

Notice of Medical Information Privacy Policy – Cafeteria Plan

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.

As the plan sponsor of the Davison Community Schools Cafeteria Plan (the Plan), the Davison Community Schools acknowledges how important it is to maintain secure and confidential protected health information (PHI) that the Plan receives and maintains about you (and your dependents) who participate in the Plan. The Plan complies with regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which require that specific measures be taken to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, health care provided to you or payment for health care.

In this notice, we explain how the Plan protects the privacy of your PHI and how the Plan will allow your PHI to be used and provided to others. We must follow the privacy practices described in this notice while it is in effect. This notice took effect April 14, 2004 and was modified May 1, 2012. It will remain in effect until we replace or modify it.

The Plan provides cash or benefits under the district's Cash Option and Health Plans. The Flexible Spending Account option allows you to set aside funds on a pre-tax basis to pay for dependent care expenses and out-of-pocket costs for medical, dental, and vision services.

The Plan reserves its right to change its privacy practices at any time, consistent with the requirements of the law. These revised practices will apply to your PHI regardless of when it was created or received. Before the Plan makes a significant change to its privacy practices, you will receive a revised notice telling you about that change.

Uses and Disclosures of PHI by the Plan

In making payment for your medical expenses, the Plan may make the following uses or disclosures of your PHI without your authorization:

- The Plan may disclose your PHI to you or to someone who has the legal right to act on your behalf.
- The Plan may disclose your PHI for "health care operations," such as management or administration of the plan, preventing/investigating fraud, and obtaining bids from service providers.

- The Plan will disclose your PHI if it is required to do so by law, such as the PHI is required to be produced by subpoena, court order or in connection with a workers' compensation claim. The Plan will also disclose your PHI if required to do so by the Secretary of Health and Human Services.
- Your PHI may be disclosed to the Plan Sponsor, i.e., the Davison Community Schools, but only for the purpose of administering benefits under the Plan.
- Your PHI may be disclosed for matters in the public interest, such as public safety activities, reporting of child or adult abuse, neglect or domestic violence or to avoid a serious threat to the health and safety of others.
- The Plan may disclose your PHI without prior authorization from you, as permitted by law to others which perform services or functions on behalf of the Plan, such as a third party administrator, attorney, accountant or other advisor or service provider to the Plan. If the Plan makes such a disclosure, the Plan will at the same time obtain a binding agreement from the third party that prohibits the third party from disclosing or using the information other than to carry out the purposes for the disclosure, except as permitted by law or regulations.

You may authorize in writing that your PHI be disclosed to a third party for any other purpose. The Plan will require that your authorization be made on a specific authorization form, which you may obtain from the Plan's HIPAA compliance officer, named below.

Your Rights Regarding Your Protected Health Information

Under federal law, you have the right to:

- Request that restrictions be placed on release of your PHI. To request restrictions, you must make your request in writing to the HIPAA Compliance Officer. In your request, you must tell the Plan (1) what information you want to limit, (2) whether you want to limit the Plan's use, disclosure or both, and (3) to whom you want the limits to apply. The Plan is not required to agree to these additional restrictions, however, if the Plan does agree, it will abide by them (except as needed for emergency treatment or as required by law) unless the Plan notifies you that it is terminating its agreement to the restrictions.
- Receive confidential communications regarding your PHI. You may request that the Plan communicate with you about your PHI in a certain way or at a certain location, for example, only by mail or only at work. The Plan will honor such requests, in its discretion, if the requests are reasonable and can be accommodated with minimal disruption to plan administration. Also, the Plan will accommodate the request only if you clearly provide information showing that the disclosure of all or part of the PHI other than as you requested could endanger you. To request confidential communication of your PHI, you must make a written request to the

HIPAA Compliance Officer. Your request must state how or where you wish to be contacted.

- Inspect and copy your own PHI. To inspect and copy your PHI, you must submit a written request to the HIPAA Compliance Officer identified below. The Plan may charge a reasonable fee for the costs of copying and mailing your PHI to you. The Plan may deny your request in certain limited circumstances. If your request is denied, you may request that the denial be reviewed.
- Request an amendment to your PHI. A request to amend your PHI must be made in writing and addressed to the HIPAA Compliance Officer. You must provide a reason to support your request. The Plan may deny your request if it is not in writing or does not include a reason to support your request. Also, the Plan may deny your request to amend PHI which (1) is not a part of the PHI kept by or for the Plan, (2) was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment, (3) is not part of the PHI which you would be permitted to inspect and copy, or (4) is accurate and complete.
- Obtain an accounting for any disclosures of your PHI. This right covers disclosures other than disclosures made (1) to carry out treatment, payment or health care operations, (2) to you about your own PHI, (3) incident to an otherwise permitted use or disclosure, (4) as permitted by an authorization, (5) for the purpose of creating a facility directory or to persons involved in your medical care or other notification purposes, (6) as part of a limited data set as described in HIPAA, (7) for other purposes permitted by HIPAA, and (8) prior to April 14, 2004. To request an accounting of disclosures of your PHI, you must make a written request to the Plan's HIPAA Compliance Officer. If you request an accounting more than once in a 12 month period, the Plan may charge you a fee covering the cost of responding to any additional requests.
- Receive on request a paper copy of any notice regarding uses and disclosures of your PHI.

Questions and Complaints

If you want more information about the Plan's privacy practices or a paper copy of this notice, OR, if you believe that the Plan has violated your privacy rights or believe that the Plan has improperly used or disclosed your PHI, please contact:

Christine Kuzinski, Director of Human Resources and Operations
HIPAA Compliance Officer
Davison Community Schools
Cafeteria Plan
1490 N. Oak Road
Davison, MI 48423
Phone: 810-591-0808

Fax: 810-591-0082

You may also file a written complaint with the U.S. Department of Health and Human Services. The Plan will provide you with the Department's address to file your complaint upon request. The Plan will not take action against you if you file a complaint with the Plan or with the U.S. Department of Health and Human Services.

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