

**THE CITY OF PHILADELPHIA
GROUP HEALTH PLANS
JOINT NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.***

IMPORTANT: Receipt of this Notice does not mean you are eligible for or enrolled under any of the Plans. Eligibility and enrollment are determined by the Plan documents and your elections.

1. Why am I receiving this Notice?

Under the City of Philadelphia Flex Plan, the City of Philadelphia (“City”) provides certain group health benefits that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). These group health benefits include:

- Medical Coverage Benefits;
- Prescription Coverage Benefits;
- Dental Coverage Benefits;
- Vision Coverage Benefits;
- Health Care Flexible Spending Account Benefits;
- Employee Assistance Plan Benefits; and
- Wellness Benefits

The City also sponsors certain group health plans for retirees that are subject to HIPAA. These plans include:

- The City of Philadelphia Medical Plan for Retirees;
- The City of Philadelphia Prescription Drug Plan for Retirees;
- The City of Philadelphia Dental Plan for Retirees;
- The City of Philadelphia Vision Plan for Retirees;

Together these health benefits and plans will be referred to in this Notice as the “Plans” and individually they will be referred to as a “Plan”. For purpose of HIPAA compliance, the Plans

operate as an organized health care arrangement (“OHCA”). This allows the City to have one notice and one set of policies and procedures encompassing all of the City’s health benefit plans that are part of the OHCA. Each Plan that is part of the OHCA may disclose protected health information about you to another Plan that is part of the OHCA for payment and health care operations activities of the Plans.

In addition, the City of Philadelphia Flex Plan is a hybrid entity under HIPAA. This means that this Notice shall only apply and be interpreted to apply to those portions of the Flex Plan identified above that are subject to the HIPAA Privacy Rule as a group health plan.

Some of the Plans are self-insured by the City, which means the City assumes the financial risk of paying for the plan benefits, and some of the Plans are insured by an insurance company that assumes the financial risk. To the extent you are enrolled in a Plan or option under a Plan that is not self-insured by the City, you may receive a separate privacy notice from your insured Plan or option. That notice will apply to the insurer’s privacy practices.

HIPAA protects the privacy and security of your personal health information that is created, used, maintained, or disclosed by the Plans. The Plans are required by law to:

- Maintain the privacy and security of your protected health information in their possession;
- Provide you with this Notice describing the Plans’ legal duties and privacy practices and your rights concerning your PHI;
- Follow the duties and practices described in this Notice; and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

2. What is Protected Health Information (PHI)?

Protected Health Information, sometimes referred to as PHI, is any information created, received or maintained by a Plan that relates to the past, present or future physical or mental health or condition of an individual or the past, present or future provision of and/or payment for the provision of health care to an individual and which identifies (or may be used to identify) an individual. PHI includes information that may appear on paper or in any other form. It does not include employment records held by the City in its role as employer.

3. How do the Plans typically use or disclose my PHI?

The Plans, and the individuals who administer them, may use, receive, or disclose your protected health information, without obtaining a written authorization from you, to assist in your treatment, to evaluate and pay claims for health care services, and to conduct health care operations. These activities cover a broad range of functions. Specific examples of the ways in which your PHI may be used and disclosed for these purposes are set forth below. This list is

representative only and does not include every use and disclosure that is permitted under each category.

- For Treatment. The Plans may disclose your protected health information to your providers for treatment. For example, a doctor treating you for a particular condition may need to obtain information from a Plan about prior treatment of you for a similar or different condition, including the identity of the health care provider who treated you previously.
- For Payment. The Plans may use and disclose your protected health information to calculate premiums, to determine or fulfill their responsibility for covering and providing benefits under the Plans, and to obtain reimbursement and pay for health care you have received. Activities related to this purpose may include, among other things, determining eligibility for benefits, making coverage determinations, administering claims, and utilization review activities. For example, a physician submits an authorization to a Plan prior for your hospital visit for knee surgery in order for the Plan to evaluate the authorization and grant coverage approval prior to the service being rendered. A Plan may send explanations of benefits (EOBs) and other claim denials to the employee or former employee who is enrolled in the Plan.
- For Health Care Operations. The Plans may use and disclose your protected health information for certain operational purposes. Such activities may include, among other things, conducting quality assessment to ensure that members of the Plans receive quality care, case management and care coordination, credentialing health care providers, underwriting and obtaining a contract of insurance, obtaining stop-loss insurance, business planning and development, customer service, resolving internal grievances, and general administrative functions. For example, the Plans may use your protected health information to verify enrollment information and to perform audits. PHI may also be used to provide you with the opportunity to participate in certain activities under a disease management program to the extent these features are available now or in the future under the Plans.

