

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (“Notice”) applies to Protected Health Information (“PHI”), which is identifiable health information, defined by the Standards for Privacy of Individually Identifiable Health Information (i.e., the “Privacy Rule”) set forth by the U.S. Department of Health and Human Services (“HHS”) pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”); created or received by us, which relates to health or a condition of an individual; or the provision of health care to an individual; that identifies the individual, living or deceased. This Notice describes how the employees of the Roman Catholic Bishops of Stockton aka Diocese of Stockton, may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law. This Notice is effective June 1, 2014.

Copy of this Notice: The Plan Participant is entitled to receive a paper copy of this Notice at any time. To obtain a paper copy, contact Linda Dillen at 212 N San Joaquin Street Stockton, CA 95202-2409 or e-mail: ldillen@stocktondiocese.org.

### Definitions

Terms shall have the same meaning as those terms set forth in 45 CFR Sections 160.103 and 164.501. Any HIPAA regulation modifications altering a defined HIPAA term or regulatory citation shall be deemed incorporated into this provision.

### Commitment to Protecting Health Information

Privacy Standards will be implemented and enforced in the offices of the Employer and Plan Sponsor and any other entity that may assist in the operation of the Plan. The Plan is required by law to take reasonable steps to ensure the privacy of the Participant’s PHI, and inform him/her about:

1. The Plan’s disclosures and uses of PHI;
2. The Participant’s privacy rights with respect to his/her PHI;
3. The Plan’s duties with respect to his/her PHI;
4. The Participant’s right to file a complaint with the Plan and with the Secretary of HHS; and
5. The person or office to contact for further information about the Plan’s privacy practices.

### How Health Information May be Used and Disclosed

1. To carry out Payment of benefits;
2. For Health Care Operations;
3. For Treatment purposes; or
4. If the use or disclosure falls within one of the limited circumstances described in the rules (e.g., the disclosure is required by law or for public health activities).

### Disclosure of PHI to the Plan Sponsor for Plan Administration Purposes

The Plan Sponsor agrees to:

1. Not use or further disclose PHI other than as permitted or required by the Plan documents or as required by law (as defined in the Privacy Standards);
2. Ensure that any agents to whom the Plan Sponsor provides PHI received from the Plan, agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such PHI;
3. Establish safeguards for information, including security systems for data processing and storage;
4. Maintain confidentiality of PHI, unless an individual gives consent or for payment or Plan operations;
5. Receive PHI, in the absence of an individual’s express authorization, to carry out Plan administration;
6. Not use or disclose genetic information for underwriting purposes;
7. Not use or disclose PHI for employment-related actions and decisions, except pursuant to an authorization which meets the requirements of the Privacy Standards;
8. Report to the Plan any wrongful PHI use of which the Plan Sponsor becomes aware;

9. Make available PHI in accordance with section 164.524 of the Privacy Standards (45 CFR 164.524);
10. Make available PHI for amendment and incorporate any amendments to PHI (45 CFR 164.526);
11. Make available the information required to provide an accounting of disclosures (45 CFR 164.528);
12. Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the HHS”, or any other officer of HHS to whom authority has been delegated, for purposes of determining compliance with part 164 subpart E (45 CFR 164.500 et seq);
13. Report to the Plan any inconsistent uses or disclosures of PHI of which the Plan Sponsor becomes aware;
14. Train Employees in privacy protection and appoint a compliance coordinator responsible protections;
15. If feasible, return or destroy all PHI received from the Plan and retain no copies of such PHI when no longer needed for the purpose disclosure was made; and if such return or destruction is not feasible, limit further use; and
16. Ensure that adequate separation between the Plan and the Plan Sponsor, as required in section 164.504(f)(2)(iii) of the Privacy Standards (45 CFR 164.504(f)(2)(iii)), is established as follows:
  - a. The following Employees, or classes of Employees, or other persons under control of the Plan Sponsor, shall be given access to the PHI to be disclosed:
    - i. Privacy Officer
  - b. In the event any of the individuals described above do not comply with the provisions of the Plan documents relating to use and disclosure of PHI, the Plan Administrator shall impose reasonable sanctions as necessary, in its discretion, to ensure that no further non-compliance occurs, promptly report such violation to the Plan, and cooperate with the Plan to correct violation. Sanctions shall be imposed progressively (for example, an oral warning, a written warning, time off without pay and termination), if appropriate, and shall be commensurate with the severity of the violation.

### **Disclosure of Summary Health Information to the Plan Sponsor**

The Plan may disclose PHI to the Plan Sponsor of the group health plan for purposes of plan administration or pursuant to an authorization request signed by the Participant, obtaining premium bids or modifying the health plan.

### **Disclosure of Certain Enrollment Information to the Plan Sponsor**

Pursuant to section 164.504(f)(1)(iii) of the Privacy Standards (45 CFR 164.504(f)(1)(iii)), the Plan may disclose to the Plan Sponsor information on whether an individual is participating in the Plan or is enrolled in or has un-enrolled from a health insurance issuer or health maintenance organization offered by the Plan to the Plan Sponsor.

