

HIPAA

Health Insurance Portability & Accountability Act (HIPAA) Special Enrollment Rights

If you or your eligible dependent(s) experience a special enrollment event as described below, you or your eligible dependent(s) may be entitled to enroll in the plan outside of a designated enrollment period upon the occurrence of one of the special enrollment events listed below. If you are already enrolled in the plan, you may request enrollment for you and your eligible dependent(s) under a different option offered by the employer for which you are currently eligible. If you are not already enrolled in the plan, you must request special enrollment for yourself in addition to your eligible dependent(s). In order to elect a special enrollment as outlined below, you and any dependents must be eligible for coverage under the Medical plan. You and all of your eligible dependents must be covered under the same option. The special enrollment events include:



- Acquiring A New Dependent** – If you acquire a new dependent(s) through marriage, birth, adoption or placement for adoption, you may request special enrollment for any of the following combinations of individuals, if not already enrolled in the plan: employee only; spouse only; employee and spouse; dependent child(ren) only; employee and dependent child(ren); employee, spouse and dependent child(ren). Enrollment of dependent children is limited to the newborn or adopted children or children who became dependent children of the employee due to marriage. Dependent children who were already dependents of the employee but not currently enrolled in the plan are not entitled to special enrollment. Coverage for step-children is limited to step-children subject to a court order requiring coverage and the employee and spouse are also enrolled in the Plan.
- Loss of Eligibility for State Medicaid or Children’s Health Insurance Program (CHIP)** – If you and / or your dependent(s) were covered under a state Medicaid or CHIP plan and the coverage is terminated due to a loss of eligibility, you may request special enrollment for yourself and any affected dependent(s) who are not already enrolled in the plan. You must request enrollment within 30 days after termination of Medicaid or CHIP coverage and be eligible for coverage.
- Loss of Eligibility For Other Coverage (Excluding Continuation Coverage)** – If coverage was declined under the plan due to coverage under another plan, and eligibility for the other

coverage is lost, you and all your eligible dependent(s) may request special enrollment in the plan. This provision applies to loss of eligibility as a result of any of the following:

- divorce;
- cessation of dependent status (such as reaching the limiting age);
- death of the employee;
- involuntary loss of coverage;
- reduction in work hours to below the minimum required for eligibility;
- you or your dependent(s) no longer reside, live or work in the other plan's network service area and no other coverage is available under the other plan;
- the other plan no longer offers any benefits to a class of similarly situation individuals.

- Termination of Employer Contributions (Excluding Continuation Coverage)** – If a current or former employer ceases all contributions towards the employee's or dependent's other coverage, special enrollment may be requested in the plan for you and all of your eligible dependent(s).
- Exhaustion of COBRA or Other Continuation Coverage** – Special enrollment may be requested in the plan for you and all of your eligible dependent(s) upon exhaustion of COBRA or other continuation coverage. If you or your dependent(s) elect COBRA or other continuation coverage following loss of coverage under another plan, the COBRA or other continuation coverage must be exhausted before any special enrollment rights exist under the plan. An individual is considered to have exhausted COBRA or other continuation coverage only if such coverage ceases: (a) due to failure of the employer or other responsible entity to remit premiums on a timely basis; or (b) when the person no longer resides or works in the other plan's service area and there is no other COBRA or continuation coverage available under the plan. The does not include termination of an employer's limited period of contributions towards COBRA or other continuation coverage as provided under any severance or other agreement.

Except as stated above, special enrollment must be requested within 30 days after the occurrence of the special enrollment event. Coverage will be effective immediately on the date of the special event. Individuals who enroll in the plan due to a special enrollment event will not be considered late entrants.



**NOTICE OF PRIVACY PRACTICES
FOR WAYNE COUNTY EMPLOYEE BENEFIT PLANS
&
WAYNE COUNTY HEALTH AND WELLNESS CLINIC
Wayne County, Ohio**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO ALL THE RECORDS OF YOUR CARE AND PLAN ADMINISTRATION GENERATED BY THE COUNTY, WHETHER MADE BY THE COUNTY OR A BUSINESS ASSOCIATE.

We are required by law to maintain the privacy of any Protected Health Information (PHI) that we generate or receive. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. Upon your request, we will provide you with any revised Notice of Privacy Practices. This Notice to you will also be deemed Notice to anyone else covered as your dependent under the Wayne County Employee Benefit Plan.

With some exceptions, the definition of PHI is as follows:

- the individual's past, present or future physical or mental health or condition;
- the provision of health care to the individual; or
- the past, present, or future payment for the provision of health care to the individual.

