



HIPAA 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.

This Notice describes the obligations of the Commonwealth of Kentucky, Personnel Cabinet, Kentucky Employees Health Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice of Privacy Practice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information”. Generally, protected health information is individually identifiable health information, including demographics information, collected from you or created or received by a health care provider, health care clearing house, or your employer on behalf of a group health plan that relates to: 1) your past, present, or future physical or mental health or condition; 2) the provisions or health care to you; or 3) past, present, or future payment for provisions of health care to you. If you have any additional questions about this Notice or about our Privacy Practices, please visit <http://personnel.ky.gov/dei/hipaacontact.htm> or contact **Department for Employee Insurance, Attn: HIPAA Privacy Officer, 501 High Street, 2nd Floor, Frankfort, Kentucky 40601**. The effective date of this Notice is January 1, 2008.

Commonwealth, Personnel Cabinet Responsibilities

We are required by law to: 1) maintain the privacy of your protected health information; 2) provide you with certain rights with respect to your protected health information; 3) provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and 4) follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of Notice and to make new provisions regarding your protected health information that we maintain, or as required by law.

How Commonwealth, Personnel Cabinet May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstance without your permission. The following categories represent the different ways that we may use and disclosure your protected health information. 1) **For Treatment**. We may use or disclose your protected health information to facilitate medical treatment or services by providers. 2) **For Payment**. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for treatment or services you receive from health care providers, to determine benefit responsibilities under the Plan, or to coordinate coverage. 3) **For Health Care Operations**. We may use and disclose your protected health care information for other Plan operations. 4) **To Business Associates**. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. An example would be this Plan’s Third Party Administrator Humana. 5) **As Required by Law**. We will disclose your protected health information when required to do so by federal, state or local law. 6) **To Avert a Serious Threat to Health or Safety**. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. 7) **To Plan Sponsors**. For the purpose of administering this Plan, we may disclose to certain employees of the Commonwealth, Personnel Cabinet protected health information.

Special Situations

In addition to the above, the following categories represent other possible ways we may use and disclose your protected health information. 1) organ tissue donation, 2) military and veterans; 3) workers’ compensation; 4) public health risk; 5) health oversight activities; 6) lawsuits and disputes; 7) law enforcement; 8) coroners, medical examiners and intelligence activities; 9) inmates; and 10) research.

Required Disclosures

The following represents disclosures of your protected health information required to make. 1) Government audits; and 2) disclosures to the participant (you).

Other Disclosures

Other disclosures may be made to your personal representatives, spouses and other family members and with written authorization.

Participant Rights

A participant has the following rights with respect to their protected health information. 1) right to inspect and copy; 2) right to amend; 3) right to an accounting of disclosures; 4) right to request restrictions; 5) right to request confidential communications; and 6) right to a paper copy of this Notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office of Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan please visit <http://personnel.ky.gov/dei/hipaacontact.htm>. All complaints must be writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Right of with this Plan.