



CITY OF CHICAGO GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices ("Notice") describes how the City of Chicago ("City") self funded group health plans, commonly referred to as plan A, plan B, non-Medicare eligible and Medicare supplement retiree healthcare plans, and a dental plan, ("plan," "plans," "we," "us," or "our") may use and disclose your protected health information ("PHI") to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It does not pertain to insurance such as HMOs or the vision benefit. It also describes your rights to access your PHI. In general, PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

As the sponsor of the plans, the City is required to send you this Notice. The plans are required to abide by the terms of the Notice currently in effect. The plans may change the terms of the Notice at any time, and any material changes to the Notice will be posted on the City's website: <http://www.cityofchicago.org/benefits>. The new Notice will be effective for all PHI that the plans maintain. You may obtain a copy of the Notice currently in effect by contacting 877-299-5111 or 333 S. State St., Rm. 400, Chicago, IL 60604, or visiting <http://www.cityofchicago.org/benefits>.

How We May Use or Disclose Your Protected Health Information

Treatment, Payment, and Health Care Operations

The plans may use and disclose PHI for the purposes of treatment, payment, and health care operations without your written permission, in most cases. Examples of the uses and disclosures that the plans may make for these purposes include the following:

Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, the plan may use your health information and share it with professionals who are treating you.

Payment refers to activities the plans undertake to obtain premiums or to determine or fulfill a plan's responsibility to obtain premiums or to determine or fulfill a plan's responsibility for coverage and provision of benefits under the plans. Payment includes activities such as determinations of eligibility or coverage, billing insurance companies and reviewing health care services provided to you for medical necessity. For example, we may share information about you with your dental plan to coordinate payment for your dental work.

Health Care Operations includes business management and general administrative activities. The plans may use or disclose, as needed, your PHI in order to support business activities, including quality assessment and improvement activities, legal services, auditing, business planning, business management activities, and conducting or arranging for other business activities.

For example, we may conduct or arrange for a review of health care services to ensure compliance with policies and procedures or to detect fraud. We may also use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services.

Underwriting

The plans are prohibited from using or disclosing genetic information for underwriting purposes. This does not apply to long term care plans.

Plan Administration

The City has delegated plan administration duties to the Department of Finance's Benefits Management Office and contracts with claims administrators to process claims for eligible City employees, retirees, and dependents. The plans may disclose your health information to your plan sponsor, the City of Chicago, for plan administration. For example, the plans may provide the City with certain statistics to explain the premiums charged.

Other Uses and Disclosures Allowed Without Authorization

Federal law also allows a group health plan to use and disclose PHI, without your written authorization, in certain situations, unless the use or disclosure is prohibited by a more stringent state law. The examples of permitted uses and disclosures of your PHI include, but are not limited to, those listed below.

Public Health Activities The plans may disclose your PHI to public health authorities in certain situations and as required by law. For example, the plans may use or disclose your PHI to:

- a government authority authorized to receive child abuse or neglect reports;
- the Food and Drug Administration (FDA), for activities related to the quality, safety, or effectiveness of FDA-regulated products or activities, including drugs, food, medical devices, and dietary supplements;
- a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition;
- an employer, under certain circumstances, such as those related to work-related illness or injury; and

- a school, in certain circumstances, if you are a student or prospective student of the school and the PHI is limited to proof of immunization.

Victims of Abuse, Neglect, or Domestic Violence The plans may disclose your PHI in certain circumstances to government authorities authorized by law to receive reports of abuse, neglect, or domestic violence, if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.

Health Oversight Activities The plans may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations; audits; inspections; licensure and disciplinary actions; civil, administrative, or criminal actions; or other activities necessary for the government to oversee the health care system, government benefits programs, government regulatory programs, and compliance with civil rights laws.

Lawsuits and Administrative Proceedings The plans may disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or administrative proceeding, or as required by law. In some cases, we may also disclose your PHI in response to a discovery request, subpoena, or other lawful process.

