

Traverse City Area Public Schools PRIVACY NOTICE

**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.**

Our Commitment Regarding Your Protected Health Information

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. 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, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We 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 we replace or modify it.

We reserve the right to change our 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. Before we make a material change to our privacy practices, we will mail a revised notice to our health plan subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state law requires us to condition the disclosure on the recipient's promise to obtain your written permission to disclose to someone else.

USE AND DISCLOSURE OF HEALTH INFORMATION

Traverse City Area Public Schools ("TCAPS") may use health information that is protected by the Privacy Rule promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. TCAPS has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment. TCAPS will use and disclose your PHI to facilitate claims processing and payment. TCAPS will use health information to pay our Business Associates for claims processed on your (or a

covered spouse or dependent's) behalf and to assist covered members with claim questions and payment. TCAPS may disclose your PHI to providers of your health care, as permitted, to facilitate treatment, claims processing and claims payment. TCAPS will disclose your health information, for example, to a health care provider's office or facility as it relates to the plan in which you are enrolled, to facilitate your claims processing and payment. TCAPS periodically receives your PHI from our plan administrators (Business Associates), discloses your PHI to our plan administrators and uses health information to determine benefits payable and to make payment for benefit claims or services rendered and payable under the plan. TCAPS may disclose PHI to a health care provider or plan administrator for the purpose of health care fraud and abuse detection or compliance. TCAPS may also use and disclose your health information when you (or a covered spouse or dependent) request assistance with obtaining information related to the payment of claims or when questioning services covered under the plan. TCAPS may use or disclose a covered dependent's health information to a parent requesting assistance with obtaining information related to the payment of claims on the covered dependent's behalf or when questioning services for the covered dependent that may be payable under the plan.

To Conduct Health Care Operations. TCAPS may use or disclose health information for activities related to plan administration such as quality assessment and improvement, cost containment, care coordination, underwriting/rating, medical review, legal service, auditing and general administrative activities. For example, health information may be disclosed to obtain premium rating to create, renew or replace health insurance or health benefits for an employee group. Summary health care information will be used internally by TCAPS as part of the business planning and development process, including benefit cost management; analyses and general benefit plan administrative activities.

For Distribution of Health-Related Benefits and Services Information. TCAPS may use summary health information to provide plan participants with information on health-related benefits and services that may be of interest. For example, summary health information may be used to target general communications to all plan participants, providing them with information on benefits and services provided or generally available under the plan and/or providing participants with information they may use to better utilize plan benefits.

When Legally Required. TCAPS will disclose your health information when it is required to do so by any federal, state or local law.

To Conduct Health Oversight Activities. TCAPS may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. TCAPS, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care of public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by state law, TCAPS may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery require or other lawful process, but only when TCAPS makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, TCAPS may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if TCAPS has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety. TCAPS may, consistent with applicable law and ethical standards of conduct, disclose your health information if TCAPS, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, federal regulations require TCAPS to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

For Workers' Compensation. TCAPS may release your health information to the extent necessary to comply with laws related to workers' compensation or similar programs.

For Other Purposes. TCAPS may use or disclose your health information for other purposes for which the Health Plan is permitted to do so pursuant to the Privacy Rule without your written authorization or consent.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, TCAPS will not disclose your health information other than with your written authorization. If you authorize TCAPS to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that TCAPS maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on TCAPS disclosure of your health information to someone involved in the payment of your care. However, TCAPS is not required to agree to your request. If you wish to make a request for restrictions, please contact Ashley Wills at (231) 933-1720.

Right to Receive Confidential Communications. You have the right to request that TCAPS communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that TCAPS only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request, including a statement that the restriction is necessary to prevent a disclosure that could endanger you, in writing to the districts' privacy officer as addressed on page 5.

TCAPS will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the districts' privacy officer as addressed on page 5.

If you request a copy of your health information, TCAPS may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Amend Your Health Information. If you believe that your health information records are inaccurate or incomplete, you may request that TCAPS amend the records. That request may be made as long as the information is maintained by TCAPS. A request for an amendment of records must be made in writing to the districts' privacy officer as addressed on page 5.

TCAPS may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by TCAPS, if the health information you are requesting to amend is not part of TCAPS records, if the record may not legally be changed (such as information compiled in anticipation of a civil, criminal or administrative proceeding), the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if TCAPS determines the records containing your health information are accurate and complete.

Right to an Accounting. You have the right to request a list of certain disclosures of your health information that TCAPS is required to keep a record of under the Privacy Rule, such as disclosures that are not in accordance with the Plan's privacy policies and applicable law. The request must be made in writing to the districts' privacy officer as addressed on page 5.

The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. TCAPS will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. TCAPS will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact Ashley Wills at (231) 933-1720. You may also obtain a copy of the current version of TCAPS Privacy Notice at its Web site. www.tcaps.net.

DUTIES OF HEALTH PLAN

TCAPS is required by law to maintain the privacy of your health information as set forth in this Notice and to provide you this Notice of its duties and privacy practices. TCAPS is required to abide by the terms of this Notice, which may be amended from time to time. TCAPS reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If TCAPS changes its policies and procedures, TCAPS will revise the Notice and will provide a copy of the revised Notice

to you within 60 days of the change. You have the right to express complaints to TCAPS and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to TCAPS should be made in writing to the districts' privacy officer as addressed below.

TCAPS encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

TCAPS has designated a Privacy/Security Officer as its contact person for all issues related to the TCAPS Privacy Notice and your privacy rights. You may contact this person at:

Ashley Wills
Traverse City Area Public Schools
1009 S Oak St
Traverse City, MI 49685
Email: willsas@tcaps.net
Fax Number: (231) 933-1721

EFFECTIVE DATE

This Notice is effective April 14, 2003.