

NOTICE OF PRIVACY PRACTICES UNDER THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996

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 shall also inform you of who you may contact in the event of questions, or if you would like to receive an accounting of all disclosures of your protected health information.

Issue Date of This Notice: December 1, 2008

Your school district employer sponsors and maintains a group health plan, San Diego & Imperial County Schools Fringe Benefits Consortium (the "Plan"), for the benefit of its employees [and their eligible dependents]. This notice defines the privacy practices of the Plan as it relates to employees, covered dependents, and if applicable, retirees. This notice describes how the Plan may use and disclose protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes as permitted or required by law.

The Plan understands that your medical information, and that of your dependents, is personal. The Plan is committed to protecting this information. The Plan is required under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to maintain the privacy of your protected health information. The Plan has appointed a privacy officer and each member of the privacy implementation team has been properly trained to perform his/her work functions. On occasion, the Plan may be in possession of your PHI. The Plan is required by law to make sure that your medical information is kept private, when obtained, and to give you notice of our legal duties and privacy practices. The Plan is required to abide by the terms of this Notice so long as it remains in effect. The Plan reserves the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by the Plan. If the Plan makes material changes to its privacy practices, copies of revised notices will be mailed to all participants, and posted in the workplace.

WHERE TO GO TO GET COPIES OF OUR CURRENT PRIVACY NOTICE:

Location: San Diego & Imperial County Schools Fringe Benefits Consortium
Address: 6401 Linda Vista Road, #505, San Diego, CA 92111-7399
Telephone: (858) 569-5347
Website Address: <http://www.sdcoe.net/business2/risk/HIPAAprivacypracticesnotice.pdf>
Contact Person or Department: Fringe Benefits Consortium, Privacy Officer

DEFINITIONS

Group Health Plan or the "Plan" means, for purposes of this Notice, the San Diego & Imperial County Schools Fringe Benefits Consortium sponsored and maintained by your School District for the benefit of its employees [and their eligible dependents]. As part of the Plan, employees and their dependents may be eligible for the following benefits: medical, mental health, prescriptions, and chiropractic/acupuncture.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by the Plan, its business associates, or your employer and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Plan uses and discloses PHI without your written authorization. For each category of uses and disclosures, this notice will explain the types of uses and disclosures the Plan is permitted to make and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be

listed. However, all of the ways the Plan is permitted or required to use and disclose PHI will fall within one of the categories.

Uses and Disclosures for Payment – The Plan and its business associates may use and disclose PHI, without your written authorization, as necessary for payment purposes. Payment purposes includes billing, claims management, medical necessity reviews, utilization reviews, eligibility determinations, coverage determinations, and other related health care data processing services. For example, the Plan may use information regarding medical procedures and treatment you have undergone to process and pay claims for these services.

Uses and Disclosures for Health Care Operations – The Plan and its business associates may use and disclose your PHI, without your written authorization, as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

Business Associates – At times the Plan will use outside persons or organizations to help provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help process your claims. At times it may be necessary for the Plan to provide certain of your PHI to one or more of these outside persons or organizations, known as business associates. The Plan will not disclose PHI to business associates unless the Plan receives satisfactory assurance that the business associate will appropriately safeguard PHI.

Plan Sponsor – The Plan and its business associates may disclose your PHI to the Plan Sponsor, American Health Holdings, Multiplan, Behavioral Health Providers, and Express Scripts, for payment or health care operations purposes. The Plan Sponsor has amended its plan document to protect PHI as required by the Privacy Rule. The Plan Sponsor will obtain an authorization from you if it intends to use or disclose your PHI for purposes unrelated to payment or health care operations.

Others Involved in Your Care – If you agree to the disclosure or have been given an opportunity to object and have not objected, the Plan and its business associates may disclose your PHI to your family, friends, and others identified by you, if the information is relevant to your family or friend's involvement with your care or payment for it. In the event you are unavailable or become incapacitated, the Plan may, in the exercise of professional judgment, share your PHI, but only if the Plan determines it to be in your best interests.

De-Identified Information – The Plan and its business associates may use or disclose PHI to create information that is not individually identifiable health information. For example, the Plan may create a summary of the Plan's health claims history, without identifying individuals, which may be used to shop for a new group health insurance policy to cover the Plan's participants.

Other Uses and Disclosures – The Plan may make certain other uses and disclosures of your PHI without your authorization.

- The Plan may use or disclose your PHI for any purpose required by law.
- The Plan may disclose your PHI to the proper authorities for law enforcement purposes. For example, the Plan may disclose PHI in response to a subpoena, to identify and locate persons, if someone is believed to be a victim of a crime, or if a crime has been committed on the premises.
- The Plan may disclose your PHI for public policy uses and disclosures, such as to coroners, medical examiners, and/or funeral directors, if the disclosure is consistent with law, or for cadaveric organ, eye, or tissue donation, or for research purposes, but only as permitted by law.
- The Plan may use or disclose PHI, consistent with applicable law and standards of ethical conduct, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- The Plan may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations. The Plan may disclose PHI to a public health or other governmental authority authorized to receive reports of child abuse or neglect. Disclosures for public health activities might also include reporting product defects, tracking FDA-regulated products, enabling product recalls, repairs, or replacements, or to conduct post-marketing surveillance. Other disclosures for public health activities might include circumstances in which you have been exposed to a communicable disease.

