

## HIPAA Privacy Notice

**This Notice Describes How Medical Information About You as a Participant in the Welfare Benefits Plan or Plans (the "Plan") sponsored by Farwell Independent School District, May Be Used and Disclosed and How You Can Get Access To This Information.  
Please Review It Carefully.**

This notice describes the medical information practices of National Benefit Services, LLC in the administration of the Welfare Benefits Plan or Plans medical claims.

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for plan administration purposes. This notice applies to all of the medical records provided to you by us that we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

#### Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed.

#### Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free of charge. For additional lists, we may charge

you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

HIPAA Privacy laws do not require compliance with your request.

#### Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make a written request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice upon written request. You may obtain a copy of this notice at our website: [www.nbsbenefits.com](http://www.nbsbenefits.com)

#### Right to Opt Out of any Fundraising Communications

If NBS ever contacts you to raise funds for NBS for any reason, you have a right to opt out of receiving such communications.

#### Right to be Notified Following a Breach of Unsecured Protected Health Information

NBS maintains all health information about you in a secure environment. However, should NBS fail to secure your health information and that information is breached, you have a right to be notified of that breach.

#### Right to Restrict Disclosure Related to Services for Which You have Paid Out-of-Pocket

You have a right to request that NBS prevent disclosure of protected health information related to services for which you have paid out of pocket. This does not include information related to services for which you will be reimbursed from an employer's health plan, such as a Flexible Spending Arrangement or Health Reimbursement Arrangement.

#### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the NBS website. The notice will contain on the first page, in the top right hand corner, the effective date.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with National Benefit Services, LLC or with the Secretary of the Office for Civil Rights of the U.S. Department of Health and

Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Disclosures Which Require Your Written Authorization**

NBS will not use or disclose your protected health information without your written authorization in any of the following circumstances:

- Most uses and disclosures of psychotherapy notices
- Uses and disclosures of your protected health information for marketing purposes
- Disclosures that constitute a sale of protected health information

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Written Requests and Complaints**

Send all written requests and complaints to:

National Benefit Services, LLC  
Attn: Privacy Officer  
P.O. Box 6980  
West Jordan, UT 84084