

## Plan Participant Rights.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. These rights include the following:

### Get a copy of your health and claims records.

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. You must make a request in writing to the Trust Secretary to obtain access to any protected health information maintained by the BMHCT. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.

### Request restrictions on certain uses and disclosure of PH.

You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

### Request confidential communications of PHI.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. You must make your request in writing.

### Ask to amend protected health information.

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request an accounting of disclosure of PHI.

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask (three years for e-PHI disclosures) of request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Receive notice of breach.** If there is an unauthorized disclosure of your protected health information, we will notify you of this in writing and explain how you may mitigate any potential harm to you.

**Receive a privacy notice.** Plan participants receive this notice on enrollment and can request additional copies at any time. If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form.

**Genetic Information.** The Plan will not use or disclose your genetic information for underwriting purposes.

### Questions or Complaints.

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may complain to us using the contact information on the front of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services at: Office for Civil Rights, 200 Independence Ave SW, RM 509F, HHH Building, Washington, DC 20201, 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We support your right to protect the privacy of your protected health information. You will not be retaliated against or penalized, in any manner, for filing a complaint, participating in any legal proceeding regarding this policy, or opposing any unlawful act or practice conducted by the Plan. For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.



## HIPAA Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review it carefully. The privacy of your medical information is important to us. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Please contact the Privacy Officer using the information below for additional information or copies of this notice.

### Contact Information:

Alexandra Gamangasso, Trust Secretary  
c/o City of Boise, Human Resources  
PO Box 500  
625 West Idaho Street  
Boise, ID 83701-0500  
Phone: (208) 972-8093  
Fax: (208) 384-3868  
E-mail: [agamangasso@cityofboise.org](mailto:agamangasso@cityofboise.org)

### Changes to the Terms of This Notice.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and a copy will be provided to you.

Note: The Boise Municipal Health Care Trust is not insurance and does not participate in the Idaho Life & Health Insurance Guaranty Association.

## **Our Legal Duty.**

The Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulate the uses and disclosures of Protected Health Information (PHI) and provide you with important rights regarding access to and disclosure of PHI. This policy describes procedures used by the Boise Municipal Health Care Trust (Health Plan) to protect the privacy of employees of public agencies participating in the Trust, their dependents, and other persons covered by the Health Plan (covered persons). By law, the Health Plan must maintain the privacy of certain health information and provide persons covered by the Health Plan with a notice about its legal duties and privacy practices regarding Individuals. The Health Plan will only use protected health information as allowed in the HIPAA regulations.

Protected health information (PHI), includes any individually identifiable health information that is or has been electronically maintained or electronically transmitted by a covered entity, as well as such information when it takes any other form that is (1) created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual. The Health Plan is not an employer. It is a legal entity separate from the public agency employers that sponsor it.

The Health Plan reserves the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information

we created or received before we made the changes. You may request a copy of our notice at any time. This notice replaces any prior notice of privacy practices and takes effect on June 4, 2020, upon its passage and approval by the Board of Trustees, and will remain in effect until replaced.

## **Uses and Disclosure of Protected Health Information (PHI).**

The Health Plan receives PHI through health care and related professional vendors providing services to its beneficiaries and for plan administration. Unless otherwise permitted by law, your PHI generally cannot be disclosed to anyone or used for any purpose not expressly authorized by you in writing. However, the law recognizes that obtaining written authorization for certain types of disclosure and use of PHI would prove impractical or unduly cumbersome. No written authorization is required to use and disclose PHI as needed for medical treatment, payment of medical bills, and health care operations. A number of limited exceptions allow disclosure of PHI without written consent for certain legal, public health, and medical purposes. These examples are not meant to be exhaustive, but to describe the types and uses of disclosure that may be made by the Health Plan through its Business Associates in compliance with the HIPAA regulations.

## **Treatment, Payment, and Health Care Operations.**

The Plan does not need your written permission to disclose and use PHI for the following reasons:

**Payment** – The Plan may use and disclose your medical information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by the Plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to

the health plan in which you participate, and the like.

**Health Care Operations** – The Plan may use and disclose your medical information to rate our risk, to conduct quality assessment and improvement activities, to administer our dental coverage plan and FSA program, to manage our business, and the like. PHI will not be disclosed or used for any employment decisions. The Plan can disclose PHI to our business associates for authorized plan administration needs. All business associates must enter contracts agreeing to safeguard PHI from the Plan.

## **Legal, Public Health, and Related Purposes.**

Other exceptions, for use and disclosure of PHI are permitted under law without written consent, include the following: legal compliance required by federal, state, or local law or regulations; inquiries by appropriate authorities for reporting abuse, neglect, or domestic violence; suspicion of a crime or death due to a crime for the suspect or victim; public health and safety to prevent or control disease; health oversight activities, including audits and investigations; Coroners and medical examiners for identification purposes or determinations into cause of death; organ or tissue donors information given to entities for facilitating donations or transplants; and disclosure for research purposes, workers compensation, and military or national security functions. While your written consent is not legally required for the above listed disclosures, the Plan is legally obligated to release only the minimum necessary PHI to carry out these authorized functions. Written consent is needed for disclosure of psychotherapy notes and use of PHI for marketing purposes.