

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.

ANCHORAGE SCHOOL DISTRICT HEALTH PLANS

NOTICE OF PRIVACY PRACTICES

EFFECTIVE AUGUST 14, 2023

This is the Notice of Privacy Practices (the “Notice”) that is described in the Health Insurance Portability and Accountability Act of 1996 and the corresponding federal regulations (commonly known as “HIPAA”). It is required to be published and distributed by those responsible for maintaining the Anchorage School District Health Plans (the “Plan”). HIPAA requires those benefit programs within the Plan that are subject to HIPAA (medical, prescription, dental, vision, health reimbursement arrangement (HRA), health care flexible spending account (Health Care FSA), employee assistance program (EAP), and retiree medical, dental, and vision) to protect the privacy of your personal health information, to provide you with notice of the Plan’s legal duties and privacy practices, as they pertain to your personal health information, and to notify you following a breach of unsecured protected health information. The Plan is required by law to abide by the terms of this Notice, as currently in effect.

You may have additional privacy rights under state law. An applicable state law that provides for greater privacy protection or privacy rights will continue to apply.

Your Personal Health Information

The Plan collects personal health information from or about you through the application and enrollment process, utilization and review activities, claims management, and/or other activities in connection with the general management of the Plan. Your personal health information that is protected by law broadly includes any information, whether verbal, written or recorded, that is created or received by certain healthcare entities, including healthcare providers, such as physicians and hospitals, as well as health insurance companies or health plans. The law specifically protects health information that contains data such as your name, address and social security number that could be used to identify you as the individual who is associated with that health information.

Uses and Disclosures of Your Personal Health Information

Generally, the Plan may not use or disclose your protected health information (“PHI”) without your permission. Further, once your permission has been obtained, the Plan must use or disclose your PHI in accordance with the specific terms of that permission.

Uses And Disclosures Without Authorization

The following are the circumstances under which the Plan is permitted by law to use or disclose your PHI without your permission:

- For payment purposes, such as, but not limited to, billing, claims management, collection activities, and related healthcare data processing. For example, the Plan may disclose your PHI to a health care provider so that it can make authorization decisions;
- For healthcare operations purposes, such as, but not limited to, quality assessment and improvement activities, underwriting, conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs, and other activities necessary or appropriate for the maintenance of the Plan. For example, the Plan may use the information to provide disease management programs for covered persons with specific conditions such as diabetes, asthma or heart failure; and
- For treatment purposes, such as, but not limited to, disclosures to a healthcare provider. For example, the Plan may disclose to a treating orthodontist the name of the treating dentist so that the orthodontist may request dental records from the treating dentist.

The Plan may also disclose PHI without your permission as follows:

To Anchorage School District (“ASD”). The Plan may disclose your PHI to designated ASD employees so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to individuals involved in Plan-related administration. These individuals will protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information may not be disclosed by the Plan to any other ASD employee or department and will not be used by ASD for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by ASD.

To Business Associates. Certain services are provided to the Plan by third parties known as “business associates.” For example, the Plan may input information about your healthcare treatment into an electronic claims processing system maintained by the Plan’s business associate so your claim can be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

With Regard to Treatment Alternatives and Health-Related Benefits and Services. The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you. Also, the Plan 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. In certain circumstances, the Plan may disclose PHI to a close friend or family member involved in or who

helps pay for your healthcare. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.

As Otherwise Permitted By Law. The Plan may also use or disclose your PHI without your permission in the following situations, subject to applicable requirements under HIPAA:

- As required by law;
- For public health activities;
- For health oversight activities, such as for government benefit programs;
- In judicial and administrative proceedings;
- For law enforcement purposes;
- With respect to decedents, such as disclosures to coroners and funeral directors;
- To proper authorities with regard to victims of abuse, neglect or domestic violence;
- For organ or tissue donation purposes;
- To avert a serious threat to health or safety;
- To military authorities, if you are a member of the armed forces;
- To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by federal law;
- To correctional institutions or law enforcement officials, if you are an inmate of a correctional institution or are in the custody of a law enforcement official;
- To health information researchers when the individual identifiers within the PHI have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research; and
- For workers' compensation.

The Plan is required to disclose PHI to:

- you, in accordance with your rights with respect to your PHI, as discussed below; and
- The Secretary of the U.S. Department of Health and Human Services to determine the Plan's compliance with HIPAA.

Uses And Disclosures That Require Your Authorization

The Plan must obtain your written authorization for the following uses and disclosures:

- a use or disclosure of psychotherapy notes in accordance with 45 C.F.R. § 164.508 (a)(2);
- a use or disclosure of PHI for marketing unless the communication is in the form of:
 - a face-to-face communication made by the Plan to an individual; or
 - a promotional gift of nominal value provided by the Plan.

If the marketing involves financial remuneration to the Plan from a third party, your authorization must state that such remuneration is involved;

- a disclosure of PHI which constitutes a sale of PHI. Any authorization permitting a sale of your PHI must state that the disclosure will result in financial remuneration to the Plan.

All Other Situations Require Your Written Authorization

Other Plan uses and disclosures not described in this Notice will be made only with your authorization. Further, the Plan is required to use or disclose your PHI in a manner consistent with the terms of your authorization. You may revoke your authorization to use or disclose your PHI at any time, except to the extent that either the Plan has taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Certain Prohibited Uses And Disclosures

If the Plan uses PHI for underwriting purposes, the Plan will not use or disclose PHI that is genetic information of an individual for such purposes.

Your Rights with Respect to Your PHI

Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of your rights and the Plan's duties with respect to enforcing those rights.

