# **407 HIPAA PRIVACY NOTE**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW CAREFULLY.

Stonebridge World School is committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain federal and state regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions we may make to the notice as may become necessary or as authorized by law.

## **Uses and Disclosures of Your Medical Information**

When Stonebridge World School refers to protected health information (PHI) in this notice and in relation to health care plan administration, we mean individually identifiable health information transmitted or maintained in any tangible form or medium, including written or electronic forms, including demographic information, that identifies the individual, or with respect to which there is a reasonable basis to believe that the information could be used to identify the individual, and relates to the individual's past, present or future health condition or payment for health care, subject to certain exceptions.

Health care carriers, Third Party Administrators (TPAs), and Stonebridge World School's Plan (referred to hereafter as "Our Plan") are permitted to use or disclose your PHI for the following purposes:

**Treatment:** Health care carriers, TPAs and Our Plan may disclose your PHI in order to assist your health care provider (doctors, hospitals, pharmacies and others) in your diagnosis and treatment.

**Payment:** Health care carriers, TPAs and Our Plan may use and disclose your PHI to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, or to be reimbursed by another entity that may be responsible for payment.

**Health Care Options:** Health care carriers, TPAs and Our Plan may disclose your PHI in order to perform Our Plan activities, such as quality assessment activities or administrative activities, including data management or customer service. In some cases, Stonebridge World School may use or disclose your information for underwriting purposes, determine premiums and the detection and investigation of fraud.

## **Other Permitted or Required Disclosures**

Health care carriers, TPA and Our Plan may also use or disclose PHI about you when required to do so by law.

**As Required by Law:** Health care carriers, TPAs and Our Plan may disclose PHI about you when required to do so by law.

**Plan Administration:** Health care carriers, TPAs and Our Plan may disclose PHI about you to the plan sponsor, employer or other organization that sponsors the group health plan, to permit the plan sponsor to perform plan administration functions, as described in your plan documents.

**Public Health Activities:** Health care carriers, TPAs and Our Plan may disclose PHI to public health agencies for reasons such as prevention or controlling disease, injury, or disability.

**Law Enforcement:** Health care carriers, TPAs and Our Plan may disclose PHI under limited circumstances to a law enforcement officer in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime.

**Research:** Under certain circumstances, Health care carriers, TPAs and Our Plan may disclose PHI about you for research purposes, provided certain measures have been taken to protect your privacy.

**Special Government Functions:** Health care carriers, TPAs and Our Plan may disclose PHI as required by military authorities or to authorized federal offices for national security and intelligence activities.

**Judicial and Administrative Procedures:** Health care carriers, TPAs and Our Plan may disclose PHI in response to a court or administrative order. Health care carriers, TPAs and Our Plan may also disclose PHI about you in certain cases in response to a subpoena, discovery request or other lawful purpose.

**Industrial Regulation:** Health care carriers, TPAs and Our Plan may disclose your PHI to state insurance departments, the U.S. Department of Labor and other government agencies for activities authorized by law.

Workers' Compensation: Health care carriers, TPAs and Our Plan may disclose PHI to the extent necessary to comply with state laws for workers' compensation programs.

**Coroners, Funeral Directors, Organ Donation:** Health care carriers, TPAs and Our Plan may disclose PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

# Other Uses or Disclosures with an Authorization

Other uses or disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that Stonebridge World School have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under Our Plan.

# Your Rights Regarding Your Protected Health Information

**Right to Access Your Protected Health Information:** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or obtain copy of your PHI records must be made in writing. Health care carriers, TPAs and Our Plan may charge a fee for the costs of producing, copying and mailing your requested information, but Stonebridge World School will inform you of the cost in advance.

**Right to Amend Your Protected Health Information:** If you feel that PHI maintained by Health care carriers, TPAs and Our Plan is incorrect or incomplete, you may request that Stonebridge World School amend the information. Your request must be made in writing and must include the reasons you are seeking a change. Health care carriers, TPAs and Our Plan may deny your request, if for example, you ask to amend information that was created by Health care carriers, TPAs and Our Plan, as is often the case for health information in our records, or you ask to amend a record that is already accurate and complete.

If Health care carriers, TPAs and Our Plan denies your request to amend, you will be notified in writing. You then have the right to submit to the Health care carriers, TPAs and Our Plan a written statement of disagreement with our decision and Health care carriers, TPAs and Our Plan have the right to rebut that statement.

**Right to an Accounting of Disclosure by the Plan:** You have the right to request an accounting of disclosures Health care carriers, TPAs and Our Plan have made of your PHI. The list will not include disclosures related to your treatment, or payment, or health care operations, or disclosures made to you or with your authorization. The list may exclude certain other disclosures such as for national security purposes.

Your request for an accounting of disclosures must be made in writing and state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example on paper or electronically). Health care carriers, TPAs and Our Plan may charge for providing the account disclosure, but Stonebridge World School will inform you of the cost in advance.

**Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information:** You have the right to request that Health care carriers, TPAs and Our Plan restrict or limit how Stonebridge World School use or disclose your PHI for treatment, payment or health care operations. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

**Right to Receive Confidential Communications:** You have the right to request that Health care carriers, TPAs and Our Plan use a certain method of communication with you about the Plan or that Stonebridge World School send Plan information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy. **Health Information Security** 

Health care carriers, TPAs and Our Plan require our employees and business associates to follow the Company's security policies and procedures that limit access to health information about members to those employees and or entities that need it to perform their job

responsibilities. In addition, Stonebridge World School maintains physical, administrative and technical security measures to safeguard your PHI.

#### Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Our Plan as listed at the end of this Notice and/or with the Secretary of the Department of Health and Human Services. All complaints to Health care carriers, TPAs and Our Plan must be made in writing.

If you believe your privacy rights have been violated, you may file a written complaint with:

# Secretary of Health and Human Services U.S. Department of Health and Human Services Washington DC 20201

## THERE WILL BE NO RETALIATION FOR FILING A COMPLAINT.

Approved: October 2011

Revised: