

Notice of Privacy Practices – Issued for the Group Health Plans sponsored by the school districts and municipalities that participate in the Delaware County Public Schools Healthcare Trust

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE DATE AND ISSUE DATE: 5/18/2021

The Delaware County Public Schools Healthcare Trust (the “Trust”) is the Plan Administrator of the group health plans sponsored by school districts and municipalities that participate in the Trust. These group health plans are referred jointly throughout this Notice as the “Plan”. This Notice applies to all individuals who participate in the Plan.

Our Responsibilities

The Plan understands that information about you and your health is personal. As a result, this Notice will describe your rights and certain obligations that the Plan has regarding the use and disclosure of your health information. This Notice applies to all records of medical expenses submitted and/or reimbursed under the Plan but this Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

It is the Plan’s responsibility under State and Federal law to maintain the privacy of your health information. The Plan must also give you this Notice of its legal duties and its privacy practices, and it must follow the terms of the Notice that is currently in effect.

The Plan reserves the right to change this Notice and to make the new provisions effective for all health information it maintains as well as any health information it receives in the future. If the Notice is changed, a revised version of the Notice will be provided in hard copy to all past and present participants and beneficiaries for whom the Plan still maintains protected health information. You also have a right to request a paper copy of this Notice at any time.

The term “Protected Health Information” (“PHI”) includes all individually identifiable health information (including genetic information) transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

HOW THE PLAN MAY USE OR DISCLOSE YOUR PHI

The Plan is self-insured so the Plan has entered into agreements with third party administrators (“TPAs”) to

administer the Plan on a day to day basis including reviewing and reimbursing any and all claims submitted for reimbursement. As a result of TPAs handling the day to day administration of the Plan, the Trust, as the Plan Administrator receives very little PHI.

The Plan has, however, adopted general policies and procedures that will be followed when the Plan uses and/or discloses PHI. In addition, the Trust (when acting on behalf of the Plan) and the Plan’s TPAs are required to follow these general policies and procedures when administering the Plan. Shown below is a summary of these policies and procedures.

Uses and Disclosures that are Required

Upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it. In addition, the use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan’s compliance with the privacy and security regulations.

Uses and Disclosures to Carry Out Payment and Health Care Operations

The Plan and its business associates may use or disclose PHI without your authorization or opportunity to agree or object in order to carry out treatment, payment and health care operations.

Treatment includes but is not limited to determining your eligibility for services requested by your physician. While the Plan generally does not use or disclose PHI for treatment, the Plan is permitted to do so if necessary.

Payment includes but is not limited to, actions to make coverage determinations and payment (including billing, claims management, and plan reimbursement). It includes the act of determining whether particular medical costs are reimbursable under the Plan. The information may identify you, your diagnosis and treatment, and supplies used in the course of treatment.

Health Care Operations include, but are not limited to, general administrative and business functions such as quality assessment and improvement, business planning and cost management purposes. It also includes arranging

for legal services and auditing functions including fraud and abuse compliance programs. This PHI may identify you, your diagnosis and treatment, and supplies used in the course of treatment. Without exception, however, the Plan will never use your genetic information for underwriting purposes.

Uses and Disclosures to the Trust as Plan Administrator and/or to the School District or Municipality as Plan Sponsor

The Plan may disclose PHI to the Trust, as the Plan Administrator, or the school district or municipality for which you work for plan administration functions such as claims processing, auditing or to investigate a potentially fraudulent claim when the Trust and/or the school district or municipality for which you work has amended its Plan documents to protect your PHI as required by federal law. In addition, the Plan may disclose PHI to the Trust and/or the school district or municipality for which you work when authorized by you in writing (See **Upon Your Authorization** below). This information may identify you, your diagnosis, and treatment or supplies used in the course of treatment. However, at no time will the Plan disclose PHI to the Trust and/or the school district or municipality for which you work for employment-related actions or decisions unless otherwise authorized by you.

In addition, the Plan may use or disclose “summary health information” to the Trust and/or the school district or municipality for which you work for the purpose of making decisions regarding modifying, amending or terminating the Plan. This summary health information may include claims history, claims expenses or type of claims experienced by individuals for whom the Trust and/or the school district or municipality for which you work has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA. This material will be provided in a manner that is consistent with federal law.

Finally, the Plan may disclose to the Trust or to the school district or municipality for which you work information on whether you are participating in the Plan.

Uses and Disclosures for which Authorization or the Opportunity to Object is Not Required

Required by Law - The Plan may use and disclose PHI about you as required by law. For example, the Plan may disclose PHI for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority such as a subpoena.
- To report information related to victims of abuse, neglect, or domestic violence where there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence.
- To assist law enforcement officials in their law enforcement duties.

For Public Health - Your PHI may be used or disclosed for public health activities, such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Upon Your Death - Your PHI may be disclosed to funeral directors or coroners, if permitted by law, to enable them to carry out their lawful duties. Your PHI may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

For Health and Safety or Government Functions - Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law. Your PHI may be disclosed for specialized government functions, such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation - Your PHI may be used or disclosed when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Business Associates – There are some services the Plan provides through contracts with business associates. For example, as explained earlier, the Plan has entered into agreements with TPAs to administer the Plan from day to day. To protect your PHI, the Plan requires its business associates to sign written agreements which state that they will protect the privacy of your PHI. Generally, a business associate may use and disclose PHI for the purposes set forth in this Notice. In addition, the law requires Business Associates to comply with HIPAA.

Upon Your Authorization - In all situations other than those described above, the Plan can ask for your written authorization (on forms provided by the Privacy Officer) before using or disclosing PHI about you, even when you are requesting the disclosure to a third party. For example, if you want an employee of the Trust to act on your behalf to resolve a disputed claim under the Plan, you will need to complete a written authorization stating the Trust's authority to act on your behalf. Further, while the Plan has never sold your PHI or used your PHI for marketing purposes, if it ever wanted to do so, it would need to get your authorization first.

You may always refuse to sign an authorization. Please be aware that once your information has been disclosed, the Plan has no control over any re-disclosure by the recipient. You may always revoke an authorization in writing. Except to the extent that the information has already been used or disclosed, the Plan will abide by your request to revoke your authorization.

HOW OTHER PERSONS (OTHER THAN THE PLAN) MAY USE OR DISCLOSE YOUR PHI

In addition to those disclosures allowed by the Plan, your PHI may be disclosed by other persons that are subject to

the privacy and security rules under federal law. For instance, your PHI may be disclosed to the school district or municipality for which you work by a health care provider if:

- The care is provided to you at the request of the school district or municipality;
- The PHI disclosed is about a work-related illness or injury or a workplace-related medical surveillance;
- The disclosure is required by federal or state law; and
- At the time the care is provided, the provider notifies you in writing that PHI related to medical surveillance and work-related illnesses and injuries are going to be disclosed to the school district or municipality.

MINIMUM NECESSARY STANDARD

Except in those situations set forth below, when using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. The exceptions are:

- Disclosures to a health care provider for treatment;
- Disclosures to you about your PHI;
- Disclosures to the Secretary of the Department of Health and Human Services;
- Disclosures required by HIPAA Privacy Regulations;
- Disclosures which you authorize; or
- Disclosures required by law.

To the extent practicable, this means that the Plan and its Business Associates will only disclose a limited data set. A limited data set is information where individually identifiable information about you is removed except that your age, address (city, State and zip code only) and dates (if reasonably necessary for the purpose of the disclosure) may be retained. The Plan must determine what is reasonably necessary based on the request that it receives.

SECURITY OF EPHI

The Plan and its Business Associates will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of your electronic protected health information (“EPHI”) that it creates, receives, maintains or transmits.

YOUR PHI RIGHTS

Right to Request Restrictions and Confidential Communications related to PHI Uses and Disclosures

You may request that the Plan restrict uses and disclosures of your PHI to carry out payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request. The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations. However, the Plan will notify you if it is unable to agree to a requested restriction on how your information is used or disclosed.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the Privacy Officer at the address set forth at the end of the Notice.

