



**BOCES Southern Westchester**  
THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

**PRIVACY NOTICE**

**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.**

The Health Insurance Portability and Accountability Act of 1966 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the group health plans sponsored by Southern Westchester BOCES. The group health plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These plans are collectively referred to as the “Plan” in this notice unless specified otherwise.

**The Plan’s Duties With Respect to Health Information About You**

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information.

Insurers, HMOs, and third party claim administrators of the Plan, the Teachers’ Trust Dental Plan, and the Dental Plan provided by Local 456 IBT Welfare Fund must also comply with the Privacy Rules, and are required to furnish you with a similar notice as to how they provide protection to Protected Health Information.

- ◆ **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment also can include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share health information about you with physicians who are treating you.*
- ◆ **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*
- ◆ **Health Care Operations** include activities by this Plan such as wellness and risk assessment programs, quality assessment and improvement activities, customer service,

and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may use information about your claims to review the effectiveness of wellness programs.*

- ◆ **As Required by Law** includes providing medical information about you when required to do so by federal, state, or local law. *For example, we may disclose medical information when required by a court order in a litigation proceeding such as malpractice action.*
- ◆ **To Avert a Serious Threat to Health or Safety** includes providing medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. *For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.*

### **Other Allowable Uses or Disclosures of Your Health Information**

The Plan is also allowed to use or disclose your health information without your written authorization for uses and disclosures required by law, for public health activities, and other specified situations, including:

- Disclosures to Workers' compensation or similar legal programs, as authorized by and necessary to comply with such laws
- Disclosures related to situations involving threats to personal or public health or safety
- Disclosures related to situations involving judicial proceedings or law enforcement activity
- Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
- Disclosures related to organ, eye or tissue donation, and transplantation after death
- Disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances by researchers regarding necessity of using your health information and treatment of the information during the research project
- Certain disclosures related to health oversight activities, specialized government or military functions and Health and Human Services investigations

### **Your Individual Rights**

You have the following rights regarding medical information we maintain about you:

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you. You must submit your request in writing to Southern Westchester BOCES. 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 of certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- ◆ **Right to Amend.** If you feel that medical 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 the Plan.

To request an amendment, the request must be made in writing and submitted to Southern Westchester BOCES and you must provide a reason that 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:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is not longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy, or;
- is accurate and complete.

- ◆ **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Southern Westchester BOCES. Your request must state a time period which may not be longer than six years and may not include dates before April, 2003. 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 medial 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, like a family member or friend. *For example, you could ask that we not use or disclose information about a surgery you had.*

We are not required to agree to your request. To request restriction, you must make your request in writing to Southern Westchester BOCES. In your request you must tell us:

- a. what information you want to limit;
- b. whether you want to limit our use, disclosure or both; and
- c. to whom you wan the limits to apply, for example, disclosures to your spouse.

- ◆ **Right to Request Confidential Communication.** 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 Southern Westchester BOCES. 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 contact.

- ◆ **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.

- ◆ **A Note about Personal Representatives.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as well as any information we receive in the future.

### **Complaints**

If you believe your privacy rights have been violated you may file a complaint with the Plan. To file a complaint with the Plan, contact the Benefits Department, Southern Westchester BOCES at (914) 937-3820 x509. All complaints must be submitted in writing. In addition to filing a complaint with the Plan you may file a complaint with the Secretary of the Department of Health and Human Services at the following:

Office For Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza-Suite 3312

New York, NY 10278  
Voice Phone: (212) 264-3313  
Fax: (212) 264-3039  
TDD: (212) 264-2355

For all complaints filed by email send to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). You will not be penalized for filing a complaint.

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will not 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 that we provided to you.