

**THE SCHOOL DISTRICT OF PHILADELPHIA**  
**JOINT NOTICE OF PRIVACY PRACTICES**

**Summary of Joint Notice of Privacy Practices**

The School District of Philadelphia is the plan sponsor of group health plans (referred to as the “Plan” or “Plans”). The Plans are required by law to provide you with a copy of the attached Joint Notice of Privacy Practices (“Notice”).

THE NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE PLANS AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

This summary provides a brief overview of the Plans’ privacy practices. The attached Notice describes the Plans’ privacy practices in more detail.

**IMPORTANT: Receipt of the Notice does not mean you are eligible or enrolled under any of the Plans. Eligibility and enrollment are determined by the Plan documents and your elections.**

**How the Plans Will Use Your Information**

The Plans may use, share or disclose the personal health information they create, receive or maintain about you (“protected health information” or “PHI”) for purposes relating to the payment of medical benefits, Plan operations or treatment by a health care provider. The Plans may use or disclose your information in other special circumstances described in the Notice. For any other purpose, the Plans will not use or disclose your protected health information without your written authorization.

**Your Individual Rights**

You have the right to inspect and copy your protected health information, request an amendment of the information, request restrictions on the use and disclosure of the information, request that communications be made to you through alternate means or at an alternative location, and obtain an accounting of the information that the Plan has disclosed. As explained in the Notice, there are certain limitations on and exceptions to these rights.

**Questions and Complaints**

If you have questions about the Plans’ privacy practices or a complaint about how the Plans are handling your protected health information, you may contact:

HIPAA Privacy Officer  
The School District of Philadelphia  
440 North Broad Street  
Suite 313  
Philadelphia, PA 19130

[hipaa@philasd.org](mailto:hipaa@philasd.org)

**THE SCHOOL DISTRICT OF PHILADELPHIA  
GROUP HEALTH PLANS  
JOINT NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY OUR PLANS AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**1. Why am I receiving this Notice?**

The School District of Philadelphia is the plan sponsor of group health plans (called the “Plan” or “Plans” in this Notice) that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). These Plans include medical, dental, and certain employee assistance programs.

**IMPORTANT: Receipt of this Notice does not mean you are eligible for or enrolled under any of the Plans. Eligibility and enrollment are determined by the Plan document and your elections.**

The privacy of your personal health information that is received, created, maintained, used, or disclosed by the Plans is protected by HIPAA. The Plans are required by law to:

- maintain the privacy of your protected health information (“PHI”);
- provide you with this Notice of the Plans’ legal duties and privacy practices with respect to your PHI;
- abide by the terms of this Notice; and
- notify you in the event of a breach of your PHI.

**2. What is Protected Health Information (“PHI”)?**

PHI is health information created, received, maintained, or transmitted by a Plan that identifies (or may be used to identify) an individual. The information may appear on paper or in any other form. It does not include employment records held by the School District of Philadelphia in its role as employer.

**3. When will the Plans use or disclose my PHI?**

The Plans must:

- disclose your PHI to you or your personal representative within the legally specified period following a request;
- make your PHI available to the U.S. Department of Health and Human Services when it requests information relating to the privacy of PHI in the Plans; and
- use or disclose your PHI where otherwise required by applicable law.

The Plans, and the individuals who administer them, may use, create, receive or disclose your PHI for treatment, payment or health care operations without obtaining a written authorization from you. These activities cover a broad range of functions, including:

- Treatment. The Plans may disclose PHI to your providers for treatment.  
*Examples.* The provision of care (diagnosis, medical procedures, etc.) or the coordination or management of that care.
- Payment. The Plans may use and disclose your PHI to pay benefits.  
*Examples.* Receiving claims or bills from your health care providers, processing payments, sending Explanations of Benefits (EOBs) to the employee/or former employee enrolled in the Plan, precertifying hospital admissions or otherwise reviewing the medical necessity of services, conducting claim appeals and coordinating with other parties (or recovering amounts from them) in connection with benefit payments under the Plan.
- Health Care Operations. The Plans may use and disclose your PHI for Plan operational purposes.  
*Examples.* Enrollment functions and verifications, various activities under disease management programs, audits of vendor performance, underwriting, retention of stop loss coverage and collection of financial and other data used in making Plan design decisions.

