

NOTICE OF INFORMATION 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.

Livingston County (the "Employer") maintains the Livingston County Flexible Benefits Plan (the "Plan"), and both the Employer and the Plan are required by federal law to maintain the privacy of Protected Health Information and to provide notice of our legal duties and privacy practices with respect to Protected Health Information. The Employer (through the Plan's Business Associate, Arcadia Benefits Group) creates a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. This notice fulfills the "Notice" requirements of the Health Information Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule. If you have questions about any part of this Notice of Information Privacy practices or desire to have further information concerning our information practices, please direct them to the Administrator of the Plan, whose contact information is listed at the end of this Notice. This revised Notice is published and became effective September 1, 2013.

This Notice of Information Privacy Practices explains how we will use or disclose your Protected Health Information ("PHI") for the purposes of diagnosis, treatment, obtaining payment for your health care bills, or to conduct healthcare operations. PHI includes records, notes, and reports, diagnostic films, claims, etc. that are individually identifiable.

Your PHI will be disclosed to certain employees of the Employer. These employees are limited to those employees required to assess, authorize and verify the validity of any benefit payments made by the Plan to you and those employees required to review your appeal of any claim for benefits initially denied by the Third Party Administrator of the Plan. These individuals may only use your PHI for Plan administration functions including those described below, provided they do not violate the provisions set forth herein. Any employee of the Employer who violates the rules for handling PHI established herein will be subject to adverse disciplinary action.

We engage in the following practices involving the use and disclosure of Individually Identifiable Health Information to carry out treatment, payment and health care operations:

- For Treatment. We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care personnel who are involved in your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that appropriate meals can be prepared. We also may disclose medical information about you to people outside the treatment facility who may be involved with your medical care.
- Emergencies. We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician, or another physician in the practice, is required by law to treat you and the physician has attempted to obtain your consent but is unsuccessful, he or she may still use or disclose your PHI to treat you.
- For Payment. We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may use your medical information from a surgery you received at the hospital so that the hospital can be reimbursed. We may also use your information to obtain prior approval for a treatment you may receive or to determine whether a third party will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- For Health Care Operations. We may use and disclose medical information about you for Plan or medical operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff which cares for you. We may combine medical information about many participants to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may combine the medical information we have with medical information from other health plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may also use medical information for purposes of underwriting and soliciting bids from potential carriers, premium rating and setting employee contributions, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. We may remove information that identifies you from this set of medical information so others may use it to study health care and delivery without learning the identity of the patients.

We are permitted to make the following uses and disclosures of your PHI for purposes other than treatment, payment, or health care operations should circumstances warrant such uses and disclosures. Any such uses and disclosures may be made without your consent, authorization, or opportunity to object:

- **Required By Law.** We may use or disclose your PHI to the extent required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Business Associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Public Health.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of preventing or controlling disease, injury, or disability, or for the purposes of conducting public health surveillance, public health investigations, and public health interventions. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.
- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, civil, administrative or criminal proceedings or actions, or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Abuse or Neglect.** We may disclose your PHI to a public health authority authorized by law to receive reports of abuse or neglect. We may also disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration.** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects, or problems; to track products; to enable product recalls; to make repairs/replacements; or to conduct post marketing surveillance.
- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Legal Proceedings.** We may disclose PHI in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or lawful process.
- **Law Enforcement.** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes, including (1) legal processes and purposes otherwise required by law, (2) limited information requests for identification and location purposes, (3) treating victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.
- **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death.
- **Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Criminal Activity.** Consistent with federal and state laws, we may disclose your PHI if we believe that 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for: (1) activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or

(3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

- Workers' Compensation. We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.
- Inmates. We may use or disclose your PHI if you are an inmate of a correctional facility or under the custody of a law enforcement official. This information may be released in the correctional facility or enforcement official represents that such protected health information is necessary for: A) the provision of health care to such individuals; B) the health and safety of such individual or other inmates; C) the health and safety of officers or employees or others at the correctional institution; D) the health and safety of such individuals and officers or other persons responsible for the transport of inmates or their transfer from one institution, facility or setting to another; E) Law enforcement on the premises of the correctional institution; F) The administration and maintenance of the safety, security, and good order of the correctional institution.
- Required Uses and Disclosures. Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, §164.
- Re-Bidding of Insurance Coverage. We may use or disclose your PHI in order to request new bids regarding any insurance coverage offered under the Plan. I
- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by the Employer for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to Employer personnel solely for purposes of administering benefits under the Plan.
- Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handles organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Amend or Terminate. We may use or disclose your PHI in order to decide whether to amend or terminate the Plan.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

- Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes;
2. Disclosures that constitute a sale of your Protected Health Information;
3. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to the Plan Administrator at the address listed at the end of this Notice. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. For more information call the Plan Administrator at (517) 540-8793.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach, as defined by law, of any of your unsecured PHI.

Right to Amend. If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by us. To request an amendment, your request must be made in writing to the Plan Administrator at the address listed at the end of this Notice. In addition you must provide a reason which supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by us; (3) is not part of the information which you would be permitted to inspect and copy; or, (4) is accurate and complete. The Plan must act on your request for an amendment of your PHI no later than 60 days after receipt of your request. The Plan may extend the time for making a decision for no more than 30 days, but it must provide you with a written explanation for the delay. If the Plan denies your request, it must provide you a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

Right to An Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Plan Administrator at the address listed at the end of this Notice. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list to be provided to you: for example, on paper, or by e-mail. HIPAA provides several important exceptions to your right to an accounting of the disclosures of your PHI. The Plan will not include in your accounting any of the disclosures for which there is an exception under HIPAA. The Plan must act on your request for an accounting of the disclosures of your PHI no later than 60 days after receipt of the request. The Plan may extend the time for providing you an accounting by no more than 30 days, but it must provide you a written explanation for the delay

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you can ask that we not use or disclose information about a surgery you had performed. We are not required to agree to your request for restrictions unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Plan Administrator at the address listed at the end of this Notice. In your request you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

Out-of-Pocket-Payments. If you paid out-of-pocket in full (or in other words, you have requested that we not bill your health plan) for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Plan Administrator at the address listed at the end of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Marketing or Sales Purposes. If you are contracted to raise funds, you have the right to opt out of receiving such communications. Any use or disclosure of PHI for marketing purposes and sales will require your authorization prior to commencement

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you

a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please submit a written request to the Livingston County Human Resources Director 304 E. Grand River, Ste. 205, Howell, MI 48843 (517) 540-8793. The Plan must make its internal practices, books and records related to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with these privacy protections. When the Plan no longer needs PHI disclosed to it by the Plan, for the purposes for which the PHI was disclosed, the Plan must, if feasible, return or destroy the PHI that is no longer needed. If it is not feasible to return or destroy the PHI, the Plan must limit further uses and disclosures of the PHI to those purposes that make the return or destruction of the PHI infeasible.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, you may contact the Plan Administrator at (517) 540-8793 Monday through Friday from 8:00 a.m. to 5:00 p.m. (other than State or Federal holidays) for further information about the complaint process. To file a complaint with the Department of Health and Human Services, contact the Secretary, Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-866-OCR-PRIV (627-7748), 1-866-778-4989-TTY. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

CHANGES TO THE NOTICE OF INFORMATION PRACTICES

We reserve the right to amend this Notice at any time in the future. Until such amendment is made, we are required by law to abide by the terms of this Notice.

ADMINISTRATOR'S CONTACT INFORMATION

Livingston County
304 E. Grand River, Ste. 205
Howell, MI 48843 (517) 540-8793

The undersigned Participant acknowledges receipt of this Notice on (enter date) _____

Signature _____