Law Enforcement The plans may disclose PHI for law enforcement purposes, to a law enforcement official, if certain conditions are met. We may disclose PHI:

- as required by law, to report certain wounds or other physical injuries;
- in response to certain court orders, warrants, summons, subpoenas, grand jury subpoenas, or administrative requests that meet the relevant requirements;
- to identify or locate a suspect, fugitive, material witness, or missing person, within certain restrictions that apply to the disclosures that may be made;
- about a person who is or is suspected to be a crime victim, if we are unable to obtain the person's agreement, if certain criteria are met;
- regarding a person who has died, for the purpose of alerting law enforcement of the person's death, if we have a suspicion that such death may have resulted from criminal conduct;
- regarding evidence of criminal conduct that occurred on City premises; and
- in an emergency, to report a crime, the location or victim(s) of the crime, and the identity, description, and location of the perpetrator.

Deceased Patients The plans may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or other duties as authorized by law. If necessary, we may disclose PHI to funeral directors to perform their duties, as authorized by law.

Organ, Eye, or Tissue Donations If you are an organ donor, the plans may use or disclose your PHI to an organ procurement organization or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue as necessary to facilitate organ, eye, or tissue donation and transplantation.

Research The plans may use and disclose your PHI for research purposes in certain limited circumstances, such as the approval by an Institutional Review Board of an alteration to or waiver of your authorization for the use or disclosure of your PHI and the procurement of certain representations from the researcher.

Serious Threats to Health or Safety Consistent with applicable laws, the plans may use and disclose your PHI if the plans, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person(s) reasonably able to prevent or lessen the threat. In certain circumstances, a plan also may use or disclose your PHI if the plan, in good faith, believes the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual.

Military The plans may use and disclose your PHI if you are a member of the Armed Forces or a foreign military, if certain criteria are met.

Specialized Government Functions The plans may disclose your PHI to authorized federal officials for the conduct of intelligence, counter-intelligence, and national security activities authorized by law. We may also disclose your PHI to authorized federal officials to protect the President, other authorized officials, or foreign heads of state, or to conduct investigations authorized by law.

Inmates The plans may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate or under the lawful custody of a law enforcement official, in certain circumstances, such as health care, health, and safety.

Workers' Compensation The plans may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

De-identified Information The plans may disclose PHI that does not personally identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

Business Associates The plans may share your PHI with business associates that perform various activities (e.g., billing, legal services) on behalf of the plans, and that provide certain types of services that involve PHI.

Treatment, Payment, or Health Care Operations The plans may use or disclose your PHI for the treatment, payment, or health care operations activities of another health care provider who treats you.

Additional State Requirements

Illinois has several laws that provide additional privacy protections and/or require the release of specific types of your PHI under certain circumstances, including the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*, the AIDS Confidentiality Act, 410 ILCS 305 *et seq.*, the Genetic Information Privacy Act, 410 ILCS 513, *et seq.*, and the Alcoholism and Other Drug Abuse and Dependency Act, 20 ILCS 301, *et seq.* The plans will follow applicable federal and state record preservation and production requirements.

Other Uses and Disclosures of PHI with Your Written Authorization

Other uses and disclosures of your PHI will be made only upon receiving your valid written authorization, unless otherwise permitted or required by law. For example, in general, your valid authorization is required in order to use or disclose psychotherapy notes, subject to certain specific exceptions. We will not disclose or use your PHI for marketing or sell your PHI. You may revoke an authorization at any time by providing written notice to the address below. Your written revocation will only be effective for future uses and disclosures of your PHI; revocation of your authorization shall have no effect on uses or disclosures made before the withdrawal of the authorization.

Individuals Involved in Your Health Care and Notification Purposes

Unless you object, the plans may release, to a family member, other relative, close personal friend, or other person identified by you, the PHI directly relevant to such person's involvement in your health care or payment related to your health care. Additionally, we may use or disclose PHI to notify or assist in the notification of a family member, personal representative, or other person responsible for your care.

