**BLUE SPRINGS R-IV SCHOOL DISTRICT BENEFIT PLAN NOTICES**

*Notice of Privacy Practices*

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE READ THIS NOTICE CAREFULLY.

**Uses and/or Releases of Protected Health Information (PHI)**

Blue Springs School District may use or release your Protected Health Information (PHI) forseveral very specific reasons. PHI is any information that identifies an individual and that relates to an individual’s physical or mental condition, the provision of health care services to such individual, or the payment for such health care services.

When releasing or using PHI, we will use the least amount of information necessary. If we need to use or release information in a way that is not generally described in this notice, we will contact you for your written permission before use or disclosure.

We may collect the following categories of information about you from the following sources:

· Information that we obtain directly from you, in conversations or on applications or on other forms which you may complete.

· Information that we obtain from your medical records or from medical professionals.

· Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service the health plan or carry out other related needs.

**Types of Uses or Release of information**

**Payment**

We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance in which you are participating. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

We may use and release your medical information so that your treatment and services may be billed and payment collected from other insurance companies or a third party.

**Health Care Operation**

We may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, conducting quality assessment activities, amending, replacing or adding benefits whether through insurance contracts or otherwise, and placing contracts for stop-loss insurance or reinsurance.

Other examples of Health Care Operations include such things as:

· Activities to analyze trends relating to improving health or reducing health care costs;

· Case management and coordination or health care;

· Utilization review, or

· Quality assurance activities (including audits by third parties).

**Health Oversight Activities**

We may release PHI to a health oversight agency for activities authorized by law. These activities are necessary for the government to oversee the health care system, compliance of benefits programs, and compliance with civil rights laws. Disclosures may occur through audits, investigations, licensure or disciplinary actions or civil, administrative or criminal proceedings. We will only release the minimum amount of information required by law.

**Health Related Benefits or Services**

We may use or release PHI for preventive treatment reasons. For example, families that have young children may be mailed a reminder card for immunizations and physical exams.

**Lawsuits and Disputes**

We may release PHI in response to a subpoena or court order. We may also release PHI in response to legal cases that directly involve Blue Springs School District. All other releases for lawsuits or investigations will be made only with your written permission.

**Release of Information to the Armed Forces**

If you are or were previously a member of the armed forces, we will release your PHI to the armed forces as required by law.

**As Required or Permitted by Law /or Public Safety**

We will release PHI when required or permitted to do so by law for public safety. Disclosures may be made to protect you from serious threat to your health of safety or to protect the health or safety of another person. We will only release the minimum amount of information needed and will follow specific legal guidelines.

**Government Security Clearances**

We may release PHI when required by law for government security clearances. We will only release the minimum amount of information needed for the clearance.

**Public Health Risks**

We may release PHI for public health activities. This includes reporting child abuse or neglect, adult abuse, unfavorable events, or product defect reporting. We will only release the minimum amount of information needed.

**Behavioral Health Information**

Behavioral Health Information may be mental health, or substance abuse notes. In the event that we do request behavioral health notes, it will be only with your written permission.

**Other Uses and Disclosures**

Other uses *and disclosures* will be made only with your written permission. You are permitted to discontinue such permission at any time in writing. Requests to discontinue permission to release information will be honored except when we have already taken action based on your permission to use or disclose the information.

**Right Related to Protected Health Information**

You have a right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

**Right to Request Restrictions on Uses and Disclosures**

You have a right to request limits on certain uses and releases of PHI for treatment, payment or health care operations. We will consider each request but we are not required to agree to any limits. To file a request with us, you must submit your request in writing, including as many details as possible. We will respond to your request within 45 days of receipt of the written request.

**Right to Receive Confidential Communications**

You have a right to receive confidential notices relating to PHI at a different address or by a type of notice other than US mail if sending this information could put you in danger. All requests for receiving notices in another way must be in writing and must state that the release of this information at the address in our records or through the US mail could be a danger to you. To file a request with us, you must submit your request in writing, including as many details as possible. We will respond to your request within 45 days of receipt of the written request.

**Right to Inspect and Copy Protected Health Information**

You have a right to review and ask for a copy of your PHI that is part of our records. This right does not apply to psychotherapy notes, information gathered to prepare for civil, criminal or administrative actions or proceedings, or where law does not permit the release. To file a request with us, you must submit your request in writing, including as many details as possible. We will respond to your request within 30 days of receipt of the written request.

**Right to Amend Protected Health Information**

You have the right to request that we change the information that *we* have in our records if you believe that the information is incorrect or incomplete. We may deny this request if we determine that the records are complete and accurate, or that we did not create the information you are requesting to change. To file a request with us, you must submit your request in writing including as many details as possible. We will respond to your request within 30 days of receipt of the written request.

**Right to Receive an Accounting of Disclosures**

You have a right to receive a listing of PHI disclosures that have been made other than (i) those made for treatment, payment or health care operations and (ii) those made prior to April 4, 2003. *To* file a request with us, you must submit your request in writing, including as many details as possible. We will respond to your request within 30 days of receipt of the written request.

**Our Responsibilities under this Notice**

*We are required by law t*o maintain the privacy of your personal health information and to provide you with this notice of our privacy practices and legal duties. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make any new provisions effective to all of the personal health information that we maintain about you. If we revise this notice, we will provide you with a revised notice by mail, or electronically within 60 days. If the notice is provided electronically, you have the right to request a paper copy of the revised notice.

**Our Practices Regarding Confidentiality and Security**

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Our Policy Regarding Dispute Resolution**

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgement upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

**Complaints**

You may complain either directly to us or to the Secretary of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated. To file a complaint with us, you must submit your complaint in writing, including as many details, such as names and dates, as possible. You will not be retaliated against in any way for filing a complaint.

Following is the address for filing a complaint:

 Shawn Roderick

Director of Human Resources and Employee Benefits

Blue Springs R-IV School District

1801 NW Vesper

Blue Springs MO 64015

**Contact Person for Obtaining Further Information**

To provide further information about any issue mentioned in the notice, please contact:

 Traci Slead

Benefit Specialist

Blue Springs School District

1801 NW Vesper

Blue Springs MO 64015