Right To Request Restrictions On Uses And Disclosures

You have the right to request restrictions on certain uses and disclosures of your PHI. You may request restrictions on the following uses or disclosures:

- To obtain payment or treatment or with respect to healthcare operations of the Plan;
- Disclosures to your family members, relatives, or close personal friends of your PHI directly relevant to your care or payment related to your healthcare or your location, general condition, or death;
- Instances in which you are not present or when your permission cannot practicably be obtained due to your incapacity or an emergency circumstance;
- Disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts; or
- If you become deceased, disclosures to a family member, other relative, or a close personal friend who was involved in your care or payment for your care prior to your death. Such disclosures must be relevant to such person's involvement; however, no such disclosures will be made if doing so is inconsistent with any prior expressed preference you have made known to the Plan.

The Plan is not required to agree to your request. However, if the Plan does agree to the request, it will honor the restriction until you revoke it or we notify you.

Your request should be submitted in writing on the form available from the Privacy Officer. If the Plan agrees to a restriction, the Plan is bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. You cannot request to restrict uses or disclosures that are otherwise required by law.

Right To Receive Confidential Communications

You have the right to request confidential communications of your PHI. Your written request for confidential communications must include an alternative address or method of contact and be sent to the Privacy Officer. The Plan is required by law to accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state in your written request for confidential communications that disclosure of all or part of the information could endanger you.

Right To Inspect And Copy Your PHI

You have the right to inspect and copy your PHI maintained in a designated record set. This includes information about your Plan eligibility, claims and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing on the form available from the Privacy Officer. The Plan may charge a fee for the cost of labor for copying the PHI, supplies for creating the copy, mailing your request and/or other permitted costs. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial from the Privacy Officer of the Plan at the contact information listed below.

Right To Amend Your PHI

If you feel that the Plan's health information about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment as long as the information is kept by or for the Plan. To request an amendment, submit a request in writing using the form available from the Privacy Officer. You must provide the reason(s) to support your request. The Plan may deny your request if your request is not in writing or if you ask the Plan to amend health information that was:

- Accurate and complete;
- Not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Not part of the health information kept by or for the Plan; or
- Not information that you would be permitted to inspect and copy.

Right To Receive An Accounting Of Disclosures Of Your PHI

You have the right to receive a written accounting of all disclosures of your PHI that the Plan has made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less

than six (6) years from the date of the request. Such accountings will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure. The Plan is not required to provide accountings of disclosures for certain purposes, including, but not limited to, the following:

- Payment, treatment, and healthcare operations;
- Disclosures pursuant to your authorization;
- Disclosures to you;
- Disclosures made to friends or family in your presence or because of an emergency;
- Disclosures for national security purposes; or
- Disclosures incidental to otherwise permissible disclosures.

If the Plan uses or maintains an electronic health record (“EHR”) with respect to PHI, you have the right to receive an accounting of disclosures of PHI within a designated record set, which includes all disclosures for purposes of payment, health care operations, or treatment over the past three (3) years, in accordance with the laws and regulations currently in effect.

The Plan reserves the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law.

The Plan will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

All requests for an accounting should be submitted in writing on the form available from the Privacy Officer.

Right To Notice Of A Breach Of Your PHI

You have the right to be notified in the event that the Plan (or a business associate) discovers a breach of unsecured PHI. The Plan and its business associates will take appropriate steps to ensure that PHI is secure and will notify you upon a breach of any unsecured PHI. The notice must be made within sixty (60) days of the Plan becoming aware of the breach and will include, to the extent possible: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or used during the breach; (c) the steps you can take to protect yourself from potential harm; (d) a description of the Plan’s or business associate’s actions to investigate the breach and mitigate harm and prevent further breaches; and (e) contact procedures for affected individuals to find additional information.

Complaints

You may file a complaint with the Plan or with the U.S. Department of Health and Human Services, Office of Civil Rights, if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to the Privacy Officer at the contact information identified below. For information regarding filing a complaint with the Department of Health and Human Services, you may access the following website at <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>. Alternatively, you may file a complaint with the regional office in the state or jurisdiction where the Plan is located. A list of regional offices may be obtained through the Benefits Department. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice. A complaint must be received by the Plan or filed with the U.S. Department of Health and Human Services, Office of Civil Rights, within one hundred eighty (180) days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendment to This Privacy Notice

The Plan reserves the right to revise or amend this Notice at any time. Revisions or amendments may be made effective for all PHI the Plan maintains even if created or received prior to the effective date of the revision or amendment. The Plan will provide you with notice of any revisions or amendments to this Notice, or changes in the law affecting this Notice. If there is a material change to the Notice, the Plan will prominently post the change or its revised Notice at <https://asdk12ak.sharepoint.com/sites/share/support/Benefits/default.aspx> (internal link) and <https://www.asdk12.org/site/Default.aspx?PageID=1372> (external link) by the effective date of the material change and will provide the revised Notice or information about the material change and how to obtain the revised Notice in its next annual mailing to individuals covered by the Plan.

Ongoing Access to Privacy Notice

The Plan will provide you with a copy of the most recent version of this Notice at any time upon your written request directed to the Privacy Officer. Also, the most current version of the Notice may be obtained from this website at <https://asdk12ak.sharepoint.com/sites/share/support/Benefits/default.aspx> (internal link) and <https://www.asdk12.org/site/Default.aspx?PageID=1372> (external link). For any other requests or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint with the Plan, please contact the Privacy Officer.

Contact Information

Any inquiry to the Privacy Officer should be directed to:

Thai Walty, Privacy Officer
Anchorage School District, ASD Education Center
5530 E. Northern Lights Blvd., Anchorage, Alaska 99504
Phone: 907-742-4200
Email: privacyofficer@asdk12.org