

## *HIPAA 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 Plan's Pledge To You*

This notice is intended to inform you of the privacy practices followed by the Frisco ISD Employee Health Benefit Plan (the "Plan"). It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group health plan.

As a plan sponsor, Frisco ISD may need access to health information in order to perform plan administrator functions. We want to assure the plan participants covered under our group health plan that we comply with federal privacy laws and respect your right to privacy. We require all members of our workforce and third parties that are provided access to health information to comply with the privacy practices outlined below.

### *Uses and Disclosures of Health Information*

***Health Care Operations.*** The Plan may use and disclose health information about you in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, the Plan reviews claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

***Payment.*** The Plan may also use or disclose identifiable health information about you without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide the Plan with your health information. The Plan uses that information in order to determine whether those services are eligible for payment under the group health plan.

***Treatment.*** Although the law allows use and disclosure of your health information for purposes of treatment, the Plan generally does not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

***As permitted or required by law.*** The Plan may also use or disclose your health information without your written authorization for other reasons as *permitted* by law. The Plan is *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g. preventing the spread of disease) without your written authorization. The Plan will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

***Pursuant to your Authorization.*** When required by law, the Plan will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.

## Individual Rights

**Right to Inspect and Copy.** In most cases, you have a right to inspect and copy the health information the Plan maintains about you. The Plan may charge a fee for the costs of copying, mailing, or other supplies associated with the request. Your request to inspect or review your health information must be submitted in writing to the person listed below.

**Right to an Accounting of Disclosures.** You have a right to receive a list of instances where the Plan has disclosed health information about you for reasons other than treatment, payment, health care operations, or pursuant to your written authorization.

**Right to Amend.** If you believe that information within your records is incorrect or incomplete, you have a right to request that the Plan amend the information.

**Right to Request Restrictions.** You may request in writing that the Plan not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. The Plan will consider your request, but is not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have a right to receive confidential communications containing your health information. The Plan is required to accommodate reasonable requests. For example, you may ask that the Plan contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from the Plan upon request. To obtain a paper copy of this notice, please contact the person listed below.

## The Plan's Legal Duties

The Plan is required by law to protect the privacy of your information, provide this notice about information practices, and follow the information practices that are described in this notice.

The Plan may change its policies at any time. If this notice is amended, you will be provided with a copy of the new notice. You can also request a copy of the notice at any time.

If you have any questions or complaints, please contact:

Brenna Rose, Benefits Office  
Frisco ISD  
6948 Maple Street  
Frisco, TX 75034  
(469) 633-6361

## Complaints

If you are concerned that the Plan has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information.