



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

Daniel T. White, *District Superintendent*  
Monroe #1 BOCES  
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**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.

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**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**

**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.