

Effective April 14, 2004
Originally Issued June 1, 2006
Revised October 6, 2009

Notice of Privacy Practices

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.

About This Notice

It describes the privacy practices of the Uintah County Employee Health Care Benefits Plan. Separate entities, your doctor, and other health care providers may have different policies or notices regarding their use and disclosure of your medical information. For purposes of this Notice, the term "Protected Health Information" means:

Information that we create or receive that identifies you or could be used to identify you and describes your physical or mental health, health care, or payment for health care.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice. It will tell you about the ways in which we may use and disclose your Protected Health Information. It also describes our obligations and your rights regarding the use and disclosure of your Protected Health Information. Beginning April 14, 2004, we are legally required to follow the terms of this Notice (or other notice then in effect) whenever we use or disclose your Protected Health Information. If you have questions about any part of this notice or if you want more information about our privacy practices, please contact the Privacy Office for the Plan:

Uintah County Human Resources
152 E 100 N
Vernal UT 84078
435-781-5389

Primary Uses and Disclosures of Protected Health Information

The following is a description of how we are most likely to use and/or disclose your Protected Health Information. For each category of possible uses and disclosures we will explain what we mean and give some examples. Not every possible use or disclosure is listed, but the ways that we might use or disclose your Protected Health Information will fall within one of the categories. If you are uncertain how we may use or disclose your Protected Health Information in a particular situation, please call the Plan's Privacy Office.

Payment

We may use and disclose your Protected Health Information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, to coordinate Plan benefits with

other coverage you may have, or to obtain payment under a stop-loss insurance or excess of loss insurance policy. For example, we may exchange information about your medical history with your health care provider to determine whether a particular treatment is experimental, investigational, or medically necessary or to make other coverage determinations. We may also share information with a health care management company for utilization review services such as precertification or preauthorization and concurrent or retrospective reviews. Or we may share information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.

Health Care Operations

We may use and disclose your Protected Health Information for other Plan operations. For example, we may use Protected Health Information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract for health insurance or health benefits; securing or placing a contract for reinsurance of risk, including stop-loss insurance or excess loss insurance; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities, including customer service and the resolution of internal grievances.

Business Associates

We may disclose Protected Health Information to individuals or companies (called Business Associates) that assist the Plan with the payment and/or health care operations activities described above. However, such disclosures will not be made unless the Business Associate contractually agrees to appropriately safeguard your Protected Health Information. For example, we may disclose your Protected Health Information to a Business Associate to administer claims or to provide service support, utilization management, subrogation, or pharmacy benefit management.

Other Covered Entities

We may use or disclose your Protected Health Information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose information to a health care provider when needed by the provider to render treatment to you, and we may disclose information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that we may disclose or share your Protected Health Information with other insurance carriers in order to coordinate benefits, if you or your family members have coverage through another carrier.

Plan Sponsor

Uintah County is the Plan Sponsor. As such we may use and/or disclose information that summarizes the claims history, expenses, or types of claims experienced by covered individuals to business associates in order to obtain premium bids from a health insurance company or to make decisions about modifying, amending, or terminating the Plan. This summary information will not contain specific identifiers such as names, birthdays, social security numbers or any address information more specific than zip codes. We also use Protected Health Information in order to carry out Plan administration functions; we certify that we will protect the privacy of the

information and not use it for employment-related actions or decisions or in connection with any other benefit plan.

Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways in which we may use and/or disclose your Protected Health Information.

Required by Law

We may use or disclose your Protected Health Information to the extent required by law, as long as the use or disclosure complies with and limited to the relevant requirements of such law.

Public Health Activities

We may disclose Protected Health Information for the following public health activities, which generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse and neglect;
- to report information about products under the jurisdiction of the U.S. Food and Drug Administration; and
- to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are the victim of abuse, neglect, or domestic violence, we may disclose your Protected Health Information to a government authority, including a social service or protective services agency, authorized by law to receive such reports. We will only make such disclosures when required or authorized by law, or if you agree to the disclosure.

Health Oversight Activities

We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include: audits; investigations; inspections; licensure or disciplinary actions; and civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Judicial and Administrative Proceedings

We may disclose your Protected Health Information in the course of any administrative or judicial proceeding, either in response to a court or administrative order (to the extent such disclosure is expressly authorized) or in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested information.

Law Enforcement

We may disclose your Protected Health Information to law enforcement officials under certain conditions, for example to identify or locate a suspect, fugitive material witness or missing person, or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

To Prevent a Serious Threat to Health or Safety

We may use and disclose your Protected Health Information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person (including you) or the public.

Specialized Government Functions

We may disclose to military authorities under certain circumstances the Protected Health Information of armed forces personnel. We may disclose Protected Health Information to authorized federal officials for conducting lawful intelligence, counterintelligence, and other national security activities.

Worker's Compensation

We may disclose your Protected Health Information as necessary to comply with worker's compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Others Involved in Your Health Care

We may, under certain circumstances, disclose to your family member, other relative, close personal friend, or other person that you identify the Protected Health Information directly relevant to such person's involvement in your health care or payment for health care when you are either present or otherwise available prior to the disclosure, if we: (1) obtain your agreement; (2) provide you with an opportunity to object to the disclosure and you do not object; or (3) reasonably infer, based on the exercise of our professional judgment, that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. In such circumstances, we will only disclose the Protected Health Information that is directly relevant to the person's involvement with your health care.

We may disclose Protected Health Information to parents, guardians or other personal representatives who have authority under state law to make health care decisions about you. Under certain circumstances, we may not treat such an individual as your personal representative if we reasonably believe that it is not in your best interest to do so.

