

USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

USE AND DISCLOSURE DEFINED

The Waterloo Community School District and the Plan will use and disclose personal health information (PHI) only as permitted under the Health Insurance Portability and Accountability Act of 1996. The terms are defined as follows:

Use – the sharing, employment, application, utilization, examination, and/or analysis of individually-identifiable health information by any person working for or within the benefits department of the district, or by a Business Associate of the district.

Disclosure – the release, transfer, provision of access to, or divulging in any other manner of individually-identifiable health information to a person or persons not employed by or working within the district's Benefits Department.

WORKFORCE COMPLIANCE WITH DISTRICT POLICIES AND PROCEDURES

All employees of the district's workforce with access to PHI must comply with the district's privacy policies and procedures as they relate to the Health Insurance Portability and Accountability Act (HIPAA).

ACCESS TO PHI

The following individuals may have access to personal health information:

1. Benefits Supervisor/Designated Contact Person
2. Confidential Secretaries/Administrative Assistant, Human Resources Office
3. Chief Officer of Human Resources and Equity
4. Payroll Coordinator and designated payroll backup staff
5. Accounting Supervisor
6. TASC representative (third party administrator for Section 125 Plan)
7. Section 125 representative
8. District Insurance Agent
9. District 504 Compliance Officer
10. Employee Relations and Liability Specialist
11. Equity and Inclusion Data Analyst

PERSONAL USES AND DISCLOSURES

Personal health information may be disclosed for the Plan's own payment purposes or to another entity for the covered entity's payment purposes.

Payment includes activities undertaken to obtain Plan contributions or to determine or fulfill the Plan's responsibility for providing benefits under the Plan or activities to obtain or provide reimbursement for health care. Payment also includes:

1. eligibility and coverage determinations, including coordination of benefits and adjudication of health benefit claims.

2. risk adjusting based on enrollee status and/or demographic characteristics.
3. billing, claims management, collection activities and/or obtaining payment under a contract for reinsurance and related health care data processing.

PHI may be disclosed for purposes of the Plan's own health care operations. PHI may be disclosed to another covered entity for quality assessment and improvement, for case management, or for health care fraud and abuse detection programs, if the covered entity has a relationship with the Participant and the PHI requested pertains to that relationship.

Health care operations means any of the following activities to the extent that they relate to Plan administration:

1. conducting quality assessment and improvement activities.
2. reviewing health care performance.
3. underwriting and premium rating.
4. conducting or arranging for medical review, legal services, and auditing functions.
5. business planning and development.
6. business management and general administrative activities.

PHI DISCLOSURES THAT ARE PERMITTED

Disclosures are permitted under the following circumstances with the prior approval of the district Contact Person:

1. victims of abuse, neglect or domestic violence.
2. judicial and administrative proceedings.
3. law enforcement purposes.
4. public health activities.
5. health oversight activities.
6. decedents.
7. cadaveric organ, eye, or tissue donation purposes.
8. certain limited research purposes.
9. serious threats to health and/or safety.
10. specialized government functions.
11. workers' compensation programs.

Personal health information may be disclosed for any purpose if the Participant provides an authorization that satisfies all of HIPAA's requirements. All uses and disclosures made pursuant to a signed authorization must be consistent with the district's terms and conditions.

MINIMUM NECESSARY REQUIREMENTS

When PHI is used or disclosed, HIPAA requires that the information disclosed be limited to the "minimum necessary" to accomplish the purpose of the use or disclosure. The minimum necessary standard does not apply to any of the following:

1. uses or disclosures made to the individual.
2. uses or disclosures made pursuant to a valid authorization.

3. disclosures made to the Department of Labor.
4. uses or disclosures required by law.
5. uses or disclosures required to comply with HIPAA.

Employees may disclose PHI to the Plan's business associates and allow the Plan's business associates to create or receive PHI on its behalf. However, prior to doing so, the Plan must first obtain assurances from the business associate that it will appropriately safeguard the information. Before sharing PHI with outside consultants or contractors who meet the definition of a business associate, employees must contact the Contact Person and verify that a business associate agreement is in place.

Legal Ref.: Health Insurance Portability and Accountability Act of 1996

ADOPTED: 2/5/04

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