

**OAKLAND COUNTY HUMAN RESOURCES**  
**Health Insurance Portability and Accountability Act (HIPAA)**

The attached notice is being provided to you as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This act provides for a number of things including allowing persons to move from one job to another without jeopardizing their eligibility for health care (the “Portability” part). It also requires that health plans and doctors, hospitals and other providers adopt a standard set of communications to exchange claims and billing information.

This notice is being sent to you to comply with the “Privacy” standards set forth in the act. It explains how your “Protected Health Information” is used by the health plan and protected from unauthorized use. It also explains how you can request a review of this information.

**PURSUANT TO HIPAA THE PLAN IS OBLIGATED TO REQUEST THAT PARTICIPANTS SIGN AN ACKNOWLEDGMENT THAT THEY HAVE RECEIVED A COPY OF THE PLAN’S PRIVACY NOTICE.**

I acknowledge that I have received the County of Oakland Health Plans Notice of Privacy Practices.

Print Name \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Employee ID \_\_\_\_\_

# COUNTY OF OAKLAND

## HEALTH PLANS

### NOTICE OF PRIVACY PRACTICES

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**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.**

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This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that the Oakland County Health Plan, medical, dental and vision (the Plan) maintain the privacy of your protected health information (PHI) and provide you with this Notice, detailing the legal duties and privacy practices of the Plan with respect to your PHI. This notice describes how the Plan may use and disclose your PHI to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care.

In this notice, it is explained how the privacy of your PHI is protected, and how it will be allowed to be used and given out (“disclosed”). The Plan must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until the Plan replaces or modifies it.

The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Any revised Notice will be transmitted to you via inter-county mail, or via U.S. Mail if you have retired.

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#### **Uses and Disclosures of Protected Health Information**

The Plan must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

- **To You and Your Personal Representative:** The Plan may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
- **For Treatment:** The Plan may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, the Plan may disclose your PHI to health care providers in connection with disease and case management programs
- **For Payment:** The Plan may use and disclose your PHI for its payment-related activities and those of health care providers and other health plans, including for example:

- Obtaining premiums and determining eligibility for benefits
  - Paying claims for health care services that are covered by your health plan
  - Responding to inquiries, appeals and grievances
  - Coordinating benefits with other insurance you may have
- **For Health Care Operations:** The Plan may use and disclose your PHI for its health care operations, including for example:
    - Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
    - Performing outcome assessments and health claims analyses
    - Preventing, detecting and investigating fraud and abuse
    - Underwriting, rating and reinsurance activities
    - Coordinating case and disease management activities
    - Communicating with you about treatment alternatives or other health-related benefits and services
    - Performing business management and other general administrative activities, including systems management and customer service

The Plan may also disclose your PHI to other providers and health plans who have a relationship with you for certain of their health care operations. For example, the Plan may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

- **To Others Involved in Your Care:** The Plan may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, the Plan may discuss a claim determination with you in the presence of a friend or relative, unless you object.
- **When Required by Law:** The Plan will use and disclose your PHI if it is required to do so by law. For example, it will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. It will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.
- **For Matters in the Public Interest:** The Plan may use or disclose your PHI without your written permission for matters in the public interest, including for example:
  - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
  - Reporting adult abuse, neglect, or domestic violence
  - Reporting to organ procurement and tissue donation organizations
  - Averting a serious threat to the health or safety of others
- **For Research:** The Plan may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.
- **To Our Business Associates:** From time to time the Plan engages third parties to provide various services for it. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, the Plan will have a written contract with that third party designed to

protect the privacy of your PHI. For example, the Plan may share your information with business associates who process claims or conduct disease management programs on its behalf.

- **To Group Health Plans and Plan Sponsors:** Other plans, and the employers or other entities that sponsor them, may receive PHI from the Plan in the form of enrollment information. Certain plans and their sponsors may receive additional PHI from the Plan. Whenever the Plan discloses PHI to plans or their sponsors, they must follow applicable laws governing use and disclosure of your PHI.

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## Disclosures You May Request

You may instruct the Plan, and give your written authorization, to disclose your PHI to another party for any purpose. Your authorization is required to be on our standard form.

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## Individual Rights

**You have the following rights. To exercise these rights, you must make a written request on the Plan's standard form.**

- **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for the Plan to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. The Plan reserves the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, the Plan may charge a cost-based fee for preparing the summary. If your request for access is denied, the Plan will tell you the basis for its decision and whether you have a right to further review.
- **Disclosure Accounting:** You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures the Plan makes beginning on and after April 14, 2003. If you request this accounting more than once in a 12-month period, a fee may be charged covering the cost of responding to these additional requests.
- **Restriction Requests:** You have the right to request that the Plan place restrictions on the way it uses or discloses your PHI for treatment, payment or health care operations. The Plan is not required to agree to these additional restrictions; but if it does, the Plan will abide by them (except as needed for emergency treatment or as required by law) unless you are notified that the Plan is terminating the agreement.
- **Amendment:** You have the right to request that your PHI be amended in the set of records described above under Access. If your request is denied, the Plan will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in the Plan's records. If your request to amend the information is accepted, reasonable efforts will be made to inform others, including individuals you name, of the amendment.
- **Confidential Communication:** The Plan communicates decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that the Plan communicate with them using a reasonable alternative means or location. For example, an individual member may request that an Explanation of Benefits be sent to a post office box instead of to the subscriber's address

## Questions and Complaints

If you want more information about the Plan's privacy practices, or to make a request as outlined above, please contact:

**Employees:** Employee Benefits Unit, Department of Human Resources, County of Oakland, 2100 Pontiac Lk Rd, Waterford, MI 48328-0440 Telephone (248) 858-0545

**Retirees:** Retirement Unit, Department of Human Resources, County of Oakland, 2100 Pontiac Lk Rd, Waterford, MI 48328-0440 Telephone (248) 858-7592

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at [www.ocbenefits.com](http://www.ocbenefits.com).

If you are concerned that the Plan may have violated your privacy rights, or you believe that it has inappropriately used or disclosed your PHI and you want to file a complaint, contact the one of the two units listed above.

You also may submit a complaint to the U.S. Department of Health and Human Services. The Plan will provide you with their address to file your complaint upon request. The Plan supports your right to protect the privacy of your PHI. The Plan will not take action against you if you file a complaint with it or with the U.S. Department of Health and Human Services.