



## METRO HUMAN RESOURCES - Notice of Privacy Practice

This Notice is effective July 1, 2009, and governs our privacy practices on and after that date. This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is for the employees of the Metropolitan Government of Nashville and Davidson County (Metro), who sponsors various employee benefit plans for the benefit of the employees. Some of these plans are self-insured plans and fall under the definition of "Group Health Plans" under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations. The regulations address the privacy requirements related to the use of protected health information by the Group Health Plans themselves. Metro has always worked hard to protect the privacy of your health information. The HIPAA Privacy Regulations require that the Group Health Plans provide you this notice explaining how they use, disclose and protect your medical or health information.

This notice does not apply to Metro Government in its capacity as a provider of health care services. A separate Notice of Privacy Practices applies to the Metro Health Department and may be obtained by contacting the Metro Health Department.

For purposes of this notice, your "medical information" or "health information" is information that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care furnished to you. The terms "we" or "our" in this notice refers to the Group Health Plans listed.

### Group Health Plans Covered By This Notice

The following benefit programs or plans are considered Group Health Plans under HIPAA and are covered by this notice:

- Blue Cross Blue Shield (BCBS) PPO
- Cigna Choice Fund
- Delta Dental
- Flexible Spending Account administered by FBMC

### Group Health Plan Administrators

The Group Health Plans themselves do not have employees. Therefore either Metro Human Resources or a third party administrator must administer the plans. Currently, for example, BCBS and Cigna respectively are the third party administrators for two of the Group Health Plans and FBMC is the third party administrator of the Flexible Spending Accounts. Third party administrators administer the plans in a way similar to the way that a commercial health insurance company would administer an insured health insurance plan. We have provisions in our contracts with the third party administrators requiring them to keep your health information confidential. When Metro Human Resources is conducting plan administration functions on behalf of the group health plans, they are acting as an administrator of the Group Health Plan. These Group Health Plan administrators keep your health information separate and do not share it with other Metro departments except in very limited cases as described in this document. As of July 1, 2009, the Group Health Plan documents will have been amended to include the provisions required by HIPAA.

### Metro's Commitment to Privacy

One way to view Metro is to divide it into three parts: Metro the Provider, Metro the Employer, and Metro the Group Health Plan. Metro has recognized these three separate functions and created policies, procedures, segregation of duties, employee training, audits and other controls so that the medical or health information received by one of these functions is not shared with the other functions in violation of the law. These protections are in place for all of Metro's benefit plans, not just the plans listed above. However, the HIPAA privacy rules, as described in this notice, apply only to those plans listed in the "Group Health Plans Covered By This Notice" section.

## Federal Laws Regarding Privacy

We are required by applicable federal law to maintain the privacy of your health information. Federal law (HIPAA) requires us to provide you with this notice of our legal duties and privacy practices with respect to your medical information. If you have any questions about this notice, please contact the Metro Human Resources HIPAA Privacy Line at (615) 862-6700. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices becomes effective July 1, 2009, and will remain in effect until we replace it.

We reserve the right to change this Notice of Privacy Practices at any time and for any reason. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of our most current Notice of Privacy Practices will be posted in the Metro Human Resources Department and Metro Human Resources website at [www.nashville.gov](http://www.nashville.gov).

## Metro Sponsorship of Group Health Plans

Because these group health plans are all sponsored by Metro, they are a part of an organized health care arrangement. This means that these group health plans may share your health information with each other as needed for the purposes of payment and health care operations, as described below.

### How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give an example. All of the ways we are permitted to use and disclose information will fall within one of the categories. However, not every specific use or disclosure in a category will be listed.

#### Payment

Our third party administrators (BCBS, Cigna, FBMC) will use your health information to pay claims from providers for any treatment and services provided to you that are covered by the Group Health Plans. The information on or accompanying a claim may include information that identifies you, as well as your diagnosis, procedures, and supplies used. FBMC will use the health information and claims information you submit to process reimbursement from your pre-tax medical spending account. Payment also includes using or disclosing health information to make determinations on disputed claims, to determine eligibility for benefits, and to coordinate benefits.

- For example, claims information may be shared with the responsible party/guarantor of the claim as necessary to obtain payment on a claim. Payment also includes making determinations regarding cost sharing and responsibility for paying a claim or obtaining reimbursement, examining health necessity, obtaining payment under stop loss insurance, and conducting utilization review.
- For example, you may have a question regarding the payment of a claim. We may need to access your claim information to assist in answering questions necessary to ensure the payment of the claim.

When we say we use your health information for payment purposes, the “we” we are talking about is our third party administrators, the Metropolitan Employee Benefit Board and selected employees in Metro Human Resources.

#### Health Care Operations

We may use and disclose health information for our business functions and activities. Our business functions and activities include, among other things, quality assessment and improvement activities; underwriting, premium rating, or other activities relating to funding of the plan or the creation, renewal or replacement of a contract relating to plan administration; care coordination and case management; conducting or arranging for medical review, legal service, auditing functions, or fraud and abuse detection activities; cost management activities; and general business management activities related to the plan, including customer service, claims processing, appeal reviews, and resolution of grievances. These uses and disclosures are necessary to facilitate the operation of the group health plans and to make sure that all of our members receive quality care.

