

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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 of Privacy Practices describes the **College Community School District Benefit Plan** practices for safeguarding individually identifiable health information. The terms of this Notice apply to all members and their dependents for their self-funded medical plan coverage. This notice is effective April 14, 2003. Revisions to this notice are effective August 2013.

We are required by law to maintain the privacy of our members' and their dependents' protected health information, to provide notice of our legal duties and privacy practices with respect to protected health information, and to notify you of any breach of your unsecured protected information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of revised Notices will be provided to you by mail or by electronic distribution. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

Uses and Disclosures of Your Health Information

Authorization. Except as explained below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation.

Disclosures for Treatment. We may disclose your protected health information as necessary for your treatment. For instance, a doctor or health care facility involved in your care may request your protected health information in our possession to assist in your care.

Uses and Disclosures for Payment. We will use and disclose your protected health information as necessary for payment purposes. For instance, we may use your protected health information to process or pay claims, for subrogation, to perform a hospital admission review to determine whether services are for medically necessary care or to perform prospective reviews. We may also forward information to another health plan in order for it to process or pay claims on your behalf.

Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary for health care operations. For instance, we may use or disclose your protected health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your protected health information to another health plan, health care facility, or health care provider for activities such as quality assurance or case management. We may also contact your health care providers concerning prescription drug or treatment alternatives.

Other Health-Related Uses and Disclosures. We may also contact you to provide reminders for appointments, information about treatment alternatives, or other health-related programs, products or services that may be available to you.

Plan Sponsors. We may disclose your protected health information to the plan sponsor, provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

Business Associates. Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your protected health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your protected health information.

Family, Friends, and Personal Representatives. With your approval, we may disclose to family members, close personal friends, or another person you identify, your protected health information relevant to their involvement

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

with your care or paying for your care. If you are unavailable, incapacitated, or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your protected health information without your approval.

Disaster Relief. We may disclose your protected health information to public or private entities to assist in disaster relief efforts.

Other Uses and Disclosures. We are permitted or required by law to use or disclose your protected health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses, or missing people);
- To coroners, medical examiners, and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- To the military and to authorized federal officials for intelligence or other national security activities authorized by law;
- To correctional institutions or law enforcement official having custody regarding inmates; and
- For compliance with workers' compensation programs.

We will adhere to all applicable state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing genetic information for underwriting purposes. We will not request, use or disclose psychotherapy notes without your authorization, except as permitted by law. We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law.

Your Rights

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on how we use or disclose your protected health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care.

To request a restriction, you must send a written request. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

Receiving Confidential Communications of Your Protected Health Information. You have the right to request communications regarding your protected health information from us by alternative means (for example, by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Access to Your Protected Health Information. You have the right to inspect and/or obtain a copy of your protected health information we maintain in your designated record set, with limited exceptions. To request access to your information, you must send a written request. A fee will be charged for copying and postage.

Amendment of Your Protected Health Information. You have the right to request an amendment to your protected health information to correct inaccuracies. To request an amendment, you must send a written request. We are not required to grant the request in certain circumstances.

Accounting of Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. To request an accounting, you must send a written request. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions, need assistance regarding this Notice or your privacy rights, wish to submit a complaint, or to submit a written request, you may contact the College Community Schools Privacy Officer at (319)848-5215 or **Wellmark, Privacy Office, Station 850 636 Grand Avenue Des Moines, IA 50309-2565.**