The Plans may use and disclose your PHI to provide you with appointment (or treatment) reminders, information about treatment alternatives or information about other health-related benefits and services relevant to your situation.

However, there are specific exceptions, where authorization will be required for the use or disclosure of PHI:

- almost every use or disclosure of psychotherapy notes (if the Plans have any) that does not involve your own request for the information, a request by a government oversight agency, a threat of serious and imminent harm, or defense against litigation;
- marketing, except face to face communications between a Plan and the individual or the provision of a promotional gift of nominal value ; and
- the sale of PHI, as defined by HIPAA.

For marketing or sales that involve the payment of remuneration, the authorization must generally state that remuneration is being paid. With the exception of the Plan for long term care insurance, the Plans may not use PHI that is genetic information for underwriting.

Our Plans contract with other businesses and individuals for the performance of certain services. Each of these "business associates" may create, obtain, use and disclose your PHI for purposes of performing services for or on behalf of the Plans as long as the business associate agrees in writing to protect the privacy of your information and meet other specified requirements. Certain business associates may also use and disclose PHI for their own management, administration and legal responsibilities (and for purposes of aggregating data with data obtained from other clients for evaluation of the Plan's design and other appropriate Plan purposes). Business

associates (and insurers) maintain most of the PHI under the Plans and conduct most of the activities that involve PHI.

In certain circumstances, and under certain conditions, Plans, or insurers offering benefits under the Plans, may disclose PHI to the School District of Philadelphia. Ordinarily these disclosures are limited to enrollment information and information necessary for administration of the Plans.

A Plan may disclose PHI to other health plans, health care providers, and health care clearinghouses (which translate electronic health information from one format to another) for purposes of their own provision of treatment, payment, or in certain cases, health care operation services (such as quality assurance, case management, care coordination, licensing, credentialing and the detection of fraud and abuse). Where the disclosure is to another Plan covered by this Notice, disclosure is permitted for all health care operations.

In most situations, reasonable measures will be taken to limit the use and disclosure of PHI to the individuals who need it and to the amount of information necessary to perform a particular function. As an example, the School District of Philadelphia will not obtain any information about an individual's use of the School District of Philadelphia Employee Assistance Plan ("EAP") without written authorization. If individually identifiable information is appropriately removed from PHI, the non-identifiable information may be used or disclosed without authorization. Thus, the School District of Philadelphia may monitor how many employees have used the EAP in a month, but will not know who they are.

#### **4. Under what other circumstances will my PHI be used or disclosed?**

The Plans are also permitted to use or disclose your PHI, without obtaining a written authorization from you, in the following circumstances:

- For certain required public health activities (such as reporting disease outbreaks);
- To prevent serious harm to you or other potential victims, where abuse, neglect or domestic violence is involved;
- To a governmental agency for the purpose of conducting health oversight activities authorized by law;
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request or other lawful process;
- For a law enforcement purpose to a law enforcement official if certain legal conditions are met (such as providing limited information to locate a missing person);
- For research studies (such as research related to the prevention of disease or disability) that meet other requirements designed to protect your privacy;
- To avert a serious threat to the health or safety of you or any other person;
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs; and
- When otherwise required by law.

**5. What if the circumstances described in items 3 and 4 do not apply?**

If items 3 or 4 do not apply, the Plans may not use or disclose your PHI unless you authorize the use or disclosure in writing. However, if the data that identifies you in the PHI is appropriately removed, this non-identifiable information may then be used or disclosed without your authorization.

**Note.** If you have questions or a problem relating to a claim, a network provider or other matter pertaining to a particular benefit option, you will be directed to an appropriate contact person with the relevant business associate or other vendor to resolve the matter. If it is necessary for the School District of Philadelphia to assist you directly in resolving the issue, you may be requested to complete an authorization form.

**Note.** Your family members will not automatically be provided with access to your PHI on their request. However, Explanations of Benefits ("EOBs") and other claim decisions will continue to be sent to the employee or former employee who enrolls in a Plan. In addition, on request, the Plan will provide your PHI to any family member or other person who demonstrates that he or she is your personal representative or whom you appropriately authorize to have access to your PHI.