If applicable to your circumstances, the Plans may use and disclose your protected health information to contact you to tell you about treatment alternatives or information about other health-related benefits and services that may be relevant to you and to provide you with appointment (or treatment) reminders.

Under certain terms and conditions, the Plans (and the HMOs or insurers offering benefits under the Plans) may disclose your protected health information to the City, as the plan sponsor. Ordinarily, these disclosures are limited to enrollment information and information necessary for the administration of the Plans. The Plan documents identify by position the specific employees or other individuals who are authorized to have access to or receive your protected health information for plan administration purposes. The City cannot use your protected health information obtained from the Plans for any employment-related actions without your authorization.

The Plans contract with other businesses and individuals for certain plan administrative services. Each of these “business associates” may obtain, create, use and disclose your health information for purposes of performing services for or on behalf of the Plans as long as the business associate agrees in writing to protect the privacy of your information and meet certain other specified requirements. Certain business associates may also use and disclose PHI for their own management, administrative and legal responsibilities (and for purposes of aggregating data with data obtained from other clients for evaluation of Plan design issues and other appropriate Plan purposes).

The Plans may use or disclose PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of contracts for health insurance. However, the Plan may not use or disclose any genetic information of an individual for these purposes.

A Plan may disclose PHI to health care providers, to health plans outside this OHCA, and to health care clearinghouses (companies that translate electronic health information from one format to another) for purposes of their own payment or certain health care operation services (such as quality assurance, case management, care coordination, licensing, credentialing and the detection of fraud and abuse).

4. How else may the Plans use or disclose my PHI?

The Plans are also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

- When required to do so by law;
- For certain public health activities (such as reporting disease outbreaks);
- For reporting abuse, neglect, or domestic violence to government authorities authorized by law to receive such information;
- To a health oversight agency for the purpose of conducting health oversight activities authorized by law;
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal’s order, subpoena, discovery request or other lawful process;
- To a law enforcement official for certain law enforcement purposes (such as providing limited information to locate a missing person or report a crime);
- To a coroner, medical examiner, or funeral director for purposes of carrying out his or her duties;
- To organ donation organizations to facilitate donations and transplants of organs, eyes, and tissues;

- For research purposes (such as research related to the prevention of disease or disability) if the research study meets requirements designed to protect your privacy;
- To avert a serious threat to the health or safety of you or any other person;
- For specified government functions, such as military or veterans' activities, national security or intelligence activities, and your care if you are imprisoned;
- As authorized by and to the extent necessary to comply with laws and regulations related to workers' compensation or similar programs;
- To persons involved in your care or who help pay for your care, such as a family member, or to a disaster relief organization, if you are unavailable or unable to object and we believe the disclosure is in your best interest.

The Plans **are required to** disclose PHI about you when:

- You or your personal representative requests it; or
- The U.S. Department of Health and Human Services requests information to assess whether the Plans are complying with privacy laws.

5. When will the Plans ask my permission to use or disclose my PHI?

In any circumstances not described in this Notice, the Plans will not use or disclose your PHI unless you authorize the use or disclosure in writing. For example, the Plans will obtain your authorization to market (or allow other parties to market) products and services to you or to sell your PHI to a third party. The Plans will also obtain your consent for most uses or disclosures of psychotherapy notes and for disclosures of your PHI that are considered a sale of PHI under HIPAA.

Your authorization is not required for uses or disclosures of psychotherapy notes which are necessary for treatment, payment or health care operations, including the use, by the originator of the psychotherapy notes, for treatment, or the use or disclosure of such information for training purposes as provided by law. The Plans may also use and disclose such notes to defend against litigation or other legal proceeding brought by you or on your behalf.

You can choose to allow the Plans to share your PHI with persons involved in your care or who help pay for your care, such as family members and friends. We will ask you whether you want us to share your PHI and give you an opportunity to object, unless the circumstances clearly indicate you would like us to share your PHI with a person involved in your care or payment for your care. The Plans may also advise a family member or close friend about your location (for example, that you are in the hospital) or death, unless other laws would prohibit such disclosures. In these situations, when you are present and not incapacitated, the Plans will either (1) obtain your agreement, (2) provide you with an opportunity to disagree to the use or disclosure, or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure.

