

# Oklahoma Conference The United Methodist Church Healthcare Plan Privacy Policy

It is our policy that under the welfare plans we sponsor, that we will maintain and protect the privacy of the protected health information (PHI) of the plan participants. This will provide our participants specific rights outlined in this document with respect to their PHI.

## **Purpose**

This policy will promote awareness of the confidential nature of medical information that is gathered and utilized by the covered Welfare Plans. This policy and the procedures outlined within, will reinforce the commitment of the Oklahoma Conference The United Methodist Church Healthcare Plan to make sure that the confidential health information of its plan participants' will be handled in a manner that will protect the privacy of the information.

**A Privacy official shall oversee our policy, and will report on privacy issues to the Conference Benefits Officer. The Privacy Official shall be appointed by the Conference Benefits Officer, and shall have authority and responsibility for the implementation and operation of this policy.**

Gathering and Maintaining PHI

**The Plans will obtain only the minimum necessary PHI that is needed for the particular purpose for which it is collected.**

1. When requesting or receiving PHI, employees working with the information will request only the minimum necessary to complete their task. Prior to making such a request we will require employees who receive the PHI to evaluate the information that is requested and to determine that he or she is receiving or requesting the minimum necessary. The Privacy Official will make the final determination (when necessary) as to what information can be requested and received.
2. Our Privacy Policy will also require that employees involved in handling PHI to follow the procedures listed below:
  - PHI should not be discussed in any open area;
  - Documents containing PHI should be kept in locked files and should not be left in any open area or area where the general public has access;
  - Documents containing PHI should be de-identified wherever possible; and
  - Documents containing PHI should be shredded when they are no longer needed

3. PHI will be discussed and shared with an employee only to the extent that the individual has a need to know the PHI as part of the performance of his or her job duties.

### **Plan Participants Access to PHI**

The Plans will allow for the participants to have access the PHI in their employee file. This right of access does not apply to psychotherapy notes and information compiled in anticipation of a criminal or civil legal action.

1. *A plan participant may request a copy of his or her PHI, by sending the request in writing to the Privacy Official. It is important that the request is dated and sent in on an approved form.*
2. *The Privacy Official is required to respond to the request within 30 days of receiving the written request, or 60 days for information that is not maintained on-site. The Privacy Official will correspond with the participant in one of three ways. He or She will provide an acceptance of the request, will provide a written denial, or will direct the plan participant to the entity that maintains the requested information.*
3. *The Privacy Official will provide the plan participant either with the ability to inspect the plan participant's file or will provide a copy of the file, as requested by the plan participant. The Plans may charge a reasonable fee for all copying requests. This fee will include supplies, labor and postage.*
4. *The Privacy Official will provide the file in the format requested by the plan participant, unless it is not readily producible in that format.*
5. *The Privacy Official may provide the plan participant with a summary of the PHI or an explanation of the PHI, if the plan participant requests such a summary or explanation*

### **Amending Protected Health Information**

The Plans will allow participants to submit a request to the Policy Officer to amend their medical information on file. PHI that was not created by the Plans or that is accurate and complete, as determined by the Privacy Official, is not subject to amendment.

1. An approved form must be utilized when submitting a request to amend PHI. The approved forms can be obtained from the Privacy Officer. The request must be made by the plan participant or by a Guardian for a minor. The request must reference the information for which amendment is requested and the reason for the requested amendment.
2. The Privacy Official will be forwarded all requests for amendments.
3. The Privacy Official will either accept or deny the amendment request within 60 days of receipt. This determination will be made by the Privacy Official. If the amendment request is accepted, the Privacy Official will notify the plan

participant and request the agreement of the plan participant to notify business associates or other persons who have received the incorrect PHI about the plan participant from the Plans. If the amendment request is denied, the Privacy Official will notify the plan participant of the basis for the denial, the right of the plan participant to submit a written statement of disagreement or to request that the amendment and the denial be included in any future disclosures, and a description of how the plan participant may file a complaint.

4. If the plan participant files a statement of disagreement, the Privacy Official may prepare a written rebuttal, which must be given to the plan participant. All future disclosures of PHI for this plan participant must include both the statement of disagreement and the rebuttal, if any, and a link between these documents and the PHI that is subject to dispute.

### **How PHI will be Used and Disclosed**

1. PHI collected and/or maintain by the plan shall be used and disclosed for the following reasons: *To help resolve plan participants claims problems, to review claim appeals or to resolve internal grievances; to evaluate renewal proposals or new health plan or reinsurance vendors; to conduct cost-management and planning-related analyses such as formulary development and administration, development or improvement of payment methods or coverage policies; to conduct due diligence in connection with the sale or transfer of assets to a potential successor..*
2. All PHI collected by the Plans will be disclosed only to the following “valid recipients” or in the following situations: (1) to the plan participant; (2) if the plan participant is a minor, to the plan participant’s parent or legal guardian; (3) to an insurance company, reinsurance company, TPA or a business associate of the Plans, (4) to the plan participant’s representative, agent, or any other person with a signed authorization from the plan participant; (5) in response to legal process; (6) to investigate possible insurance fraud; (7) to help settle a claim dispute for benefits under a medical benefit plan or insurance policy; or (8) to the Plan Sponsor, in accordance with the provisions of HIPAA.
  1. It will be our policy to de-identify PHI that is requested or disclosed by the Plans to the best of our ability. The Privacy Official will oversee the de-identification process.
  2. Where it is not possible or practicable to de-identify PHI that is disclosed, employees will disclose only the minimum necessary information. The Privacy Official will help, upon request, to determine that the minimum necessary information is disclosed. Minimum necessary standards will be created and followed for all routine disclosures of PHI.

