



## HIPAA NOTICE OF 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.**

### HEALTH INFORMATION PRIVACY

This Notice is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to describe how the Teachers Health Trust (Trust) health plan will protect your health information with respect to its self-insured health benefits.

“Health information” for this purpose means information that identifies you and either relates to your past, present or future physical or mental health condition or treatment, or relates to the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (PHI). Your PHI will not be used or disclosed by the Trust without a written authorization from you, except as described in this Notice or as otherwise permitted by federal or state PHI privacy laws. *Note: Your health care professionals may have different policies or notices regarding the use or disclosure of your health information.*

### TEACHERS HEALTH TRUST PRIVACY OBLIGATIONS

The Trust is required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of its legal duties and privacy practices with respect to your PHI;
- Follow the terms of the Notice that are in effect; and
- Notify affected individuals in the event there is a breach of unsecured PHI.

### HOW THE TRUST MAY USE AND DISCLOSE YOUR PHI

The Trust may use PHI or disclose it to others for a number of different reasons. The following are the different purposes for which the Trust may use and disclose your PHI without your authorization:

- **For Treatment.** The Trust may disclose your PHI to a health care provider who provides, coordinates or manages health care treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Trust may advise an emergency room physician about the different medications that you may have been prescribed.
- **For Payment.** The Trust may use and disclose your PHI so claims for health care treatment, services, and supplies that you receive from health care providers may be paid according to the Trust’s terms. The Trust may also use your PHI to obtain premiums and for billing, reviews of health care services received, and subrogation. For example, the Trust may tell a doctor or hospital whether you are eligible for coverage or what benefit payment will be paid by the Trust for services rendered.

## HOW THE TRUST MAY USE AND DISCLOSE YOUR PHI (CONT.)

- **For Health Care Operations.** The Trust may use and disclose your PHI for its healthcare operations, to enable it to operate more effectively and efficiently or to make certain that all of its participants receive the appropriate health benefits. For example, the Trust may use your PHI for case management, to refer individuals to disease management programs, for purposes of determining insurance eligibility and coverage or benefit responsibilities, to coordinate insurance coverage, for underwriting, premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, to arrange for medical reviews, or to perform population-based studies designed to reduce health care costs. In addition, the Trust may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, actuarial studies, and/or for fraud and abuse detection. The Trust may combine PHI about participants and disclose it to designated Trust personnel or consultants in a non-identifiable, summary fashion so that the Trust can decide, for example, what types of coverage the Trust should provide. The Trust may remove information that identifies you from PHI that is disclosed so that the PHI that is used by consultants or the Trust does not identify the specific Trust participants. *Note: The Trust is prohibited from using or disclosing your genetic health information for underwriting purposes.*
- **To the Plan Sponsor.** The Trust may disclose your PHI to designated personnel at the Trust so that they can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Trust. These individuals will protect the privacy of your PHI and ensure that it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your PHI (1) may not be disclosed by the Trust to any other employee or department of the Trust except as permitted in this Notice; (2) will not be shared with your employer for use in any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by your employer; and (3) will not be disclosed by the Trust to any employee or department of your employer.
- **To a Business Associate.** Certain services are provided to the Trust by third parties known as “business associates.” For example, the Trust may place information about your health care treatment into an electronic prescription drug claims processing system maintained by a business associate so that your pharmacy claims may be paid. In so doing, the Trust will disclose your PHI to its business associates so that the business associates can perform their claims payment functions. However, the Trust will require its business associates, through written agreements, to appropriately safeguard your PHI.
- **For Treatment Alternatives.** The Trust may use and disclose your PHI to tell you about possible treatment options or health care alternatives that may be of interest to you.
- **For Health-Related Benefits and Services.** The Trust may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care.** If you agree, if you are provided an opportunity to object and do not do so, or if the Trust reasonably infers that you do not object, the Trust may provide relevant portions of your PHI to a family member, friend, or other person you indicate is involved in your health care or in helping you receive payment for your health care. If you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, we will disclose PHI (as we determine) in your best interest. After the emergency, we will give you the opportunity to object to future disclosures to family and friends.
- **As Required by Law.** The Trust will disclose your PHI when required to do so by federal, state, or local law, including those laws that require the reporting of certain types of wounds, illnesses, or physical injuries.

## SPECIAL USE AND DISCLOSURE SITUATIONS

The Trust may also use or disclose your PHI without your authorization under the following circumstances:

- **Lawsuits and Disputes.** The Trust may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other forms of lawful due process, or as permitted by HIPAA in connection with a legal proceeding to which the Trust is a party.
- **Law Enforcement.** The Trust may release your PHI to law enforcement to prevent or lessen a serious threat to the health or safety of an individual or the public, for example, to report child abuse; to identify or locate a suspect, material witness, or missing person; to report a crime, the crime's location, or victims; or to report the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Trust may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Trust may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threats to Health or Safety.** The Trust may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Trust may disclose PHI about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; or notifying people of recalls of products they have been using.
- **Health Oversight Activities.** The Trust may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain limited circumstances, the Trust may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Trust may release your PHI to authorized federal officers (1) for intelligence, counterintelligence, and other national security activities authorized by law, and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Trust may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Trust may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Trust may also release your PHI to a funeral director, as necessary, to carry out his/her responsibilities.

## YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that the Trust maintains about you:

- **Right to Inspect and Copy Your PHI.** You have the right to inspect and copy your PHI that is maintained in a designated record set for so long as the Trust maintains your PHI. A “designated record set” includes medical information about eligibility; enrollment; and claim, appeal, medical, and billing records maintained by the Trust but does not include psychotherapy notes; information compiled in anticipation of or for use in a civil, criminal, or administrative proceeding; or information that is otherwise excluded by law.