Other Uses and Disclosures Require Your Authorization

Uses and disclosures of your Protected Health Information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may

revoke it at any time, in writing, and this revocation will be effective for future uses and disclosures of Protected Health Information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on the authorization.

Breach of Health Care Information

On September 23, 2009, the Department of Health and Human Services (HHS) amended HIPAA to include procedures for a “breach” of PHI. We are now required to notify you of a breach sixty (60) days from the discovery. This notice will be given to you by first class mail to the last known address. If the breach includes PHI for more than 500 individuals, we are required to notify the media as well as HHS.

Your Rights

You have the following rights with respect to your Protected Health Information.

Right to Request a Restriction

You have the right to request a restriction on our use and disclosure of your Protected Health Information (1) for payment or health care operations; or (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your health care or the payment for your health care. **Although we will consider all restriction requests carefully, we are not required to agree to any requested restriction.** If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Requests for restriction must be made in writing to the Privacy Office at the address listed on the first page of this Notice and specify the Protected Health Information you want to restrict and how you want us to restrict our use and/or disclosure, including, for example, to whom you want the restrictions to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

If our disclosure of all or part of your Protected Health Information could endanger you, you have the right to request that we communicate with you about your Protected Health Information in a different way or at a different location. For example, you may ask that we only contact you at your work address.

These requests must be made in writing to the Plan’s Privacy Office at the address indicated on the first page of this Notice and specify: (1) that you want us to communicate your Protected Health Information with you in a different way or at a different location; (2) the new way or location that you want us to use in our communications; and (3) that the disclosure of all or part of your Protected Health Information in the current way and/or at the current location could put you in danger.

We will accommodate all reasonable requests that comply with these requirements.

Right to Inspect and Copy

You have the right to inspect and copy your Protected Health Information that we use to make decisions about your Plan benefits. However, this does not apply to psychotherapy notes or certain other information.

To inspect and copy such Protected Health Information, submit your request in writing to the Plan's Privacy Office at the address indicated on the first page of this Notice. If you request a copy of the 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 your Protected Health Information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed.

Right to Amend

If you believe that your Protected Health Information is incorrect or incomplete, you have the right to request that we amend it. To request an amendment, submit your request in writing to the Plan's Privacy Office at the address indicated on the first page of this Notice, specifying the requested amendment and the reason(s) that you believe the amendment is necessary.

We may deny your request if it is not in writing or does not include a reason to support your request. We may also deny your request if you ask us to amend information that:

- is not part of the Protected Health Information kept by the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement or an accurate summary thereof.

Right to an Accounting of Disclosures

You have a right to request an accounting (list) of our disclosures of your Protected Health Information other than:

- for treatment, payment, or health care operations;
- to you about your Protected Health Information;
- incident to an otherwise permitted use or disclosure;
- pursuant to an authorization by you or your authorized representative.

You should know that most of our disclosures of your Protected Health Information fit into one of the above categories and so will not be subject to an accounting. There also are other, limited exceptions to this right.

To request an accounting, submit your request in writing to the Plan's Privacy Office at the address indicated on the first page of this Notice, specifying the time period for which you want us to account, which may not be longer than the prior six years and may not include dates before April 14, 2004.

An accounting will list the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Changes to This Notice

The Plan reserves the right to change this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all Protected Health Information that we maintain, including information that was created or received prior to the date of the change. If we change this Notice, we will provide you with a copy of the revised Notice in the same manner that you received this Notice. The effective date of this Notice is displayed in the top right-hand corner of the first page.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights, U.S. Department of Health and Human Services (OCR). To file a complaint with the Plan, submit it in writing to the Plan's Privacy Office at the address indicated on the first page of this Notice. Complaints with OCR must: (1) be filed in writing, either in paper or electronically; (2) name the Plan and describe the acts or omissions believed to be in violation of the HIPAA privacy standards; and (3) be filed within 180 days after when you knew or should have known that the act or omission complained of occurred (OCR may extend this time limit for "good cause"). Any alleged violation must have occurred on or after April 14, 2004 in order for OCR to have authority to investigate. You may file a written complaint with OCR by mail, fax or e-mail at the address listed below. Further, you may, but are not required to, use OCR's Health Information Privacy Complaint Form. To obtain a copy of this form, or for more information about the Privacy Standards or how to file a complaint with OCR, contact any OCR office or go to www.hhs.gov/ocr/hipaa/. Written complaints may be filed at the applicable regional address for your state listed below.

You will not be penalized or retaliated against for filing a complaint.

OCR Regional Addresses	
<p>Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights U.S. Department of Health & Human Services JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD)</p>	<p>Region VI - AR, LA, NM, OK, TX Office for Civil Rights U.S. Department of Health & Human Services 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX</p>

(617) 565-3809 FAX	
<p>Region II - NJ, NY, PR, VI Office for Civil Rights U.S. Department of Health & Human Services 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX</p>	<p>Region VII - IA, KS, MO, NE Office for Civil Rights U.S. Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7278; (816) 426-7065 (TDD) (816) 426-3686 FAX</p>
<p>Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights U.S. Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX</p>	<p>Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights U.S. Department of Health & Human Services 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX</p>
<p>Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights U.S. Department of Health & Human Services 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX</p>	<p>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions Office for Civil Rights U.S. Department of Health & Human Services 50 United Nations Plaza - Room 322 San Francisco, CA 94102 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX</p>
<p>Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights U.S. Department of Health & Human Services 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD)</p>	<p>Region X - AK, ID, OR, WA Office for Civil Rights U.S. Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX</p>

(312) 886-1807 FAX	
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