- For example, for our health plans, if you are diagnosed with a chronic disease, your health information may be used for purposes of disease management and you may be contacted by the disease management group about treatment information.

### **Plan Sponsor**

Health information may be disclosed to or used by Metro, as the Plan Sponsor of the Group Health Plans as described in this document. Metro will not use or disclose your health information maintained by its Group Health Plans for any employment-related functions. For a more detailed explanation of the limited ways that Metro, as Plan Sponsor, may use or disclose your health information when providing plan administration you should refer to the plan document applicable to each group health plan.

- For example, we may disclose to the Plan Sponsor that you are enrolled in, or disenrolled from one of the group health plans.

### **Business Associates**

To administer the plans we may hire third parties such as third-party administrators, auditors, attorneys, consultants, and the like. When we contract for services to assist in our business operations, health information may be disclosed to or used by our business associates so that they can perform their jobs. To protect your health information, we enter into a contract that limits each business associate's ability to use and disclose health information and requires them to appropriately safeguard the health information of plan participants.

### **Communication with Your Family**

We may disclose health information to a family member, other relative, person authorized by law, close personal friend, or any other person you identify as involved in your care or payment related to your care. Except as authorized by law, we only do this when we understand that you want us to communicate with these people. Only health information relevant to that person's involvement in your care or payment related to your care will be disclosed. You can restrict this activity at any time. If you are incapacitated or in the event of an emergency, we will exercise our professional judgment to determine whether a disclosure of this type is in your best interest.

### **Health Education**

Our Business Associates may use health information to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Judicial or Administrative Proceedings**

We will disclose health information in response to a court or administrative order, and in response to subpoena, discovery request or other lawful process if certain conditions are met and we receive the required assurances.

### **As Required by Law**

Your health information may be disclosed if such disclosure is required by law (e.g., to federal governmental agencies, such as the Department of Health and Human Services for the purpose of determining compliance with HIPAA privacy rules; or to other appropriate authorities to lessen a serious and imminent threat to the health or safety of you or the public, including abuse of a vulnerable adult or child, subject to certain limitations and conditions).

### **Parents of Minors**

Health Information of a minor child, in most cases, will be disclosed to a parent or guardian of that minor, subject to certain limitations imposed by Tennessee law.

### **Workers' Compensation**

Your health information may be used to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs.

## **Your Authorization**

We are required to disclose your health information to you upon your request as described in the "Your Rights Regarding Health Information" section below. To use or disclose your health information for reasons other than the categories listed, we must obtain a signed written authorization from you. You may provide us with written authorization to use or disclose your health information to anyone for any purpose specified in the authorization. You may revoke such authorization in writing at any time. You should be aware, however, that such revocation will not impact any uses or disclosures that occurred while your authorization was in effect.

## **Your Rights Regarding Your Health Information**

This section describes your rights regarding the health information we maintain about you. All requests relating to any of the rights described in this section must be made in writing. Unless noted otherwise below, your written requests relating to Group Health Plan must be submitted to:

Privacy Officer  
Metro Human Resources  
222 Third Avenue North, Suite 200  
Nashville, TN 37211

## **Right to Amend**

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. Your request must include a reason to support the requested amendment. You will be notified in writing if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question.

## **Right to an Accounting of Disclosures**

You have the right to request a list of the disclosures of your health information, if any, we or our Business Associates have made other than for treatment, payment, health care operations, and certain other limited purposes. Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We 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.

## **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. Federal law states that we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. 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.

## **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health 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. 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.

## **Right to Inspect and Copy**

You have the right to inspect and copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy health information in certain very limited circumstances. If you are denied access to health information, you will receive a written denial and you may request that the denial be reviewed. Another individual chosen by us will review the denial of your request. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

To inspect or request copies of claim information for the Health Plan administered by BCBS, direct your request to:

Blue Cross Blue Shield of Tennessee  
One Cameron Hill Circle  
Chattanooga, TN 37402  
(800) 367-7790

To inspect or request copies of claim information for the Health Plan administered by Cigna, direct your request to:

Cigna HealthCare  
P.O. Box 182223  
Chattanooga, TN 37422-7223  
(800) 244-6224

To inspect or request copies of claim information for the Group Dental Plans administered by Delta Dental, direct your request to:

Delta Dental Plan of Metro  
240 Venture Circle  
Nashville, TN 37228-1699  
(800) 223-3104

To inspect or request copies of claim information for the Flexible Spending Account, administered by FBMC, direct your request to:

Fringe Benefits Management Company  
P.O. Box 1800  
Tallahassee, FL 32302-1800

### **Right to a Paper Copy of This Notice**

You may request a paper copy of this notice at any time. You may obtain a copy of this notice on Human Resources home page on the web at [www.nashville.gov](http://www.nashville.gov). To obtain a paper copy of this notice, you may contact:

Privacy Officer  
Metro Human Resources  
222 Third Avenue North, Suite 200  
Nashville, TN 37211

### **Complaints**

If you believe your privacy rights have been violated; you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may call the Metro Privacy Line at (Des Moines Number) to discuss your complaint, ask questions, or obtain the contact information for the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints made to us must be in writing and sent to:

Privacy Officer  
Metro Human Resources  
222 Third Avenue North, Suite 200  
Nashville, TN 37211