

**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.**

**ANCHORAGE SCHOOL DISTRICT HEALTH PLANS**

**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE AUGUST 14, 2023**

**This is the Notice of Privacy Practices (the "Notice") that is described in the Health Insurance Portability and Accountability Act of 1996 and the corresponding federal regulations (commonly known as "HIPAA"). It is required to be published and distributed by those responsible for maintaining the Anchorage School District Health Plans (the "Plan"). HIPAA requires those benefit programs within the Plan that are subject to HIPAA (medical, prescription, dental, vision, health insurance arrangement (HRA), health care flexible spending account (Health Care FSA), employee assistance program (EAP), and retiree medical, dental, and vision) to protect the privacy of your personal health information, to provide you with notice of the Plan's legal duties and privacy practices, as they pertain to your personal health information, and to notify you following a breach of unsecured protected health information. The Plan is required by law to abide by the terms of this Notice, as currently in effect.**

**You may have additional privacy rights under state law. An applicable state law that provides for greater privacy protection or privacy rights will continue to apply.**

**Your Personal Health Information**

**The Plan collects personal health information from or about you through the application and enrollment process, utilization and review activities, claims management, and/or other activities in connection with the general management of the Plan. Your personal health information that is protected by law broadly includes any information, whether verbal, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as health insurance companies or health plans. The law**



**helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.**

**As Otherwise Permitted By Law** The Plan may also use or disclose your PHI without your permission in the following situations, subject to applicable requirements under HIPAA:

**As required by law**

**For public health activities**

**For health oversight activities, such as for government benefit programs**

**In judicial and administrative proceedings**

**For law enforcement purposes**

**With respect to decedents, such as disclosures to coroners and funeral directors**



**Your requests should be submitted in writing on the form available from the Privacy Officer. If the Plan agrees to a restriction, the Plan is bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. You cannot request to restrict uses or disclosures that are otherwise required by law.**

### **Right To Receive Confidential Communications**

**You have the right to request confidential communications of your PHI. Your written request for confidential communications must include an alternative address or method of contact and be sent to the Privacy Officer. The Plan is required by law to accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state in your written request for confidential communications that disclosure of all or part of the information could endanger you.**

### **Right To Inspect And Copy Your PHI**

**You have the right to inspect and copy your PHI maintained in a designated record set. This includes information about your Plan eligibility, claims and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing on the form available from the Privacy Officer. The Plan may charge a fee for the cost of labor for copying the PHI, supplies for creating the copy, mailing your request and/or other permitted costs. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial from the Privacy Officer of the Plan at the contact information listed below.**

### **Right To Amend Your PHI**

**If you feel that the Plan's health information about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment as long as the information is kept by or for the Plan. To request an amendment, submit a request in writing using the form available from the Privacy Officer. You must provide the reason(s) to support your request. The Plan may deny your request if your request is not in writing or if you ask the Plan to amend health information that was:**

**Accurate and complete;**

**Not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;**

**Not part of the health information kept by or for the Plan; or**

**Not information that you would be permitted to inspect and copy;**

### **Right To Receive An Accounting Of Disclosures Of Your PHI**

**You have the right to receive a written accounting of all disclosures of your PHI that the Plan has made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less**

than six (6) years from the date of the request. Such accountings will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure. The Plan is not required to provide accountings of disclosures for certain purposes, including but not limited to, the following:

**Payment, treatment, and healthcare operations;**

**Disclosures pursuant to your authorization;**

**Disclosures to you;**

**Disclosures made to friends or family in your presence or because of an emergency;**

**Disclosures for national security purposes; or**

**Disclosures incidental to otherwise permissible disclosures.**

If the Plan uses or maintains an electronic health record ("EHR") with respect to PHI, you have the right to receive an accounting of disclosures of PHI within a designated record set, which includes all disclosures for purposes of payment, healthcare operations, or treatment over the past three (3) years, in accordance with the laws and regulations currently in effect.

The Plan reserves the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law.

The Plan will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost based fee for responding to each subsequent request for accounting within that same twelve (12) month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

All requests for an accounting should be submitted in writing on the form available from the Privacy Officer:

#### **Right To Notice Of A Breach Of Your PHI**

You have the right to be notified in the event that the Plan (or a business associate) discovers a breach of unsecured PHI. The Plan and its business associates will take appropriate steps to ensure that PHI is secure and will notify you upon a breach of any unsecured PHI. The notice must be made within sixty (60) days of the Plan becoming aware of the breach and will include, to the extent possible: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or used during the breach; (c) the steps you can take to protect yourself from potential harm; (d) a description of the Plan's or business associate's actions to investigate the breach and mitigate harm and prevent further breaches; and (e) contact procedures for affected individuals to find additional information.

## **Complaints**

**You may file a complaint with the HHS or with the U.S. Department of Health and Human Services**