

You have the right to ask to have PHI in your records changed if it is not correct or complete. We may decline to make the changes if the PHI was not created or kept by the County or Flex Plan Services or if the PHI is already complete and correct. If we deny your request, we will explain our reason for doing so and will notify you in writing. You may send a letter to disagree with the denial.

You have the right to receive list of the people with whom the County has shared your health information for reasons other than treatment, payment or the County's health program operations. The list may also include when the information was shared, why it was shared and what information was shared. The list will start on April 14, 2003. The first list that you request within a 12-month period will be given to you without a charge. The County may charge you for the cost of providing additional lists within a 12-month period. If we deny your request, we will explain our reason for doing so and will notify you in writing.

You may ask for a paper copy of this Notice of Privacy Practices. You will also be able to find this Notice on the County Employment Services and Risk Management website.

REMEMBER: The County does not have full copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your service provider. If you want PHI about claims that have been paid for you, contact Flex Plan Services.

The County as the Plan sponsor and/or your employer cannot retaliate against you if you file a complaint or use any of the privacy rights in this Notice.

NOTE: This Plan is also known as the County of Sacramento Medical Expense Account Plan.

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

County of Sacramento
Privacy Officer
Employee Benefit Office
700 H Street, Room 6750
Sacramento, CA 95814
(916) 874-1627

If you think that your privacy rights have been violated or if you are dissatisfied with the privacy policies and procedures, you may file a complaint either with the County of Sacramento or the federal government. To file a complaint with the County, you may call or write to the Privacy Officer.

To file a complaint with the federal government, contact the Privacy Officer who will provide you with the address for the U.S. Department of Health and Human Services, Office for Civil Rights.

COUNTY OF SACRAMENTO
INTERNAL SERVICES AGENCY

DAVID DEVINE, Director
Personnel Services Department

Ann Meyer, Manager
Employee Benefits Office



**County of
Sacramento
Medical
Reimbursement
Account Plan**

**NOTICE OF
PRIVACY
PRACTICES**

Effective April 14, 2003
Restated April 13, 2007

NOTICE OF PRIVACY PRACTICES

In the course of administering the County of Sacramento Employee Medical Reimbursement Account (Plan), the County of Sacramento (County) and Flex Plan Services receive and use certain Protected Health Information (PHI) about you. The Plan is required by law to maintain the privacy of your PHI and to provide participants and their eligible dependents with Notice of its legal duties and privacy practices. **This notice describes how PHI may be used and disclosed and how you can get access to this information. Please review it carefully.**

Your PHI is personal and private. The Plan, sponsored by the County and administered by Flex Plan Services is required by law to keep your PHI private. The County may receive PHI about you as part of its role in administering the plan. Flex Plan Services may receive PHI from service providers in order to approve and pay your claims.

The County, as Plan Sponsor, and Flex Plan Services, as the claims administrator, are required to comply with the terms of this Notice. The Plan reserves the right to change its privacy practices and the terms of the Notice and apply those changes to any PHI maintained by the Plan. If we make changes to this Notice, the revised Notice will be mailed to you at the address on file with the County at the time of the mailing.

The County, as the Plan Sponsor, and Flex Plan Services, as the claims administrator, must obey the laws regarding how we use and share PHI about you. PHI includes your name, address, personal facts, the medical care you received, and your medical records.

We may disclose PHI:

For Payment: We may use and disclose PHI about you in managing your benefits and paying claims. For example, we maintain PHI regarding your coverage election and deductibles. We may provide PHI to a provider's office for claims review and payment.

For Treatment: We may use and disclose PHI about you with health care providers who are involved in your health care. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

For Operations: We may use and disclose PHI about you for plan operations. For example, we may use PHI to review the effectiveness of the County of Sacramento Employee Medical Reimbursement Account. This includes audits, analysis, planning and managing the program. The Plan may disclose PHI to the Plan Sponsor.

As Permitted or Required by Law: PHI may be used or disclosed to regulatory agencies, such as during audits, licensure or other proceedings; for administrative or judicial proceedings; to public health authorities; or to law enforcement officials, such as to comply with a court order or subpoena.

Authorization: Other uses and disclosures of PHI will be made only with your written permission, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. We will then stop using your PHI for that purpose. However, if we have already used your information based on your authorization, you cannot take back your agreement for those past situations. (Forms to revoke your authorization are available with your service provider (i.e. doctor), Flex Plan Services, and the County Employee Benefits Office.)

Your Rights

You have the right to request that the County limit the way we use or share your health information for treatment, payment, and health operations. We are not required to agree to your request. If we deny your request, we will explain our reason for doing so and will notify you in writing. If we agree to your request, we must follow your restrictions, except if the information is needed for emergency treatment. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time if we notify you. The cancellation of the restriction is effective only regarding PHI created or received after notice of the cancellation.

You have the right to ask us to communicate with you about medical matters using reasonable alternative means or at an alternative address. We will make reasonable attempts to act on that request.

You have a right to look at and get a copy of your PHI. (NOTE: Most of your PHI is created and held by your service provider. Flex Plan Services will have the PHI necessary to process claims. The County will have PHI necessary to administer the plan.) To get a copy of your records, you must complete a request form, which you may obtain from your service provider, Flex Plan Services, or from the County of Sacramento Employee Benefits Office. There may be a fee if copies of your records are made for you.

A personal representative who has the legal right to act for you may look at and get your PHI for you.

We may deny your request to view and/or copy records in certain circumstances. If we deny your request, we will explain our reason for doing so and will notify you in writing. If we deny your request, you may have a right to have our decision reviewed by another person. Under the law, some parts of your records may not be seen. For example, if the PHI requested may endanger the life or physical safety of an individual or if the PHI makes reference to another person, it may not be disclosed.