

health information collected by Everett School Employee Benefit Trust from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises

Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created

or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an "accounting of disclosures." You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request, but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective). You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);

- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on April 14, 2003. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised Privacy Notice via in-District mail or U.S. Mail.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, obtain a Complaint Form from the Complaint Manager by contacting the Everett Public Schools Human Resources Department.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact the Everett Public Schools, Human Resources Department.

10.08 Participant Forms

The following forms are included in this section:

- 10.08(a) Request for Access to Inspect and Copy
- 10.08(b) Request to Amend
- 10.08(c) Request for Restricted Use
- 10.08(d) Request for Confidential Communications
- 10.08(e) Request for Accounting of Non-Routine Disclosures
- 10.08(f) Authorization to Use and/or Disclosure

a. Request for Access to Inspect and Copy**Instructions for Responding to a Request for Access to Inspect and Copy****Directions for Plan's Administrator:**

Providing Form. If any person wishes to request access to inspect and copy Personal health plan information, Inspection Contact should provide the person with this Form.

Receiving a Completed Form. Upon receipt of this Form Inspection Contact should initial and date top right corner and must verify that Part I (Request for Access to Inspect and Copy Personal Health Plan Information) has been properly completed. To be properly completed, the appropriate boxes in sections A and B must be marked, and the form must be signed and dated. If the person requesting Personal health plan information is not the subject of the information, Inspection Contact should verify the identity and authority of the person and follow the procedures detailed in Section 3.03.

If Part I is incomplete, Inspection Contact should return it to the person for completion.

Determination of Request. Upon receipt of this Form with Part I properly completed, Inspection Contact will respond by completing Part II (Determination of Request for Access to Inspect and Copy Personal Health Plan Information, within the timeframes detailed in Section 5.02.

Note that although a Designated Record Set includes the Plan's enrollment and Payment information, it does not include Everett School Employee Benefit Trust's enrollment and Payment records.

Part I - Request for Access to Inspect and Copy Personal Health Plan Information

Form Received By _____

Date _____

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set" maintained by the Everett School Employee Benefit Trust (the "Plan"). This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

The Plan may provide you with a summary or explanation of the information in your health plan records instead of access to or copies of your records, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage.

1. Employee Name:	1a. Employee Health Plan ID Number:
1b. Employee Date of Birth:	
2. Name of Person Whose Records You Are Requesting:	2a. Relationship to Employee Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>
3. Your Name:	3a. Your Relationship to Person in Box 2 Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> <input type="checkbox"/> Other (please describe relationship):
4. Mailing Address for Records:	4a. City, State, Zip Code:

Section A: Requested Personal Records.

Please identify the personal health plan information in your health plan records you are requesting access to, including the time period to which the information relates:

Section B: Methods of Access.

I wish to inspect and copy the personal health plan information described in Section A using the following method(s):

- ☐ I wish to inspect the records requested in Section A in person. I will arrange a mutually agreeable time to come to the Plan by contacting Human Resources – Benefits Department.
- ☐ I wish to copy the records requested in Section A in person. I will arrange a mutually agreeable time to come to the Plan by contacting Human Resources – Benefits Department. I understand that I will be charged and I agree to pay the cost of copying at _____ per page.
- ☐ I wish to have copies of the records requested in Section A sent directly to me, at the address in Box 4. I understand that I will be charged and I agree to pay the cost of copying at _____ per page plus postage.
- ☐ I wish to have the information requested in Section A summarized (instead of receiving the entire record) and sent to me at the address in Box 4. I understand that I will be charged for the summary provided and I agree to pay the cost of preparing the summary, any copying at _____ per page, and postage.

Please return completed form to: Human Resources – Benefits Department

3715 Oakes Avenue
Everett, WA 98201
(425) 388-4710

Signature _____

Date _____

Part II – Determination of Request for Access to Inspect and Copy Personal Health Plan Records

Form Part II Prepared By _____

Date Part II Issued _____

After reviewing your request for access to inspect and/or copy personal health plan records, Inspection Contact has made the following determination [check one of the following]:

- ☐ Request granted (see Section A below).
- ☐ Request partially granted and partially denied (see Section A and B or C below).
- ☐ Request denied with no right to review (see Section B below).
- ☐ Request denied with right to review (see Section C below).

Section A: Request Granted

Your request for access to inspect and/or copy personal health plan records is granted in full / in part. All / Some of the health information you requested is available to you for inspection or copying, or both. If you requested to review the records in person, please contact Human Resources – Benefits Department at (425) 388-4710 to coordinate this request. If you requested that the records or a summary be sent to you, a copy is attached.

Section B: Request Denied with No Right to Review

Your request for access to inspect and copy personal health plan records is denied in full / in part for the following reasons [check all that apply]:

- ☐ The information requested is psychotherapy notes.
- ☐ The information was obtained from someone other than a health care provider under a promise of confidentiality and access would reveal the source.
- ☐ The information is for civil, criminal, or administrative proceedings.
- ☐ The information requested is not maintained by the Plan. Inspection Contact does not know who maintains the specific information requested.
- ☐ The information is created for research and you agreed to forgo access while the research is in progress.
- ☐ The information requested is not maintained by the Plan. The information is maintained by _____. Please contact them for access to the information.

Section C: Request Denied with Right to Review

Your request for access to inspect and/or copy personal health plan records has been denied in full / in part because a licensed health care professional has determined that the access is reasonably likely to endanger an individual. You have a right to ask the Plan to have the denial reviewed by another licensed health care professional.

If you wish to ask the Plan to review this denial, please send a written request to Human Resources – Benefits Department at 3715 Oakes Avenue, Everett, WA 98201. For more information, please contact Human Resources – Benefits Department at (425) 388-4710.

If you have been denied access to inspect and copy PHI, you may complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services according to the procedures at <http://www.hhs.gov/ocr/hipaa2.html> For more information, please contact Human Resources – Benefits Department at (425) 388-4710.

Name of Plan Representative _____

Signature of Plan Representative _____

Date of Determination _____

b. Request to Amend**Instructions for Responding to a Request for Access to Inspect and Copy****Directions for the Plan's Administrator:**

Providing Form. If any person wishes to request that the Plan amend his or her personal health plan information, Amendment Contact should provide the person with this Form.

Receiving a Completed Form. Upon receipt of this Form, Amendment Contact must verify that Part I (Request to Amend Personal Health Plan Information) has been properly completed. To be properly completed, the appropriate boxes in each section must be marked, and the Form must be signed and dated. If the person requesting personal health plan information is not the subject of the information, Amendment Contact should verify the identity and authority of the person and follow the procedures detailed in Section 3.03.

If Part I of the Form is incomplete, Amendment Contact should return it to the person for completion.

Determination of Request. Upon receipt of this Form with Part I properly completed, Amendment Contact will respond by completing Part II (Determination of Request to Amend Personal Health Plan Information), within the timeframes detailed in Section 5.03.