1. How We May Use and Disclose Medical Information About You: Your PHI may be used and disclosed by your physician, Wayne County Health & Wellness Nurse and Wayne County Medical Director, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to collect payment for your health care bills and to support the operation of the Wayne County Employee Benefit Plan. Following are examples of the types of uses and disclosures of your PHI that is permitted:

Treatment: We will use and disclose such portions of your PHI to provide, coordinate or manage your health care and any related services. This may include coordination or management of your health care with a third party, including your pharmacist. For example, we would disclose your PHI, as necessary to a home health agency or managed care or assessment group. We will also disclose PHI to other physicians who may be treating you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist, managed care group or laboratory) who, at the request of your physician or us, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services for you and may include, but are not limited to, the following: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may receive, use or disclose, as needed, your PHI in order to support the business activities of the Wayne County Employees Benefit Plan and the Health and Wellness Clinic. These activities include, but are not limited to, the following: quality assessment activities; employee review activities; health care or financial audits; soliciting proposals for insurance programs; training medical students; licensing, conducting or arranging for other business activities. In addition, we may obtain information over the phone for intake and assessment purposes. We may use or disclose your PHI, as necessary, to contact you to discuss your treatment.

We will share your PHI with third party “business associates” that perform various activities for the Wayne County Employee Benefit Plan. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits or services that may be of interest to you. We may also send you information about health-related products or services that we believe may be beneficial to you. You may contact our Privacy Officer, mentioned later herein, to request that these materials not be sent to you.

- 2. Uses and Disclosures of PHI Based upon Your Written Authorization:** Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below.

Some examples of information we cannot release without your written authorization include:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of PHI;
- Other uses and disclosures not described in this Privacy Notice.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization. You understand that once treatment or diagnosis is provided to you, our actions in seeking payment in connection with the treatment or diagnosis provided to you are in reliance upon your written authorization.

- 3. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization:** We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not

present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved In Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly related to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgement. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your acknowledgement of receipt of the Practice's Notice of Privacy Practices as soon as reasonably practicable after the delivery of the treatment.

4. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object: We may use or disclose your PHI in the following situations without your consent or authorization. These situations include the following:

- Required By Law
- Public Health
- Communicable Disease
- Health Oversight
- Abuse or Neglect
- Food & Drug Administration
- Legal Proceedings
- Law Enforcement
- Coroners, Funeral Directors
- Research
- Criminal Activity
- Military Activity and National Security
- Workers' Compensation
- Inmates
- Required Uses and Disclosures
- Organ Donation

Contact our Privacy Officer if you have questions about any of these circumstances.

5. Your Rights: The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

We cannot use any Genetic Information we may obtain about you in any employment, disciplinary or underwriting decisions.

You have the right to inspect and copy your PHI: This means you may inspect and obtain a copy of the PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that the

County uses for making decisions about you. You will be charged a reasonable fee if you are requesting copies. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have the decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical records. If your records are maintained in an Electronic Health Record, you may have a right to receive a copy of your PHI in an electronic format. We will respond to any request for copies of your records within 30 days. If we are unable to locate the records within this 30-day time frame, we may notify you of a 30-day extension to provide these records.

You may have the right to have your physician amend your PHI: This means you may request an amendment of the PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

If you pay 100% of the cost of services out of your own pocket in full, you may request in writing that we not share any PHI related to that event.

This request in writing must contain the following information:

- The information to be restricted;
- The type of restriction requested (the use or disclosure or both);
- To whom the restriction should apply.

If we receive this request, we will honor your request except where we are required by law to make a disclosure.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI and a right to notice of a breach of unsecured PHI: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you for a facility directory, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You also have a right to be notified if we are aware of any breach of your unsecured PHI in either paper or electronic format. You also may have a right, under certain circumstances, to restrict the distribution of certain PHI.

You have the right to request that we communicate with you about PHI in a Confidential

Manner: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or by work. To request confidential communications, you must make your request, in writing, to our Privacy Officer listed below. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. We will only communicate PHI via email to you upon request if it is through a secure transmission source or if you specifically request an email response to a non-secured account.

- 6. Situations Not Covered By This Notice:** These provisions do not apply to health information we receive as your employer for other purposes. Examples of these situations include: workers' compensation proceedings; medical information related to your work such as return to work letters from your doctor; request for paid sick days or requests for family medical leave.
- 7. Complaints:** You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer for further information about the complaint process.

This notice was published and becomes effective as of **April 14, 2003, revised on September 23, 2008 and on January 1, 2011 and this current version revised August 9, 2013.**

If you have any questions about this Notice, please contact the Privacy Officer: Barb Chapin, HR Manager, 428 West Liberty Street, Wooster, Ohio 44691 (330-287-5409) or email bchapin@wayneohio.org or Misty White, Health and Wellness Nurse (330-287-5487) or email wellnessnurse@wayneohio.org