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set,” for as long as the Plan maintains the PHI.

“Designated Record Set” includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by, or for, the Plan; or other information used in whole or in part by, or for, the Plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested PHI will be provided within 30 days if the PHI is maintained on site or within 60 days if the PHI is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the Privacy Officer at the address set forth at the end of the Notice.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the Department of Health and Human Services.

You may be charged for the costs of copying, mailing, or other supplies directly associated with your request for your PHI.

Right to Request that Your PHI be Amended

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. This

request must be in writing and provide a reason to support the requested amendment.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to act on the amendment within the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the Privacy Officer at the address set forth at the end of the Notice.

You or your personal representative will be required to complete a form to request the amendment of the PHI in your designated record set.

Right to Receive an Accounting of Designated Record Set Disclosures

At your request, the Plan will also provide you with a list of instances in which the Plan disclosed your PHI except for those disclosures exempted by law, for example, those for treatment, payment or healthcare operations purposes, and those authorized by you or your representative. Your request must state a time period which may not be longer than six (6) years (you may request a shorter time period).

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if we give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Exercising Your Rights Through A Personal Representative

You may exercise your PHI rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or be allowed to take any action for you.

Generally, except where otherwise provided by state law, the Plan will treat the parent or guardian of an unemancipated minor as the minor's personal representative with whom the Plan can share PHI.

The Plan retains discretion to deny access to PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of

the Department of Health and Human Services. Complaints to the Plan can be filed with the Privacy Officer at the address set forth at the end of the Notice. You will not be retaliated against for filing a complaint.

GENERAL OBLIGATIONS OF THE PLAN

The Plan is required to:

- Maintain the privacy of PHI, except as otherwise permitted under this Notice, under law or as authorized by you.
- Provide you with this Notice of the duties and privacy practices with respect to your PHI. Any revised version of this Notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this Notice.
- Abide by the general terms of this Notice or such other notice, as amended.
- Notify you if the Plan is unable to agree to:
 - a requested restriction on how your PHI is used or disclosed.
 - grant your request for access to your PHI.
 - grant your request for an amendment to your PHI.
- Account for disclosures of your PHI.
- Accommodate the reasonable requests that you may make to communicate PHI by alternative means or at alternative locations.

NOTICE IN THE EVENT OF A BREACH OF UNSECURED PHI

The Plan goes to great efforts to prevent a breach of your PHI and EPHI. As such, the Plan does not anticipate any such breach. In the unlikely event that PHI or EPHI that has not been rendered unusable, unreadable or indecipherable by technology approved by Health and Human Services (referred to as "unsecured PHI") is accessed, acquired or disclosed as a result of a security breach, the Plan will notify you and, if required by law, the Secretary of the Department of Health and Human Services. An acquisition, access, use or disclosure of PHI in a manner not permitted under HIPAA is presumed to be a breach unless the Plan or Business Associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of various factors. If the breach affects over 500 individuals within a designated State or jurisdiction, notice

will be provided to prominent media outlets in that State or jurisdiction.

RIGHT TO AMEND

The Plan reserves the right to amend, modify or alter its information practices and to make the new provisions effective for all PHI it maintains presently and in the future.

STATE LAW

State law may provide for additional protections for your PHI. If the Plan is notified of a state law providing for additional protection for your PHI, you will receive an additional required notice.

CONTACT INFORMATION

If you (i) have any questions or want additional information about this Notice or the policies and procedures described in the Notice, (ii) want to exercise any of the rights described in this Notice, or (iii) want to file a complaint, please contact:

Finance Manager
Plan Privacy Officer
Delaware County Public Schools Healthcare Trust
200 Yale Avenue
Morton, PA 19070

Please mark all communications (including the envelope and letter) to the Privacy Officer as “Confidential”.

NO CHANGE TO PLAN

Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Plan. You should refer to the specific Plan document for complete information regarding any rights or obligations you may have under the specific Plan.