

ARLINGTON HEIGHTS SCHOOL DISTRICT 25
1200 S. Dunton Avenue
Arlington Heights, Illinois 60005-3122

1/8/04
Adopted

GCBDA
Code

Revised

Page 1 of 5

SCHOOL BOARD RULES AND REGULATIONS

PRIVACY POLICY

I. Purpose

The purpose of this Privacy Policy is to ensure that medical information and records of individuals covered under Arlington Heights School District 25's medical, dental, vision, and life insurance as well as information provided to the Flexible Spending Account Administrator and the insurance brokerage firm are protected by the Fund in accordance with the regulations issued by the United States Department of Health and Human Services.

II. Definitions

- a. *Business Associates* means third parties such as administrators, claims processors, consultants, lawyers, accountants, actuaries, and other service providers that have administrative contracts with the Fund.
- b. *Effective Date* means April 14, 2004.
- c. *Fund* means Arlington Heights School District 25 and the insurance companies used to provide medical, dental, vision, and life insurance; Flexible Spending Administration; and our insurance brokerage firm.
- d. *Participant* means an individual who receives health insurance coverage under the Fund.
- e. *Policy* means the Fund's Privacy Policy described herein.
- f. *Protected Health Information* means individually identifiable information in any form created or received by the Fund related to payment for health care or to the past, present, or future physical or mental health or condition of an individual. Information is individually identifiable if it actually identifies an individual or contains enough specific information to do so. Medical information and/or records that have been stripped of all identifying data are considered "de-identified" and no longer constitute Protected Health Information.

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Page 2 of 5

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III. Information Disclosure

On and after the Effective Date, the Fund and its employees may not use or disclose Protected Health Information without a Participant's written authorization unless such use or disclosure is for one of the following reasons:

- a. To provide health care treatment. The Fund may disclose Protected Health Information to provide, coordinate, or manage health care treatment.
- b. For payment purposes. The Fund may disclose a Participant's Protected Health 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.
- c. To facilitate health care operations. Health care operations include quality assessments, health care improvement activities, underwriting or premium rating for contract renewals, audits and legal services, business planning and management activities, creation and provision of aggregate data for analysis, resolution of grievances, and due diligence in corporate transactions.
- d. Upon a Participant's request for his or her information.
- e. For public policy or public health purposes, such as when Protected Health Information relates to child abuse or infectious diseases.
- f. When required by law.
- g. For judicial and administrative proceedings.
- h. For organ procurement organizations.
- i. To the extent necessary to comply with workers' compensation laws.
- j. To comply with an investigation by the U.S. Department of Health and Human Services into the Fund's compliance with the Department's regulations.

Disclosure of Protected Health Information for one of the above reasons must be limited to the minimum amount of information necessary to fulfill the particular purpose.

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Page 3 of 5

Revised

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PRIVACY POLICY

IV. Participant Authorizations

The Fund and its employees may disclose Protected Health Information for reasons other than those listed in Article III above if the Participant signs a written authorization. A Participant's written authorization is obtained upon the Participant's execution of an Authorization Form. The Fund and its employees may disclose a Participant's Protected Health Information for any purpose listed in such Participant's executed Authorization Form.

V. Business Associate Contracts

On or before the Effective Date, the Fund must require its Business Associates to agree to the terms of and execute the Business Associate Contract in order for the Fund to be able to disclose Participants' Protected Health Information to Business Associates. Business Associates that have not executed the Business Associate Contract by the Effective Date are not permitted to receive Protected Health Information.

VI. Participant Rights

Participants shall have the right to do the following under this Policy:

- Inspect and obtain copies of all Protected Health Information relating to the Participant, subject to the following exceptions: (i) psychotherapy notes; (ii) information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding; and (iii) information maintained by a covered entity that is subject to or exempted from the Clinical Laboratory Improvements Amendments of 1988. A Participant who wants to inspect and obtain copies of his or her Protected Health Information shall be required to submit a written request to do so with the Privacy Officer.
- Request amendment of Protected Health Information. A Participant may request that his or her Protected Health Information be amended if he or she believes that such information is inaccurate. Such request shall be made in writing with the Privacy Officer.
- Request an accounting of disclosures. A Participant may request a list of the dates and recipients of each use and disclosure of his or her Protected Health Information, including disclosures made by or to Business Associates, for a period up to six (6) years prior to the date of the request for the accounting. The Fund must supply this accounting within sixty (60) days after receipt of the Participant's request. Such a request shall be made in writing with the Privacy Officer.

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Page 4 of 5

SCHOOL BOARD RULES AND REGULATIONS

PRIVACY POLICY

- File a grievance. In the event that a Participant believes that the Fund and/or its employees have not complied with this Policy, covered under School Board Rules and Regulations policy GBEA-Staff Ethics, such Participant may file a grievance by submitting a written explanation of such grievance to the Privacy Officer.

VII. Notice of Privacy Policy

The Fund shall deliver the Notice of this Policy to each Participant on or before the later of: (i) the Effective Date, or (ii) the date that the Participant becomes enrolled in the Fund. The Notice shall be delivered every three (3) years thereafter. The Fund shall use good faith efforts to obtain written acknowledgement of receipt of the Notice of this Policy from each Participant.

VIII. Privacy Officer

The Fund shall appoint a Privacy Officer on or before the Effective Date of this Policy. The Privacy Officer shall:

- Ensure that the Fund and employees of the Fund comply with the requirements of this Privacy Policy.
- Develop a privacy training program for Fund employees addressing the use and disclosure of Protected Health Information.
- Distribute the Notice of this Policy in accordance with Article VII above.
- Collect acknowledgements of the Notice of this Policy in accordance with Article VII above.
- Make determinations regarding: (i) whether information constitutes Protected Health Information; and (ii) permitted uses of Protected Health Information.
- Receive written correspondence from Participants, make determinations, and issue replies regarding (i) grievances under this Policy; (ii) requests for amendments to Protected Health Information; (iii) requests for an accounting of uses and disclosures of Protected Health Information, and (iv) requests to obtain a Participant's own Protected Health Information.
- Develop sanctions for employees of the Fund or Business Associates who do not comply with the requirements of this Policy as covered under School Board Rules and Regulations GBEA-Staff Ethics, GBK-Complaint Resolution, and GDQ(D)-dealing with suspension, dismissal, or termination.

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Page 5 of 5

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- Take steps to mitigate any damages that result from a use or disclosure of Protected Health Information in violation of this Policy.
- De-identify Protected Health Information pursuant to Section II f above when Protected Health Information will be used or disclosed in ways not otherwise permitted by this Policy.
- Maintain copies of this Policy, the Notice of this Policy, the Authorization Forms, Business Associate Contracts, and any other documentation, regulations, procedures, records and/or written communications that may be created pursuant to this Policy for at least six (6) years.

The Privacy Officer may be contacted by phone at 847-758-4880, or by mail at the following address:
Arlington Heights School District 25, HIPPA Privacy Officer, 1200 S. Dunton Ave., Arlington Heights, IL
60005.