

HIPAA Privacy Policies

The Wallingford Board of Education ("the Board" or the "Plan Sponsor") sponsors a group health plan that provides medical and dental benefits (the "Plan"). These Privacy Policies have been adopted by the Plan and the Board in order to ensure the privacy of protected health information ("PHI") that they receive in connection with the Plan in accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the regulations there under ("HIPAA") and other applicable laws. In these Policies, "Plan Participant" refers to a covered employee or retiree of the Board and his or her covered spouse and dependents; "we" refers to the Plan and the Board; and "employee" means all members of the Board's workforce. Other terms in these Policies have the meanings set forth in HIPAA, unless otherwise defined herein.

We are committed to maintaining the privacy of PHI and complying with all applicable laws and regulations relating to such information, including HIPAA. Accordingly, employees of the Board who have access to PHI created or received by the Plan shall comply with these Policies, and any additional policies and procedures that we may establish from time to time in order to comply with any changes in applicable law. We reserve the right to modify and amend these Policies from time to time, subject to applicable law. Such changes may be made with or without notice unless otherwise required by law.

These Policies are intended to serve as a practical guide to our privacy policies and practices and, as such, are not intended to cover all topics or circumstances. We reserve the right to respond to specific situations in a manner that best suits our needs and the needs of the individuals involved. Where there are differences between the provisions of these Policies and the provisions of applicable law, the provisions of applicable law will control.

Nothing in these Policies is intended to create or increase the rights or remedies of any Plan Participant or other third party or create any express or implied contract with any Plan Participant or other third party, other than as expressly set forth herein or contemplated hereby or in our Notice of Privacy Practices. Nothing in these Policies is intended to address any rights or obligations of the Board with respect to information that is not PHI.

Generally speaking, the PHI of a Plan Participant may be used or disclosed for payment purposes, such as determination or provision of benefits under the Plan; determination of eligibility or coverage under the Plan; adjudication and payment of claims; and for health care operations of the Plan, such as reviewing plan performance and business management and general administrative purposes. We may use and disclose PHI relating to Plan Participants only in accordance with these Policies, our Notice of Privacy Practices (described below) and applicable law. Moreover, a Plan Participant's PHI may be used or disclosed only for a permitted purpose and only the minimum amount of PHI necessary to accomplish the intended purpose may be used or disclosed. Reasonable precautions should be taken to prevent inadvertent or unnecessary disclosures.

Should you have any questions about these Privacy Policies or their application to particular circumstances, please contact the Assistant Superintendent for Personnel, our Privacy Officer, at 203-949-6508.

HIPAA Privacy Policies (continued)

I. Privacy Notice

We will provide Plan Participants with a Notice of Privacy Practices describing how the Plan may use and disclose individually identifiable health information and setting forth their rights and our obligations under the law and these Policies. The Notice of Privacy Practices will be sent to each Plan Participant. Plan Participants who join the Plan on or after the effective date will be provided with the Notice of Privacy Practices upon enrollment. In addition, our Notice of Privacy Practices will be posted on our website at www.wallingford.k12.ct.us.

Should there be a material change in the privacy rights of the Plan Participants or our policies or obligations under the law, the Notice of Privacy Practices will be promptly revised and redistributed as set forth above.

II. Use and Disclosure of PHI

We will use and disclose PHI in a manner that is described in the Notice of Privacy Practices, and only as permitted by HIPAA and other applicable laws. We will take appropriate steps to request, use or disclose no more than the minimum amount of PHI that is necessary to accomplish the purpose for which such information is sought. This minimum necessary standard does not apply, however, to the following uses or disclosures:

- A.** Uses by, or disclosures to, the Plan Participant;
- B.** Uses or disclosures pursuant to a valid authorization;
- C.** Disclosure to the U.S. Department of Health and Human Services ("HHS"); and
- D.** Uses and disclosures that are required by applicable law.

The Board will not use PHI in connection with any employment-related functions or decisions or in connection with any of its other benefit plans that are not health plans under HIPAA, such as our workers' compensation and life insurance plans, unless the Plan Participant has provided a valid authorization for such use or disclosure or such use or disclosure is required by applicable law. Only the Privacy Officer and those employees of the Board designated in the Plan Amendment shall be authorized to access PHI for the purpose of performing administrative functions on behalf of the Plan (such individuals are referred to as "Authorized Employees"). No other employee of the Board shall have access to PHI except in connection with exercising the right to access their own PHI as further described in the Right of Access policy described below.

If we no longer need PHI that is in our possession, we will destroy the information.

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III. Disclosure of PHI to Business Associates

Where it is necessary to employ a third party, such as a third party administrator, to carry out payment or health care operations of the Plan and to communicate PHI to or authorize receipt of PHI by such third party for the performance of its duties, the Plan must enter into a written agreement that obligates the third party ("Business Associate") to appropriately safeguard information. Before disclosing PHI to a Business Associate and before the Business Associate can be authorized to receive PHI on behalf of the Plan from any source, the employee making disclosure must confirm with the Privacy Officer that a Business Associate Agreement with such party has been signed. If an employee of the Board learns that a Business Associate has engaged in an activity, pattern or practice that constitutes a material breach of its Business Associate Agreement, the employee shall notify the Privacy Officer who will take immediate steps to initiate remedial action. Such action shall include requiring the Business Associate to cure the breach or end the violation and, if such steps are unsuccessful, to terminate the Business Associate Agreement or notify the Secretary of HHS.

