

BOARD OF COUNTY COMMISSIONERS

JEFFERSON COUNTY
301 MARKET STREET
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Commissioners

THOMAS G. GENTILE
DR. THOMAS E. GRAHAM
DAVID C. MAPLE, JR.

Clerk of the Board

LINDA L. PORTER

MEMORANDUM

TO: EMPLOYEES ENROLLED IN THE JEFFERSON COUNTY EMPLOYEE HEALTH PLAN

DATE: April 6, 2009

SUBJECT: IMPORTANT INFORMATION REGARDING THE OME-RESA HEALTH BENEFITS PLAN PRIVACY POLICY AND NOTICE OF PRIVACY PRACTICES

April, 2009

In April, 2003, new federal standards took effect regarding the privacy of an individual's health information. These standards are contained within the Health Insurance Portability and Accountability Act of 1996 (HIPAA). One of the standards requires that participants get access to a Notice of Privacy Practices when material changes are made, or at least every three years. The last notice was sent to employees in April, 2006.

Attached you'll find the Notice of Privacy Practices for OMERESA Member Organizations. The HIPAA regulations require that OMERESA Member Organizations provide employees with this information, which will advise you of the policies and privacy practices with regard to your Protected Health Information (PHI). PHI is defined as information about you, which is maintained by your employer to carry out certain health care operations such as eligibility, enrollment, payment of premiums and payment of claims on your behalf.

Any PHI received by trained personnel that service your OMERESA Health Benefits Plan is, and shall continue to be, handled in a confidential manner. In fact, measures are continually updated to ideally secure such information.

You are encouraged to review the attached HIPAA Privacy Policy and Notice of Privacy Practices for OME-RESA Member Organizations. Furthermore, please retain both documents for your personal files in a safe place.

Please feel free to contact this office if you have any questions.

Sincerely,

BOARD OF COUNTY COMMISSIONERS

DR. THOMAS E. GRAHAM, CHAIRMAN

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Attachments

Neither this notice nor any of the other documentation referenced in this notice requires any response from you. This notice does not constitute personal legal advice and should not be construed in that manner.

**NOTICE OF PRIVACY PRACTICES
FOR OMERESA MEMBER ORGANIZATIONS**

Effective Date: April 14, 2009

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.

If you have any questions about this notice, please contact the Jefferson County Commissioners' Office, 301 Market Street, Steubenville, OH 43952, 283-8500.

Who Will Follow the Requirement of This Notice?

This notice describes the aforementioned OMERESA Member Organization's (The Jefferson County Employee Health Plan) practices and those of its employees and business associates. The Jefferson County Employee Health Plan an OMERESA Member Organization, its employees, and its business associates may share medical information with each other for the purposes of treatment, payment, or other operations of the Jefferson County Employee Health Plan as described in this notice.

Privacy of Health Information

We understand that medical information about you and your health is personal. This notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations that we have regarding the use and disclosure of medical information. We are required by law to:

- Assure the medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Use and Disclosure of Medical Information

The following describes the different ways that we may use and disclose medical information. Generally, private health information may be released without your authorization for the purposes of treatment, payment, or other healthcare operations of the Jefferson County Employee Health Plan. Medical information may also be released for the following purposes:

- As required by law.
- For public health services.
- In connection with the investigation of abuse, neglect, or domestic violence.
- To health oversight agencies in connection with health oversight activities.
- For judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners, medical examiners, and funeral directors.
- For research if a waiver of authorization has been obtained.
- To prevent serious and imminent harm to the health or safety of a person or the public.
- For specialized governmental functions.
- For military and veterans activities.
- For national security and intelligence.
- For protective services for the President and others.
- To the Department of the State to make medical suitability determinations.
- To correctional institutions and law enforcement officials regarding an inmate.
- For workers' compensation if necessary to comply with the laws relating to workers' compensation and other similar programs.

Rights Regarding Medical Information

You have the following rights regarding medical information that we maintain about you:

- **Right to Inspect and Copy** You have the right to inspect and copy medical information that may be used to make decisions about you, including medical and billing records. To inspect and copy medical information about you, you must submit your request in writing to the Jefferson County Commissioners' Office. If you request a copy of this information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances, and if you are denied access to medical information, you may request that the denial be reviewed.
- **Right to Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Jefferson County Employee Health Plan (OMERESA Member Organization). To request an amendment, your request must be made in writing and submitted to the Jefferson County Commissioners' Office. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or properly supported by a reason; or the information was not created by us; is not part of the medical record kept by Jefferson County; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting** You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about you. To request this list, you must submit your request in writing to the Jefferson County Commissioners' Office. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2009. Your request must also indicate in what form you want the list (for example, on paper or electronically). The first list that you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any cost is incurred.
- **Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information that we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make a written request to the Jefferson County Commissioners' Office telling us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example disclosures to your spouse.
- **Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example by mail or only at work. To request confidential communications, you must make your request in writing to the Jefferson County Commissioners' Office and specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a copy of this notice by contacting the Commissioners' Office.

Changes to This Notice

We reserve the right to make changes to this notice, and to make the revision or change applicable to medical information we already have about you. We will post a copy of the current notice in each County Building.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Jefferson County Employee Health Plan. To file a complaint, please contact the Jefferson County Commissioners' Office, 301 Market Street, Steubenville, Ohio 43952, (740) 283-8500. All complaints must be

submitted in writing. You can also complain to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201-0004, (800) 368-1019.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. However, we will not be able to take back any disclosures that we already made during any period in which your permission was in effect.

Adopted: April, 2009