An employee will identify the person, requesting PHI to make sure that the information is only provided to persons with the correct authority to have the PHI.

3. PHI will be disclosed to a Valid Recipient as described above through the telephone, only after the identity and authority of the person who is on the other end of the call is verified.
4. PHI will be sent to a Valid Recipient by facsimile only if the employee who is sending the information can determine that the intended recipient will be the receiver of the facsimile, or that he or she is expecting the confidential facsimile at that time.
5. All fax cover sheets utilized by employees will contain a standard confidentiality statement.
6. All disclosures of PHI, other than those conducted in the course of payment or healthcare operations of the Plans, will be reported to the Privacy Official. When requested by a plan participant in writing, the Privacy Official will prepare an accounting of all disclosures that were not part of the health care operations of the Plans. The accounting will include all disclosures made by the Plans that occurred in the past six years (or shorter period as requested by the plan participant), but excluding any disclosures made prior to April 14, 2003, and will comply with all applicable laws and regulations. The accounting will be provided within 60 days of the request. No charge will be imposed for the first accounting requested during any 12-month period.

### **Notice of Privacy Practices**

It is the Policy of the Plans to provide all plan participants with a Notice of Privacy Practices that describes the Plans required and permitted uses and disclosures of their PHI.

1. The first Notice of Privacy Practices will be delivered by the Oklahoma Conference The United Methodist Church third party administrator the Kempton Group that underwrites the Plan to each employee no later than *April 14, 2004*. If an employee has requested that benefit, enrollment or other employment information be delivered by e-mail, the notice may be given by e-mail. Otherwise, the Notice will either be hand delivered or sent by U.S. mail.
2. *Employer* will also post of copy of the Notice of Privacy Practices prominently on its website.
3. Every three years from the date of the initial delivery of the Notice, the Privacy Official will be responsible for notifying plan participants that the Notice is available and that they can receive a copy of it on request.
4. A revised Privacy Policy will be delivered to each employee within 60 days after a material change is made, based on a change in the law or regulations or a change in internal procedures.

## **Training**

The Privacy Official will train all new employees and current staff on the requirements of this Privacy Policy.

1. Employees with access to PHI will go through training prior to the effective date of this policy. New staff with access to PHI will be required to receive training on the Privacy Policy within 3 months of the start of their employment.
2. The Privacy Official will conduct training on any material changes made to the Privacy Policy within 1 month after the changes become effective.
3. Each employee will be required to sign a Confidentiality Agreement on or before the effective date of this Policy or at the beginning of his or her employment, whichever is later. All signed Confidentiality Agreements will be kept by the Privacy Official.
4. All training will be documented by the Privacy Official, or other employee as requested by the Privacy Official.

## **Complaints**

The Plans will accept and respond to complaints relating to the Privacy Policy, procedures, and compliance efforts relating to the privacy of PHI.

## **Procedures**

1. Complaints regarding this Privacy Policy will be forwarded to the Privacy Official for review and response.
2. The Privacy Official will review all complaints, will discuss them with the Conference Benefits Officer, and/or other employees, as needed, will review relevant documents and will respond to the plan participant who has filed the complaint.
3. All complaints will be logged by the Privacy Official. The log will include the complaint and a brief description of the resolution of the complaint.

## **Recordkeeping**

The Plans will retain all documentation related to this Privacy Policy for a minimum of six (6) years from the date the documentation was created or the date that it was last in effect, whichever is later.

### Procedures

1. The following documents will be maintained in the files of the Privacy Official or other secured location:
  - This Privacy Policy

- Notice of Privacy Practices (all versions)
- All signed authorizations
- PHI Disclosure Log
- Access, amendment and restriction request log
- Requests to access, amend or restrict disclosures of PHI
- Complaint log, along with copies of any written complaints
- Records of any sanctions imposed on employees
- Employee training manuals and procedures
- Business associate contracts
- Plan document amendments
- Plan sponsor certification

2. Every year on or about January 1, the Privacy Official will determine which records, if any, have been held for the minimum period required and should be destroyed.

**Sanctions**

The Plan Sponsor, will appropriately discipline employees that do not abide by the Privacy Policy.

1. For the first material failure to comply with this Privacy Policy, an employee will receive a verbal warning.
2. For any subsequent failure to comply with this Privacy Policy, the employee will be subject to sanctions up to and including removal of access by the employee to PHI and termination of employment.

**Mitigation of Wrongful Disclosures**

The policy will be to attempt to mitigate any disclosures of PHI that are in violation of this Privacy Policy. Employees will request in writing a return of any written PHI that was improperly disclosed, and ask in writing that the recipient of the improper information return it and abide by the privacy laws.

**Refraining from Intimidating or Retaliatory Acts**

This Plan prohibits any threats, intimidation, or other retaliatory acts against any person who is exercising his or her rights under this Privacy Policy. The Plan will protect a participant when filing a complaint with the DHHS, or assisting in an investigation of any act made unlawful by the Health Insurance Portability and Accountability Act.

This Privacy Policy is effective as of February 12, 2004.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: Janet A. Tofani

Title: Healthcare Benefits Director