- The Plan may also disclose your PHI to a government authority if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence. In this event, the Plan will notify you of the disclosure unless, in the exercise of professional judgment, the Plan believes informing you would place you at risk of serious harm or, if you have a personal representative, the Plan believes the personal representative is responsible for the abuse, neglect, or domestic violence and disclosure would not be in your best interest.
- The Plan may disclose your PHI if authorized by law to a health oversight agency (e.g., a state insurance department) conducting audits, investigations, licensure or disciplinary actions, or civil or criminal proceedings relating to the oversight of the health care system, government benefit programs, or other regulated activities.
- The Plan may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- The Plan may use or disclose your PHI if you are a member of the Armed Forces and disclosure is deemed necessary by appropriate military command authorities. The Plan may also use or disclose your PHI for other specialized government functions such as national security or intelligence activities, protective services for the President and others, law enforcement custodial situations, or public benefit programs.
- The Plan may disclose your PHI to the extent necessary to comply with workers' compensation laws.
- The Plan will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable state or federal laws, other than HIPAA, prohibit or materially limit our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

The Plan and its business associates must obtain your authorization before using or disclosing psychotherapy notes recorded by a mental health professional documenting or analyzing the contents of a conversation with you during private counseling sessions. This limitation does not include summary information about your mental health treatment. Psychotherapy notes can be used or disclosed without your authorization if the Plan needs to defend itself in a legal action or other proceeding brought by you, for professional oversight of the therapist, in certain instances to a coroner or medical examiner, or if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

RIGHTS THAT YOU HAVE

Right to Access to Your PHI – You have the right of access to inspect and obtain a copy of your PHI that the Plan maintains in a “designated record set,” for so long as that information is maintained in a designated record set. Requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative. The information will be provided within 30 days (or 60 days if the information is maintained offsite); the Plan is entitled to one 30-day extension. The Plan may charge you a fee for copying and postage. A form is available for completion for this purpose; see below for contact information. The Plan can deny you access to psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. HIPAA allows the Plan to deny access on certain other specified grounds. If access is denied, the Plan will provide you with a written statement of the basis for the denial and, if applicable, a statement of your right to a review of the Plan’s denial of access.

Amendments to Your PHI – You have the right to request an amendment of PHI or a record in a designated record set that the Plan maintains about you for so long as the PHI is maintained in a designated record set. The Plan is not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from the Plan at the address below. The Plan will act within 60 days of receipt of your written request; the Plan is entitled to one 30-day extension. If the Plan denies the requested amendment, a written explanation will be provided. You may then submit a written statement disagreeing with the denial; your written statement will be included with future disclosures of your PHI.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures of your PHI made by the Plan. Examples of disclosures that the Plan is required to account for include those to state insurance departments, pursuant to valid legal process, or for certain law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your personal representative. Accounting request forms are available from the Plan at the address below. The first accounting in any 12-month period is free; however, the Plan may charge you

a reasonable fee for each subsequent accounting you request within the same 12-month period. The Plan will provide a written response within 60 days of receipt of your request; the plan is entitled to one 30-day extension.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on uses and disclosures of your PHI to carry out treatment, payment, or health plan operations (as described above). You also have the right to request restrictions on the use or disclosure of your PHI to family, friends, or other persons identified by you who are involved in your care or payment for your care. For example, you may request that the Plan not disclose your PHI to your spouse. You will be required to complete a form to request the restriction; your request must describe in detail the restriction you are requesting. The Plan is not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. Notwithstanding your requested restriction, the Plan may use or disclose your PHI in certain circumstances if you require emergency treatment, or as otherwise required by law or regulation. The Plan retains the right to terminate an agreed-to restriction if the Plan believes such termination is appropriate. In the event of a termination by the Plan, the Plan will notify you of such termination, and the termination will not be effective until you have been informed of it. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting the Plan at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address, including e-mail addresses. The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Plan at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Your Authorization – Except as outlined in this notice, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Your Obligation to Notify Us of Changes – It is your responsibility to notify the plan sponsor of any changes, including name, address, change of personal representative, or other pertinent changes that have occurred which may affect the way we use or disclose information. Please contact us in writing with any changes.

FURTHER INFORMATION OR FORMS DISTRIBUTION

If you have any questions regarding this notice, or for distribution of any of the forms mentioned in this notice, please contact:

Attn: Privacy Office of San Diego & Imperial County Schools Fringe Benefits Consortium
Address: 6401 Linda Vista Road, #505, San Diego, CA 92111-7399
Telephone: (858) 569-5347
Secure Fax Number: (858) 569-5086