

## USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

This is a statement ("Statement") of the Fall Mountain Regional School District Group Health Plan ("**Group Health Plan**") regarding the permitted and required uses and disclosures of Protected Health Information ("PHI") as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and any other laws to which **Group Health Plan** is subject in connection with Group Health Plan's participation in HealthTrust and its self-funded program. (All capitalized terms in the text herein not otherwise defined herein are as defined in HIPAA unless otherwise indicated.)

### A. Use and Disclosure of Protected Health Information

**Group Health Plan** will disclose or cause to be disclosed PHI to Fall Mountain Regional School District ("Plan Sponsor") to the extent of and in accordance with the disclosures permitted by HIPAA upon receipt of certification by Plan Sponsor -that it agrees to the use and disclose of such PHI as follows:

1. **Plan Sponsor** will not use or further disclose PHI other than is permitted or required by this Policy or by law.
2. **Plan Sponsor** will not use or disclose PHI for employment-related actions and decisions unless the Plan Sponsor has received an Authorization from the individual with respect to whom such PHI relates.
3. **Plan Sponsor** will not use PHI in connection with any other benefit or employee benefit plan of the **Plan Sponsor** unless authorized by the individual with respect to whom the PHI relates.
4. **Plan Sponsor** will report to **Group Health Plan** any PHI use or disclosure that is inconsistent with the uses or disclosures provided for in the Policy and in accordance with HIPAA or any other applicable law and of which it becomes aware.
5. **Plan Sponsor** will make PHI available to an individual in accordance with HIPAA's access requirements.
6. **Plan Sponsor** will make PHI available for amendment by the individual with respect to whom the PHI relates and to incorporate any such amendments to PHI in accordance with HIPAA.
7. **Plan Sponsor** will make available the information required to provide an accounting of disclosures.
8. **Plan Sponsor** will make internal practices, books and records relating to the use and disclosure of PHI received from **Group Health Plan** available to the United States Health and Human Services Secretary for the purposes of determining **Group Health Plan's** compliance with HIPAA.
9. **Plan Sponsor** will, if feasible, return or destroy all PHI received from **Group Health Plan** that the **Plan Sponsor** still maintains in any form, and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made (or if returning to HealthTrust or if destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction not feasible).
10. **Plan Sponsor** will ensure that, in accordance with HIPAA, only the employees specifically identified, or classes of employees that are under the control of the **Plan**

**Sponsor's** governing body or specifically designated by the governing body of the **Plan Sponsor** to receive PHI, may be given access to PHI by the **Plan Sponsor**.

11. **Plan Sponsor** will ensure that if any person(s) described above do not comply with the Policy of the **Plan Sponsor**, the **Plan Sponsor** shall employ a mechanism for resolving issues of noncompliance, including disciplinary sanctions.

#### **B. Group Health Plan Will Use and Disclose PHI Permitted by Authorization of Plan Sponsor's Employee**

In addition to Paragraph A above, with a written authorization on a form of and otherwise acceptable to **Group Health Plan** (the "Authorization") from **Plan Sponsor's** employee, **Plan Sponsor** will disclose PHI of an employee to the person or entity specifically identified in the Authorization.

#### **C. Disclosure of PHI to Plan Sponsor Without Authorization or Certification**

Generally, **Plan Sponsor** will not disclose PHI received from **Group Health Plan** or otherwise except as provided in Paragraphs A and B above. In addition, however, **Plan Sponsor** may disclose PHI to agents, including subcontractors, in connection with the receipt of advice or administration of **Group Health Plan**. Under such circumstances, **Plan Sponsor** will ensure that any such agent will be subject to the same restrictions and conditions that apply to **Plan Sponsor** with respect to such PHI.

#### **D. Designation of Individuals Who May Receive PHI**

**Group Health Plan** shall disclose PHI only to the District Business Administrator or Superintendent of Schools.

#### **Legal References:**

Public Law 104-191, Health Insurance Portability and Accountability Act, 1996

FMRSD

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