We may make such uses and disclosures if we obtain your verbal agreement to do so; if we give you an opportunity to object to such a disclosure and you do not raise an objection; if we reasonably infer from the circumstances that you do not object to the disclosure; and, in certain circumstances (including incapacity and emergencies) where we are unable to obtain your agreement and we determine the disclosure is in your best interests.

We may use or disclose your PHI to an authorized public or private entity for the purpose of coordinating with disaster relief efforts. In the event that an individual is deceased, the plan may use or disclose to a family member or other persons described above, the PHI that is relevant to such person's involvement in the deceased's care or payment for health care prior to the person's death.

Your Rights Regarding Your Protected Health Information

The plans are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event that a plan discovers a breach of unsecured PHI. This section explains your rights and some of our responsibilities with respect to your PHI, including:

Right to Request Restrictions on Uses and Disclosures

You can ask the plans to limit certain uses and disclosures of your PHI. Any such request must be made in writing to the Privacy Officer listed in this Notice and must state the specific restriction requested and to whom that restriction would apply. The plans are not required to agree to any restriction that you request, and we may say "no" to your request if it would affect your care.

Right to Receive Confidential Communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests. Requests must be made in writing to the Privacy Officer listed in this Notice. When appropriate, you must specify how payment will be handled and an alternative address or other method of contact. If appropriate, your written request must state that the normal method of disclosure (for example, a document sent to your home address) of all or part of the PHI could endanger you.

Right to Access Your Protected Health Information

You can ask to see or to get a copy of certain types of your PHI contained in a designated record set for as long as the PHI is maintained in the designated record set. A designated record set is a group of records maintained by or for the plan, such as the enrollment, payment, claims adjudication, and case or medical management record systems, or those records that are used, in whole or in part, by or for the plan, to make decisions about individuals, such as decisions about claims and coverage.

To inspect and copy your PHI, contact the benefits service center at (877) 299-5111 *Requests for claims information contained in a designated record set should be directed to one of the third party claims administrators listed at <http://www.cityofchicago.org/benefits>, the benefits service center at (877) 299-5111.*

We may deny your request to inspect and copy your PHI in certain circumstances. If you are denied access to your PHI, you will be provided with a written denial. If you request a copy of your PHI, we may charge a reasonable fee to copy any PHI that you have the right to access.

Right to Amend Your Protected Health Information

You have the right to request that we amend PHI or a record in a designated record set for as long as the PHI is maintained in the designated record set. For example, you can ask us to correct your health records if they are inaccurate or incomplete. The plans may deny your request for amendment in certain circumstances, such as if we determine that the PHI is accurate and complete. Requests for an amendment of your PHI should be made in writing to the Privacy Officer listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI that the plans have made, if any, in the six years prior to the date of your request. The plans are not required to give you an accounting of uses or disclosures for purposes of treatment, payment, or health care operations, or to our business associates. Additionally, the plan is not required to give you an accounting of disclosures made to you about yourself; incident to a use or disclosure otherwise permitted or required; for which you have given us an authorization; or for certain other purposes set forth in the federal rules. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this Notice.

Right to Receive a Paper Copy of this Notice Upon Request

You have the right to receive a paper copy of this Notice upon request. If you allow us, we may send you this Notice by e-mail, and you still may obtain a paper copy of the Notice upon request. Requests for a paper copy of this Notice should be directed to the Privacy Officer listed in this Notice.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Privacy Complaints

If you believe your privacy rights have been violated, you may file a complaint with the plan and the Secretary of the United States Department of Health and Human Services. To file a complaint with the plan, send written notice to the Privacy Officer at the address listed below. The plan will not retaliate against you for filing a complaint.

Contact Information and Frequently Asked Questions (FAQ)

If you have questions about this Notice of Privacy Practices: Contact the City of Chicago's Privacy Officer at (312) 747-9698 or 333 S. State St., Rm. 200, Chicago, IL 60604, for further information about the matters covered by this Notice.

If you are seeking information contained in claims records: Contact the appropriate claims administrator listed at <http://www.cityofchicago.org/benefits>, or the City Of Chicago Health and Group Benefits Service Center at 877-299-5111

Effective Date

September 23, 2013