### **Disclosure of PHI to Obtain Stop-loss or Excess Loss Coverage**

The Plan Sponsor may direct the Plan (Plan Administrator or the Contract Administrator), to disclose PHI to stop-loss / excess loss carriers or managing general underwriters (“MGUs”) in order to obtain and maintain coverage related to claims under the Plan, made in accordance with the Privacy Standards.

### **Primary Uses and Disclosures of PHI**

1. Treatment, Payment and Health Care Operations: within the definitions and pursuant to HIPAA;
2. Business Associates: The Plan contracts with individuals and entities (Business Associates) to perform various functions. Business Associates will receive, create, maintain, use, or disclose PHI, only after the Plan and Business Associate agree in writing to contract terms requiring safeguards; and
3. Other Covered Entities: The Plan may disclose PHI to assist health care Providers in connection with their treatment or payment activities or to assist other covered entities in connection with payment

activities and health care operations. The Plan may also disclose or share PHI with other insurance carriers (such as Medicare, etc.) in order to coordinate benefits.

### **Other Possible Uses and Disclosures of PHI**

For a detailed description of any of the following, please contact Linda Dillen at (209) 466-0636 or e-mail: ldillen@stocktondiocese.org.

- Required by Law
- Public Health Activities
- Health Oversight Activities
- Abuse or Neglect
- Legal Proceedings
- Law Enforcement
- Coroners, Medical Examiners, Funeral Directors; Organ Donation Organizations
- Research
- To Prevent a Serious Threat to Health or Safety
- Military Activity and National Security, Protective Services
- Inmates
- Workers' Compensation
- Emergency Situations
- Fundraising Activities
- Group Health Plan Disclosures
- Underwriting Purposes
- Others Involved in Your Health Care

If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

### **Required Disclosures of PHI**

1. Disclosures to Participants: The Plan is required to disclose to a Participant or to an individual who has been assigned as his/her representative (qualified for such designation and in accordance with law), most of the PHI in a Designated Record Set upon request. Before disclosure to a representative, the Plan must be given written documentation establishing the personal representation, and absent a reasonable belief that the Participant has been, or may be, subjected to domestic violence, abuse, or neglect by such person; if it is not in the Participant's best interest to treat the person as his/her personal representative, or it could endanger the Participant; and
2. Disclosures to the Secretary of the U.S. Dept of Health and Human Services: The Plan is required to disclose the Participant's PHI to the Secretary of the U.S. Department of Health and Human Resources when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

### **Instances When Participant Authorization Is Needed Before Disclosing PHI**

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures for marketing;
3. Sale of PHI; and
4. Other uses and disclosures not described in can only be made with authorization from the Participant. The Participant may revoke this authorization at any time.

### **Participant's Rights**

The Participant has the following rights regarding their PHI:

1. Request Restrictions: The Participant may request, but the Plan is not required to restrict disclosures to family members, relatives, friends or other persons identified by him/her who are involved in his/her care or payment for his/her care;
2. Right to Receive Confidential Communication: The Participant has the right to request, in writing, that he/she receive communications regarding PHI in a certain manner or at a certain location and in a certain manner. The Plan will accommodate reasonable requests;
3. Right to Receive Notice of Privacy Practices: The Participant is entitled to receive a copy of the plan's Notice of Privacy Practices at any time;
4. Accounting of Disclosures: The Participant has the right to request to the Privacy Officer, in writing, an accounting of disclosures the Plan has made of his/her PHI, for the six (6) years prior to his/her request, including (a) the date of the disclosure, (b) the name of the entity or person who received the PHI and, if known, the address of such entity or person; (c) a description of the PHI disclosed, (d) a statement of the purpose of the disclosure that reasonably informs the Participant of the basis of the disclosure, and certain other information, but not including disclosures for treatment, payment, health care operations, and certain other purposes;
5. Access: The Participant has the right to request the opportunity to review copies of PHI maintained by the Plan about him/her. If the Participant requests copies, he/she may be charged a fee for costs of copying, mailing, and supplies. A request to transmit PHI directly to another designated person must be in writing, signed by the Participant and the recipient must be clearly identified. The Plan must respond to the Participant's request within thirty (30) days (in some cases, the Plan can request a 30 day extension). In limited circumstances, the Plan may deny the request. The Participant may be entitled to a review of that denial;
6. Amendment: The Participant has the right to request that the Plan change or amend his/her PHI. The Plan reserves the right to require this request be in writing. The Plan may deny the Participant's request in certain cases, including if it is not in writing or if he/she does not provide a reason for the request; and
7. Fundraising contacts: The Participant has the right to opt out of fundraising contacts.

### **Questions or Complaints**

If the Participant wants more information about Plan privacy practices, has questions or concerns, or believes that the Plan may have violated his/her privacy rights, please contact:

Privacy Compliance Officer  
Linda Dillen, Benefits Manager  
212 N San Joaquin Street Stockton, CA 95202-2409  
(209) 466-0636

The Participant may submit a written complaint to the U.S. Department of Health and Human Services ("HHS"). The Plan will provide the Participant with the address to file his/her complaint with the HHS upon request. The Plan will not retaliate against the Participant for filing a complaint with the HHS.

### **Potential Impact of State Law**

The HIPAA Privacy Rule regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.