If PHI is to be used or disclosed for purposes other than treatment, payment or operations (and certain other permissible purposes identified in these Policies and our Notice of Privacy Practices), the Plan Participant's written authorization must first be obtained. The form and contents of the authorization will comply with the requirements of HIPAA and other applicable laws. All uses and disclosures made pursuant to an authorization must be consistent with the terms and conditions of the authorization. We will not condition enrollment or eligibility for benefits upon the Plan Participant's signing an authorization. Requests for disclosures for purposes other than treatment, payment or operations without an authorization must be coordinated by the Privacy Officer.

IV. Individual Privacy Rights

A. Right of Access to PHI

A Plan Participant has the right to review his or her PHI contained in a designated record set, and to receive copies of such information in accordance with applicable law. We do not intend to maintain a designated record set; however, we will take reasonable steps to ensure that the third party administrator of the Plan will accommodate Plan Participants' requests to receive their PHI by any reasonable and appropriate means. However, a Plan Participant's request for access to his or her PHI may be denied where such denial is permitted by law. Additionally, a Plan Participant may be required to make a request for access to his or her PHI in writing and may be charged a reasonable fee or the copying and mailing of such information.

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B. Right to Request Amendment of PHI

A Plan Participant has the right to request an amendment of his or her PHI contained in a designated record set. If the record is inaccurate, and the law permits an amendment, it will be corrected. We will take reasonable steps to ensure that the third party administrator of the Plan will accommodate Plan Participants' requests for amendment of PHI as permitted by applicable law.

C. Right to Request an Accounting of Disclosures of PHI

A Plan Participant has the right to obtain an accounting of any disclosures of his or her PHI, except disclosures:

1. to Business Associates or Authorized Employees of the Board who are performing payment or health care operations;
2. to the Plan Participant;
3. made pursuant to the Plan Participant's authorization;
4. for national security or intelligence purposes;
5. to a health oversight agency or law enforcement official; or
6. incident to a permissible use or disclosure identified in our Policies or in HIPAA.

We will take reasonable steps to ensure that the third party administrator of the Plan meets the following standards: It will respond to a Plan Participant's request for an accounting within 60 days, or if it is unable to comply with such request within 60 days, it may extend the period by an additional 30 days, provided that it gives the Plan Participant notice (including reasons for the delay and the date that the information will be provided) within the original 60-day period; and the accounting will include the date of disclosure, the name of the receiving party, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure (or a copy of the written request for the disclosure, if any). The first accounting in any 12 month period will be provided free of charge. The third party administrator may impose reasonable production and mailing costs for subsequent accountings.

D. Right to Request Alternate Means of Communication or Locations

Plan Participants may ask to receive communications regarding their PHI by alternative means or at alternative locations. For example, a Plan Participant may ask to be called only at work rather than at home. We will

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accommodate the request of any Plan Participant if he or she clearly provides information that the disclosure of all or part of that information could endanger the participant. Other requests will be considered but cannot be accepted without consultation with the applicable third-party administrators and may be denied. The Privacy Officer or an Authorized Employee designated by the Privacy Officer shall be responsible for administering requests for confidential information and coordinating such requests with the applicable third party administrator.

E. Right to Request Additional Privacy Protections

A Plan Participant has the right to request that the use and disclosure of his or her PHI for purposes of treatment, payment or operations, or disclosures to individuals involved in their care be restricted further than the restrictions already imposed by these Policies and applicable law. However, there is no obligation to agree to any requested additional restrictions. The Privacy Officer or an Authorized Employee designated by the Privacy Officer will need to coordinate with the Plan's third party administrator prior to agreeing to an additional restriction. Any restrictions that are agreed to must be documented in accordance with our policies on documentation.

V. Personal Representatives of Plan Participants

For a Plan Participant who is an adult or emancipated minor, we will recognize a person who has legal authority to make health care decisions for the Plan Participant as his or her personal representative for purposes of exercising the Plan Participant's privacy rights and making decisions regarding the use and disclosure of the Plan Participant's PHI.

For a Plan Participant who is an unemancipated minor, we generally will recognize his or her parent, legal guardian or other person acting in loco parentis (in place of the parent) as the personal representative of the Plan Participant with respect to the exercise of privacy rights and the use and disclosure of the Plan Participant's PHI. We will not, however, recognize such person as a personal representative in those circumstances, acknowledged in HIPAA and set forth in other applicable laws, where a minor may obtain health care for himself or herself absent parental consent or notification.

For a deceased Plan Participant, we will recognize the executor, administrator or other legal representative with authority to act on behalf of the decedent or the decedent's estate as having the authority to exercise the Plan Participant's privacy rights and to make decisions regarding the use and disclosure of the Plan Participant's PHI.

PERSONNEL – CERTIFIED / NON-CERTIFIED

4112.61/4212.61

HIPAA Privacy Policies (continued)

VI. Verification of Persons Requesting PHI

We will take reasonable steps to verify the identity and legal authority of any person requesting PHI if his or her identity and authority is not otherwise known. Requests for information should be made, initially, in writing.

Legal Reference: 42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)
65 Fed. Reg. 50312-50372
65 Fed. Reg. 92462-82829
63 Fed. Reg. 43242-43280
67 Fed. Reg. 53182-53273

Policy Adopted: 05/21/12