

## ARLINGTON HEIGHTS SCHOOL DISTRICT 25

### NOTICE OF HEALTH INFORMATION PRIVACY POLICY

**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.**

ARLINGTON HEIGHTS SCHOOL DISTRICT 25 and Blue Cross Blue Shield, Guardian, Aetna, Vision Service Plan, Ceridian, Transamerica, US Life/John Hancock Life Insurance Company and Greater Chicago Group (the "Fund") is legally required to: (i) maintain the privacy of your medical information, (ii) provide you with notice of the Fund's legal duties and privacy practices with respect to your medical information, and (iii) abide by the terms of this Notice.

**Effective Date:** This Notice is effective April 14, 2006.

**Permitted Disclosures:** The Fund may use or disclose your medical information for the following purposes:

- **To provide health care treatment.** The Fund may disclose your medical information to provide, coordinate or manage your health care treatment. For example, the Plan may disclose your medical records to a medical provider to assist in providing you with the proper course of medical treatment.
- **To receive payment.** The Fund may disclose your medical information to obtain or provide reimbursement or premiums for the provision of health care and other activities, such as determinations of eligibility or coverage, coordination of benefits, risk adjustments, billing, claims management, collections, medical necessity reviews and utilization reviews. For example, the Plan may disclose your medical records to a medical provider in the event that you are covered under more than one medical insurance plan so that the provider may coordinate your medical insurance coverage and determine which insurance is primary.
- **To facilitate health care operations.** The Fund may disclose your medical information to carry out the its functions with respect to treatment or payment. For example, the Fund may disclose your medical records to a third-party administrator to make a determination regarding your eligibility for benefits under the Fund. The Fund is permitted to disclose your medical records to business associates who have agreed to abide by the Fund's privacy policy.
- **For public policy purposes.** The Fund may disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **For public health purposes.** The Fund may disclose your medical information in the interest of the public health. Examples include when disclosure may prevent or control of disease, injury or disability, or when medical information is requested by law enforcement officials, such as in the event of abuse, neglect or domestic violence.
- **When required by law.** The Fund will disclose your medical information when required by federal, state or local law. Additionally, the Fund will disclose your medical information when requested to comply with a United States Department of Health and Human Services investigation into this Fund.
- **When requested by you.**
- **For judicial and administrative proceedings.** The Fund may disclose your medical information pursuant to a subpoena for a judicial or administrative proceeding.
- **For organ procurement organizations.**
- **To the extent necessary to comply with workers' compensation laws.**
- **For health oversight activities authorized by law.** The fund may disclose your medical information to comply with fraud and abuse audits, investigations, and civil, administrative, or criminal proceedings.

Any use or disclosure other than those mentioned above may be made only with your written authorization. You may revoke your written authorization at any time.

**Your Rights Under this Policy:** You have certain rights under the Fund's privacy policy. You may contact the Benefits Specialist by phone at 847-758-4915 or by mail at Arlington Heights School District 25, 1200 S. Dunton Ave, Arlington Heights, IL 60005 if you would like to exercise any of your following rights:

- You may request that specific restrictions be placed on use and disclosure of your medical information. Note, however, that the Fund is not required to agree to your restrictions;
- You may request that the Fund send you confidential communications regarding your medical information;
- You may inspect and copy your medical information;
- You may receive an accounting of all of the Fund's disclosures of your medical information;
- You may request that the Fund issue you a paper copy of this Notice rather than an electronic copy, even if you have previously agreed to electronic receipt; and
- You may request that any of your medical records maintained by the Fund be amended.

**Changes to this Notice:** The Fund reserves the right to change the terms of this Notice and to make the new notice provisions effective for all of the medical information that the Fund maintains. If the Fund adopts new notice provisions, you will receive a revised Notice by mail.

**Complaints:** You may complain to the Fund or to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Fund by contacting the Chief School Business Official by phone at 847-758-4880 or by mail at Arlington Heights School District 25, HIPPA Privacy Officer, 1200 S. Dunton Ave., Arlington Heights, IL 60005. You will not be retaliated against for filing a complaint.