the Plan contracts to provide a service necessary for the operations of the Plan. The Plan will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

**Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

**Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability.

**Food and Drug Administration** - If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

**Abuse, Neglect or Domestic Violence** - To a government authority if the Plan is required by law to make such disclosure. If the Plan is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Plan believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

**Health Oversight Activities** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

**Judicial and Administrative Proceeding** - For example, the Plan may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

**Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; and (5) in the event of a crime occurring on the premises of the Plan.

**Coroner or Medical Examiner** - The Plan may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

**Organ, Eye or Tissue Donation** - If you are an organ donor, the Plan may disclose your PHI to the entity to whom you have agreed to donate your organs.

**Research** - If the Plan is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

**Avert a Threat to Health or Safety** - The Plan may disclose your PHI if it believes that such 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 an individual who is reasonably able to prevent or lessen the threat.

**Specialized Government Functions** - When the appropriate conditions apply, the Plan may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; or (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits. The Plan may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

**Inmates** - The Plan may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

**Workers' Compensation** - If you are involved in a Workers' Compensation claim, the Plan may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

**Disaster Relief Efforts** - The Plan may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

**Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

## **AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time.

## **DISCLOSURES TO PLAN SPONSOR**

The Plan will not disclose your PHI to the Plan's sponsor or allow a health insurance issuer or HMO to make such a disclosure until the sponsor complies with the Plan's requirements relating to the confidentiality and protection of your PHI. YOUR RIGHTS

## **YOUR RIGHTS**

**You have the right to:**

**Revoke an Authorization** - Any revocation must be in writing, and may be submitted at any time. To request a revocation, you must submit a written request to the Plan's Privacy Officer.

**Request Restrictions** - You may request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Plan is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Plan's Privacy Officer. In your written request, you must inform the Plan of what information you want to limit, whether you want to limit the Plan's use or disclosure, or both, and to whom you want the limits to apply. If the Plan agrees to your request, the Plan will comply with your request unless the information is needed in order to provide you with emergency treatment.

*Confidential Communications* – You may request that confidential communications of PHI be sent to you by alternative means or to an alternative location. You must make your request in writing to the Plan's Privacy Officer.

*Inspect and Copy your PHI* – To inspect and copy your PHI, you must submit a written request to the Plan's Privacy Officer. In certain situations that are defined by law, the Plan may deny your request, but you will have the right to have the denial reviewed. The Plan can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

*Amend your PHI* – To request an amendment, you must submit a written request to the Plan's Privacy Officer. You must provide a reason that supports your request. The Plan may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Plan (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Plan, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Plan's denial, you have the right to submit a written statement of disagreement.

*Receive an Accounting of Disclosures of PHI* – To request an accounting, you must submit a written request to the Plan's Privacy Officer. The request must state a time period which may not be longer than six years and may not include the dates before April 14, 2004. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but the Plan may charge you for the cost of providing additional lists in that same 12 month period. The Plan will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

*Privacy Notice Copy* – You may request a paper copy of this Privacy Notice from the Plan by submitting your request to the Plan's Privacy Officer.

*Complaints* – You may complain to the Plan, or to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may contact a regional office of the Office of Civil Rights, which can be found at [www.hhs.gov/ocr/regmail.html](http://www.hhs.gov/ocr/regmail.html). To file a complaint with the Plan, you must contact the Plan's Privacy Officer. All complaints must be in writing.

*More Information* – To obtain more information on, or have questions about your rights answered, contact the Plan's Privacy Officer, Karen Rheinheimer, at 585-383-6680 or via email at [Karen\\_Rheinheimer@BOCES.Monroe.edu](mailto:Karen_Rheinheimer@BOCES.Monroe.edu).

#### **PLAN'S REQUIREMENTS**

The Plan will do the following:

Maintain the privacy of your PHI and to provide you with this Privacy Notice of the Plan's legal duties and privacy practices with respect to your PHI.

Abide by the terms of this Privacy Notice.

Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective retroactively to all of your PHI that it maintains.

Will not retaliate against you for making a complaint.

Will post this Privacy Notice on the Plan sponsor's web site, if such a site exists.

Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

#### **EFFECTIVE DATE**

This Notice is effective as of 2/1/05