



## **CITY OF LAKE JACKSON 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.

The City of Lake Jackson administers part or all of your health flexible spending account. Federal law requires the City of Lake Jackson to protect the privacy of your health information when administering your health flexible spending account. Also, federal law requires the City of Lake Jackson to give you a copy of this notice that explains the City's responsibilities and your rights under the federal privacy rule.

This Notice of Privacy Practices is effective April 14, 2004.

If you have questions or want additional information about the City of Lake Jackson's privacy practices, please contact:

Virginia Taroni, Personnel Generalist/Privacy Officer  
City of Lake Jackson  
25 Oak Drive  
Lake Jackson, TX 77566  
979 415-2440 FAX 979 415-2480  
email: [vtaroni@ci.lake-jackson.tx.us](mailto:vtaroni@ci.lake-jackson.tx.us)

### **What information is protected by the privacy rule?**

The privacy rule protects information that identifies you if it comes from the health flexible spending account and is:

- ❖ about your enrollment in the health flexible spending account;
- ❖ about your health; or
- ❖ about your health care, treatment and services.

The City of Lake Jackson cannot use any health information it gets through the health flexible spending account to make employment decisions. However, as an employer, the City of Lake Jackson may have information about your health that it didn't get through the health flexible spending account. Information that the City of Lake Jackson gathers for employment purposes is not protected under the privacy rule. Examples of health information that may be part of your employment record and are **not** protected by the privacy rule include:

- ❖ a Family and Medical Leave Act (FMLA) request;
- ❖ an Americans with Disabilities (ADA) accommodation request; or
- ❖ a workers' compensation claim.

### **Can the City of Lake Jackson give my protected health information to others?**

Yes. The City of Lake Jackson can share your protected information with other people or organizations. The City of Lake Jackson will share your protected health information only when necessary for payment or health care operations, when required or allowed by law or when authorized by you.

### **Payment and Health Care Operations**

The City of Lake Jackson is allowed to share information needed to collect payment from you or to make a payment decision on a claim. For example, the City of Lake Jackson or its claims administrator may share information with another health plan to decide if an expense is payable from your health flexible spending account.

In addition to payment, the City of Lake Jackson is allowed to share your protected health information for health care operations. Health care operations are the business functions that the City of Lake Jackson performs to administer the health flexible spending account. They include things like quality assessment and improvement, activities necessary to renew the health flexible spending account, legal services, auditing functions including fraud and abuse compliance programs, business planning and development, business management and general

administrative activities. For example, the City of Lake Jackson must share your enrollment information with our claims administrator so they can pay your claims.

### **When Required or Permitted by Law**

The City of Lake Jackson may share your protected health information, as described below, when it is required or allowed by law.

- ❖ With you or your personal representative. (A personal representative is a person who has the legal right to make health care decisions for you.)
- ❖ With the Secretary of the U.S. Department of Health and Human Services to investigate or determine the City of Lake Jackson's compliance with the privacy rule.
- ❖ For public health activities.
- ❖ With public agencies that audit, investigate and inspect health programs.
- ❖ For legal proceedings, such as a court case.
- ❖ To police, FBI officers and others who enforce laws.
- ❖ To stop a serious threat to health or safety
- ❖ For special government functions, when required by law
- ❖ Whenever else required by law.

### **When Authorized by You**

The City of Lake Jackson cannot share your protected health information for any reason not included in this notice unless you give your permission in writing. Your written permission is called an authorization. To be legal, an authorization must include **all** of the following:

- ❖ The name of the person or organization who may release or give out your protected health information. (This is usually a health plan or a health care provider.)
- ❖ The name of the person or organization who may receive your protected health care information.
- ❖ A description of the information that may be shared.
- ❖ The reason the information is being shared.
- ❖ An end date or an end event for the authorization.
- ❖ Your signature and the date signed. (If the authorization is signed by your personal representative, it must include an explanation of his or her right to sign for you.)

If you authorize the sharing of your protected health information and later change your mind, you may take back your authorization. To take back an authorization, you must make your request in writing. Your written request should be sent to the person or organization you originally authorized to give out your information. Your request to take back an authorization will not apply to any information given out before your request is received.

### **What rights do I have under the privacy rule?**

The privacy rule gives you the right to:

- ❖ ask for limits on the sharing of your health information;
- ❖ ask for confidential communications;
- ❖ access your health information;
- ❖ ask the City of Lake Jackson to correct your health records; and
- ❖ get a list of who the City of Lake Jackson shared your protected health information with.

### **Special Limits**

You have the right to ask the City of Lake Jackson not to share your protected health information with certain people or organizations for certain reasons. However, the City of Lake Jackson does not have to agree to your request. A request to limit the sharing of health information must be made in writing.

### **Confidential Communications**

You have the right to ask that communications about your health flexible spending account be made by alternate means or to alternate locations. For example, you may request that explanations of benefits be sent to your work address instead of your home address. The City of Lake Jackson does not have to agree to your request unless you state that not complying with your request could place you in danger. Requests for confidential communications

must be reasonable, must be in writing and must specify an alternate means or location for the delivery of communications.

### **Access to Your Health Information**

You have the right to see any records used to make benefit decisions under your health flexible spending account. Your request to see your records must be made in writing. You also may make a written request for a paper copy of your records. If you request paper copies, the City of Lake Jackson, or another person or organization making the copies, may charge you a reasonable, cost-based fee for the copies.

### **Correction of Health Records**

If you find a mistake in your records that are used to make benefit decisions, you have the right to ask that your records be corrected. A request for correction must be in writing and must be mailed to the person or organization who made the mistake.

### **List of Who Received My Health Information**

You may ask the City of Lake Jackson for a list of who received your protected health information. Your request must be made in writing. The list will **not** include information:

- ❖ shared for the City of Lake Jackson's payment or health care operations;
- ❖ shared with you;
- ❖ shared based on your written authorization;
- ❖ reported on a previous list; or
- ❖ shared more than six years before the date your request is received. However, the City of Lake Jackson does not have to tell you about any protected health information shared before April 14, 2004.

If you request more than one list in a 12-month period, the City of Lake Jackson may charge a reasonable, cost-based fee for each additional list.

### **Can the City of Lake Jackson change its privacy practices?**

The City of Lake Jackson is required by law to follow the terms of this notice for as long as it is in effect. The City of Lake Jackson reserves the right to change our privacy practices and to apply the changes to any protected health information we received or maintained before the effective date of the change. If the City of Lake Jackson changes our privacy practices, we must revise this notice and provide you a copy of the new notice before the change takes effect.

### **How can I get a copy of the current notice?**

You can print a copy of the City of Lake Jackson's Notice of Privacy Practices off our website at [www.ci.lake-jackson.tx.us](http://www.ci.lake-jackson.tx.us). Also, you may request a paper copy of the notice by calling Virginia Taroni, Privacy Officer, at (979) 415-2440.

### **Whom do I contact if I believe my privacy rights have been violated?**

If you believe your privacy rights have been violated, contact:

Virginia J. Taroni  
City of Lake Jackson  
25 Oak Drive  
Lake Jackson, TX 77566  
979 415-2440  
979 415-2480 FAX

Also, you may write or email a letter of complaint to the U.S. Department of Health and Human Services. Their website address is [www.cms.hhs.gov](http://www.cms.hhs.gov).

The City of Lake Jackson will not retaliate against you for filing a complaint.

4/14/04