To inspect and copy PHI maintained by the Trust, submit your request in writing to the Privacy Officer as described below. The Trust may charge a fee for the cost of copying and/or mailing your request. The Trust must act upon your request for access no later than 30 days after receipt. A single 30-day extension is allowed if the Trust is unable to comply by the initial deadline. In limited circumstances, the Trust may deny your request to inspect and copy your PHI. Generally, if you are denied access to your PHI, you will be informed as to the reasons for the denial and of your right to request a review of the denial.

- **Right to Amend Your PHI.** If you feel that the PHI that the Trust has about you is incorrect or incomplete, you may ask the Trust to amend it. You have the right to request an amendment for so long as the Trust maintains your PHI in a designated record set.

To request an amendment, send a detailed request in writing to the Privacy Officer as described below. You must provide the reason(s) to support your request. The Trust may deny your request if you ask the Trust to amend your PHI that was (1) accurate and complete, (2) not created by the Trust, (3) not part of the designated record set kept by or for the Trust, or (4) not information that you would be permitted to inspect and copy. The Trust has 60 days after the request is received to act on the request. A single 30-day extension is allowed if the Trust cannot comply by the initial deadline. If the request is denied, in whole or in part, the Trust will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and, if permitted under HIPAA, have that statement included with any future disclosures of your PHI.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” of your PHI. This is a list of disclosures of your PHI that the Trust has made to others for the six (6) year period prior to the request, except for those disclosures necessary to carry out treatment, payment, or health care operations; disclosures previously made to you; disclosures that occurred prior to the date on which the accounting is requested; or in certain other situations described under HIPAA.

To request an accounting of disclosures, submit your request in writing to the Privacy Officer as described below. Your request must state a time period, which may not be longer than six (6) years prior to the date the accounting was requested. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Trust provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Trust will charge a reasonable, cost-based fee for each subsequent accounting.

## YOUR RIGHTS REGARDING YOUR PHI (CONT.)

- **Right to Request Restrictions.** You have the right to request a restriction on the PHI that the Trust uses or discloses about you for treatment, payment, or health care operations. You also have the right to request that the Trust limit the individuals (for example, family members) to whom the Trust discloses PHI about you. For example, you could ask that the Trust not use or disclose information about a surgical procedure that you had. While the Trust will consider your request, it is not required to agree to it, except in those situations where (1) the requested restriction relates to the disclosure to the Plan for purposes of carrying out payment or health care operations (and not for treatment) and is not otherwise required by law, and (2) the PHI pertains solely to a health care item or service that was paid for in full by you or a person other than the Trust on your behalf. If the Trust agrees to the restriction, it will comply with your request until such time as the Trust provides written notice to you of its intent to no longer agree to such restriction, or unless such disclosure is required by law.

To request a restriction or limitation, make your request in writing to the Privacy Officer as described below. In your request, you must state (1) what information you want to limit; (2) whether you want to limit the Trust's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. *Note: The Trust is not required to agree to your request.*

- **Right to Request Confidential Communications.** You have the right to request that the Trust communicate with you about health matters using alternative means or at alternative locations. For example, you can ask that the Trust send your explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Privacy Officer as described below. The Trust will accommodate all reasonable requests. Your request must specify how or where you want to be contacted.
- **State Privacy Rights.** You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. You may write to the Privacy Officer as described below to request a written copy of this Notice at any time.

## CHANGES TO THIS PRIVACY NOTICE

The Trust reserves the right to change this Notice at any time and from time to time, and to make the revised or changed Notice effective for PHI that the Trust already has about you, as well as any information that the Trust may receive in the future. The revised Notice will be provided to you in the same manner as this Notice, or electronically if you have consented to receive the Notice electronically.

## COMPLAINTS

If you believe that your PHI privacy rights as described under HIPAA and/or this Notice have been violated, you may file a written complaint with the Trust by contacting the person listed at the address below under "Contact Information." You may also file a written complaint directly with the regional office of the U.S. Department of Health and Human Services, Office for Civil Rights. The complaint should generally be filed within 180 days of when the act or omission complained of occurred. *Note: You will not be penalized or retaliated against for filing a complaint.*

## OTHER USES AND DISCLOSURES OF PHI

Other uses and disclosures of PHI not covered by this Notice or by the laws that apply to the Trust will be made only with your written authorization. If you authorize the Trust to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Trust will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Trust will not reverse any uses or disclosures already made in reliance on your prior authorization. The Plan will notify you in the event that there is a breach involving unsecured PHI.

## CONTACT INFORMATION

To receive more information about the Trust's privacy practices or your rights, or if you have any questions about this Notice, please contact the Trust at the following address:

**Contact Office or Person:** Privacy Officer  
**Health Plan Name:** Teachers Health Trust  
**Telephone:** 702-794-0272 or 800-432-5859  
**Address:** 2950 E. Rochelle Avenue, Las Vegas, NV 89121  
**E-mail:** [privacyofficer@teachershealthtrust.org](mailto:privacyofficer@teachershealthtrust.org)  
**Website:** [www.teachershealthtrust.org](http://www.teachershealthtrust.org)

Copies of this Notice are also available in your Plan Document and on the Trust's website, [www.teachershealthtrust.org](http://www.teachershealthtrust.org). A paper copy of this Notice is also available by sending an e-mail request to the above address.

**Effective and Last Updated on May 1, 2018.**