If you are not present or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Plans may use professional judgment to determine that the disclosure is in your best interest and disclose PHI relevant to such person's involvement with your care, payment related to your health care, or for notification purposes. If you are deceased, the Plans may disclose to such individuals involved in your care or payment for your health care prior to your death the PHI that is relevant to the individual's involvement, unless you have previously instructed the Plans otherwise

If you have a legally designated personal representative, the Plan will provide your PHI to that person to the extent he or she is legally authorized to act on your behalf. Explanations of Benefits (EOBs) and other claim denials will continue to be sent to the subscriber (employee or former employee who enrolls in a Plan).

6. How do I authorize a release of my PHI from a Plan?

You will need to complete and sign a written authorization form. Once you give us the authorization to release your information, we cannot guarantee that the person who receives the information will not further disclose it. You may take back or "revoke" your authorization, in writing, at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken. To find out where to deliver your authorization and how to revoke an authorization, contact the Information Contact Identified in Item 10.

7. Are there other laws that further restrict how my PHI may be used or disclosed by the Plans?

Under certain circumstances, Pennsylvania and federal laws place stricter privacy restrictions on the use and disclosure of certain types of sensitive health information including but not limited to: (1) HIV/AIDS status; and (2) information relating to the diagnosis and treatment for mental health, intellectual disability, substance abuse, and communicable diseases. Generally, these laws permit the use and disclosure of these types of sensitive health information for such purposes as treatment and payment of health care claims, but otherwise require health care providers, and sometimes others, to keep such information confidential unless you consent to disclosure. As explained more fully below, you may be able to request a Plan to restrict its uses and disclosures made for purposes of payment or health care operations where you have paid for the health care item or service entirely out of your own pocket. If you have any questions about a Plan's use and disclosure of sensitive health information, please contact the person identified as the Information Contact in Item 10 or, where applicable, the customer service telephone number appearing on the back of your health benefits card.

8. What are my individual rights with respect to my PHI?

You have the right to:

- See and get a copy of your health and claims records and other health information about you held by a Plan in a designated record set. You will generally receive a response to your request within 30 days. In certain situations, your request to see and copy your protected health information may be denied. For example, you may not get access to information compiled in reasonable anticipation of a trial or administrative proceeding.
- Request that a Plan correct certain of your records if you believe the information is incorrect or incomplete. We may say no to your request but we will tell you why in writing within 60 days.
- Receive a list (accounting) of times a Plan has shared your health information, who it shared it with, and why. We will include all disclosures except those about treatment, payment or health care operations and certain other disclosures (such as any you asked the Plan to make). A Plan does not need to account for disclosures that occurred either before the Plan became a self-insured Plan of the City or more than six years before your request, whichever occurred later.
- Get a paper copy of this Notice at any time, even if you previously received it electronically or elected to receive it electronically.
- Be notified of any unauthorized acquisition, use or disclosure of or access to your PHI that compromises the security or privacy of the PHI.
- Ask a Plan to restrict its uses and disclosures of your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan is not generally required to agree to a requested restriction. However, the Plan must follow your request to restrict disclosures made for purposes of payment or health care operations where you have paid for a health care item or service entirely out of your own pocket.
- Ask a Plan to contact you in a specific way (for example, on your home or office phone) or to send mail to a different address. A Plan will consider all reasonable requests and must say “yes” if you say you would be in danger if it does not. You will need to renew this request upon a change in your Plan options or administrators.

Certain administrative rules may apply to these individual rights. For example, you may be required to submit a request in writing or on a prescribed form, and you may be charged the cost of copying and postage. Your right to make a request does not necessarily mean that your request will be approved. Where a response to your request is appropriate, it will ordinarily be provided to you in writing.

9. How do I make a complaint if I think my rights have been violated?

You can complain if you feel any Plan has violated your rights by contacting us at the address listed below. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, as described at www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

10. Who Is the Plan’s Information Contact?

If you would like more information about the Plans’ privacy practices or would like to exercise any of your rights (such as your right to request a copy of your health information), you may contact:

City of Philadelphia
Office of Human Resources – Health and Welfare Benefits
Attn: GHP HIPAA Privacy Officer
Two Penn Center Plaza
1500 J. F. Kennedy Blvd., 16th Floor
Philadelphia, PA 19102
Telephone: 215-686-0612

If you wish to complain about how a Plan is handling your protected health information, you may contact:

City of Philadelphia
HIPAA Privacy Officer
1515 Arch Street, 15th floor
Philadelphia, PA 19102
Telephone: 215-683-5237
HIPAAprivacy@phila.gov

11. What is the effective date of this Notice?

This Updated Notice is effective on September 3, 2019.

12. Can this Notice be changed?

We can change the terms of this Notice at any time, and the changes will apply to all PHI we maintain. Any time the Notice is materially changed, we will provide you with a copy.