

## **NOTICE OF PRIVACY PRACTICES**

*Effective Date: April 1, 2016*

### **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.**

If you have any questions about any part of this Notice of Protected Health Information Privacy Practices or desire to have further information concerning the information practices of the Flexible Compensation Plan of Metropolitan Community College, please direct your inquiries to: Human Resources Office, Metropolitan Community College, Attn: Director of Benefits and Compensation, P.O. Box 3777, Omaha, NE 68103-0777, telephone number (402) 457-2234.

#### **WHO MUST FOLLOW THIS NOTICE:**

This notice describes the privacy practices of the Flexible Compensation Plan of Metropolitan Community College. The use of the words “we” and “our” refers to the named plans and not the College.

#### **OUR OBLIGATIONS:** We are required by law to:

- Maintain the privacy of protected health information of health plan participants and their dependents; Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our Notice that is currently in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all personal health information maintained by us. Copies of revised Notices will be provided to you directly by regular mail or e-mail with instructions to deliver a paper copy to each covered Individual.
- Not use or request your genetic information for employment purposes.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following categories describe ways that we may use and disclose health information that identifies you (“Health Information”). Some of the categories include examples, but every type of use or disclosure of Health Information in a category is not listed. Except for the purposes described below, we will use and disclose Health Information only with your written permission. If you give us permission to use or disclose Health Information for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time by providing notice of such intent to revoke to the Director of Benefits and Compensation.

- > ***For Payment.*** We may use and disclose Health Information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health care provider information

about your treatment in order to verify proper payment for health treatment you receive. We also may disclose Health Information about you in order to obtain prior approval for health care treatment or to determine whether such treatment is covered by the plan.

- > ***For Health Care Operations.*** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary for the administration of the health plans. For example, we may use Health Information to review the treatment and services provided to ensure that the care you receive is of the highest quality.
- > ***Individuals Involved in Your Care or Payment for Your Care.*** We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend (as indicated in your emergency contacts). We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

### **SPECIAL CIRCUMSTANCES**

- > ***As Required by Law.*** We will disclose Health Information when required to do so by international, federal, state or local law.
- > ***To Avert a Serious Threat to Health or Safety.*** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.
- > ***Business Associates.*** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- > ***Military and Veterans.*** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- > ***Workers' Compensation.*** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- > ***Public Health Risks.*** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; or notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We also may release Health Information to an appropriate government authority if we believe a participant has been the victim of abuse, neglect or

domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.

- > ***Health Oversight Activities.*** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- > ***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- > ***Law Enforcement.*** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**YOUR RIGHTS:** You have the following rights regarding Health Information we maintain about you:

- > ***Right to Inspect and Copy.*** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. To inspect and copy this Health Information, you must make your request, in writing, to the Director of Benefits and Compensation.
- > ***Right to Amend.*** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request, in writing, to the Director of Benefits and Compensation.
- > ***Right to an Accounting of Disclosures.*** You have the right to request an accounting of certain disclosures of Health Information we made. To request an accounting of disclosures, you must make your request, in writing, to the Director of Benefits and Compensation.
- > ***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information

about your surgery with your spouse. To request a restriction, you must make your request, in writing, to the Director of Benefits and Compensation. ***We are not required to agree to your request.*** If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.

- > ***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about confidential health care matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request, in writing, to the Director of Benefits and Compensation. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- > ***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our web site, [www.mccneb.edu](http://www.mccneb.edu). To obtain a paper copy of this notice, contact the Director of Benefits and Compensation.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice in the Human Resources Office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Human Resources Office. All complaints must be made in writing. You will not be penalized for filing a complaint.