

HIPAA NOTICE OF PRIVACY PRACTICES

HIPAA Privacy Notice

City of Des Plaines, Illinois
1420 Miner Street | Des Plaines, Illinois 60016

www.desplaines.org

Human Resources Department

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Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic health information we maintain
- Correct your paper or electronic health record or health information we maintain
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family about any specific healthcare benefits that you or they are eligible for
- Administer our healthcare benefits
- Market our healthcare benefits

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Determine employment eligibility
- Explain what healthcare benefits you or your family are eligible for
- Help you with billing or claims information
- Comply with the law
- Assess disability claims and requests for reasonable accommodations
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits, subpoenas and court orders

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record.
- We will provide a copy or a summary of your healthcare information, usually within 30 days of your request.

Ask us to correct your health record

- You can ask us to correct health information about you that we maintain that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request 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 say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations (i.e., the administrative, legal and financial activities to support your healthcare benefits). We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:
Privacy Officer
City of Des Plaines, Illinois
1420 Miner Street | Des Plaines, Illinois 60016
847.391.5486 | hr@desplaines.org
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1 (877) 696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family or others about your healthcare benefits

If you are not able to tell us your preference, for example if you are hospitalized and unconscious, we may go ahead and share your information if we believe it is in your best interest.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treatment

We may receive treatment information about you from a healthcare provider in the case of a workers' compensation or disability claim, and share it with human resources staff, legal advisors or other professionals who assess your claim.

Example: If you are injured on the job and file for workers' compensation, we may receive from your treating physician information about your work related injury.

Run our human resources functions

We can use and share your health information to run our human resources functions, specifically, to administer your healthcare benefits, assist you or your dependents with claims, determine employment eligibility, or assess disability or workers' compensation claims.

Example: We may use the explanation of benefits you provide to us in order to assist in the processing of claims upon your request.

How else can we use or share your health information?

We are allowed or required to share your information in other ways. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted on our web site.