**6. How do I authorize a release of my PHI from a Plan?**

You will need to complete a prescribed written authorization form. You may revoke your authorization in writing at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

**7. Do State or Commonwealth Privacy Laws also apply to PHI?**

A federal law referred to as "ERISA" often preempts state and Commonwealth law from applying to the Plans, particularly where benefits are self-insured. If state or Commonwealth law is not preempted, state or Commonwealth law may impose stricter privacy protections or furnish you with greater rights with respect to your own PHI. If you have a question about your rights under any particular federal, state or Commonwealth law, please contact the School District of Philadelphia HIPAA Privacy Officer or, where applicable, your insurer.

**8. What are my individual rights with respect to my PHI?**

You have the right to:

- Inspect and obtain a copy of certain of your own PHI held by a Plan. For certain types of PHI and in certain situations, your request may be denied. For example, you may not obtain access to information compiled in reasonable anticipation of a trial or administrative proceeding. A determination will be made whether to grant or deny your request. The Plans will provide PHI to you in the form you request if they can readily produce the PHI in that form. If you submit a signed written statement that clearly designates someone else to receive PHI that you request, the Plans will provide the PHI to that person.
- Request a Plan to restrict its uses and disclosures of your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan is not generally required to agree to a requested restriction, but will in certain circumstances.
- Request that a Plan's confidential communications of your PHI be sent to another location or by alternative means. The Plan is not required to accommodate your request unless your request is reasonable and you state clearly that the Plan's

ordinary communication process could endanger you. You will need to renew this request upon a change in your plan options or administrators.

- Request that a Plan amend certain of your records if you believe the information is incorrect or incomplete. Your request must specify the reasons for the amendment. A determination will be made whether to grant or deny your request.
- Receive information about when your PHI has been disclosed to others. Certain exceptions apply to this rule. For example, the Plan does not need to account for disclosures made for reasons of treatment payment or health care operations; for disclosures made to you or with your written authorization; or for disclosures that occurred more than six years before your request.

Certain administrative rules may apply to these individual rights. For example, you may be required to submit a request in writing or on a prescribed form, and you may be charged the cost of copying and postage. Where a response to your request is appropriate, it will ordinarily be provided to you in writing.

You may exercise your individual rights by submitting a written request to the School District of Philadelphia HIPAA Privacy Officer, 440 North Broad Street, Suite 313, Philadelphia, PA 19130 or [hipaa@philasd.org](mailto:hipaa@philasd.org). Alternatively, you may submit a request to your Service Administrator or insurer. In most cases, these entities have agreed to process your requests directly, but their actions may be limited to the information that they possess or control. However, given that these entities hold most of the PHI maintained under a Plan and would likely be involved in any formal HIPAA requests made to the School District of Philadelphia, you may find that contacting them directly provides a more focused, efficient, and private approach.

You may also request a paper copy of this Notice from the School District of Philadelphia at any time.

**9. How do I make a complaint if I think my rights have been violated?**

You may file a complaint with the School District of Philadelphia Chief Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by any Plan. Their addresses are available under contact information below. All complaints must be filed in writing. Federal law prohibits retaliation against any employee for filing a complaint.

**10. Who is the Plans' Information Privacy Contact?**

If you have any questions about this Notice or a complaint relating to how your PHI is handled, please contact the School District of Philadelphia HIPAA Privacy Officer:

HIPAA Privacy Officer  
The School District of Philadelphia  
440 North Broad Street  
Suite 313  
Philadelphia, PA 19130  
[hipaa@philasd.org](mailto:hipaa@philasd.org)

**11. How do I contact the federal government if I want to make a complaint or inquiry?**

To contact the Secretary of the U.S. Department of Health and Human Services, write to:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll free: 1-877-696-6775  
<http://www.hhs.gov/contacts>

**12. What is the effective date of this Notice?**

This Notice is effective May 1, 2016.

**13. Can this Notice be changed?**

Each Plan reserves the right to change the terms of this Notice with respect to its privacy and information practices and to make the new provisions effective for all PHI it maintains, consistent with legal requirements. Any revisions (or amended Notice) will be provided to you electronically or on paper, as appropriate.