

Policy 4213: Privacy of Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 protects certain health information. Prior to obtaining or releasing employees' protected health information, employees may be requested to sign an authorization for the disclosure of health information. If protected health information is requested from a third party, the School District will ensure that protected health information is released only as allowed by federal and state law.

Adopted 5-12-03

Reviewed 7.20.2009

Administrative Guidelines for Policy 4213

Cozad Community Schools provides our employees with health insurance through the Educators Health Alliance (EHA), underwritten by Blue Cross Blue Shield of Nebraska. Because EHA is a fully insured program, EHA will not seek or maintain any PHI.

Employers are not directly covered by the provisions of the act. However, employers are indirectly covered because it may become necessary, from time to time, for Cozad Community Schools to obtain health information related to the employment policies of Cozad Community Schools and to comply with state and federal law.

For Cozad Community Schools to obtain employment related, health information about an employee from a third party, the employee must provide written authorization for Cozad Community Schools to do so. The appropriate authorization forms are available from Cozad Community Schools.

1. Circumstances in which Cozad Community Schools need health information:
 - a. Enrollment of employees in the BCBS health plan, vision care, dental, and other insurance plans.
 - b. Accounting for sick leave under the Cozad Community sick leave policy.
 - c. Filing worker's compensation claims for employees injured on the job.
 - d. Seeking medical certification for eligibility for short-term or long-term disability insurance.
 - e. Seeking certification for fitness to return to work after a medical leave of absence or a disability leave.
 - f. Medical information necessary for Cozad Community Schools to comply with the Americans with Disability Act.
 - g. Certification for eligibility of leave as provided for in the Pregnancy Discrimination Act.
 - h. Medical information necessitated by compliance with OSHA.
 - i. On other occasions to allow the employer to be assured that the employee is medically capable of performing all of the necessary duties required by Cozad Community Schools, including suspected drug or alcohol abuse.
 - j. For costing out negotiation proposals affecting coverage and single or marital status.
 - k. To comply with state and federal law.
 - l. Other employment related matters.

In order for the employee to be assured of the benefits to which he or she is entitled under the provision of state or federal law and the policies and negotiated agreement of Cozad Community Schools, it will be necessary for the employee to comply with the request for information related to these business purposes; and failure to comply with that request, in a timely fashion as set forth in any written request, may result in forfeiture and/or delay of the benefits at issue.

2. Misuse of Protected Health Information

The inappropriate access to or use of PHI is prohibited by federal law and is punishable by fines and in some instances incarceration. Any misuse of PHI by any employee of Cozad Community Schools in violation of federal law or Cozad Community Schools employment policies jeopardizes the financial interests of the district and may result in job sanctions, including termination of employment.

3. Sick Leave Forms

In order to protect an employee's personal health information, when reporting sick leave or medical/dental appointments, the employee should provide only the information requested on the form (i.e. doctors appointment) and should refrain from providing any specific medical symptoms unless specifically requested by Cozad Community Schools.

4. Employment Forms

Cozad Community Schools will request personal information regarding insurance coverage's, etc. upon initial employment and on those occasions when employment related health information changes, i.e. changing from single to married status.

5. Notification of Injury Under Workman's Compensation

A staff member injured on the job shall notify Cozad Community Schools verbally of any injury as soon as practicable but within the legal requirements of the insurance carrier. That policy and federal law authorizes Cozad Community Schools to disclose that information to the insurance carrier as part of any claim procedure without further authorization from you the employee. The verbal notification is for an employee's convenience, but Cozad Community Schools require an employee to complete a written document relating the nature of the accident and injuries.

An employee that has an accident or injury will be asked to submit to a mandatory drug test.

6. Specific Requests for PHI

Specific requests by an employee or by Cozad Community Schools for an employee's PHI, related to items set forth earlier in this policy, will be in writing and related to the purposes outlined in this policy. An employee will be provided with a copy of any form requesting PHI. Cozad Community Schools will maintain a copy as part of the employer's employment record.

All information acquired under the provisions of this policy will be maintained by Cozad Community Schools as part of the employee's employment record, and a reasonable effort will be made to protect its confidentiality and security.

7. Your Rights Provided by HIPAA

Employees have the following rights regarding medical information Cozad Community Schools may obtain from you or about you:

a. Right to Inspect and Copy

You have a right to inspect and copy medical information Cozad Community Schools maintains in the course of your employment related activities, except any information compiled in anticipation of or for use in any civil, criminal administrative action or proceeding.

b. Right to Amend

If you think that medical information about you is incorrect or incomplete, you may ask to amend the information. The request to amend the information must be in writing. The request must identify the specific information you wish to amend and include information setting forth the reasons you believe the information is inaccurate. The request for amendment, along with the reasons provided, will be filed with your related employment documents.

c. Restrictions or Confidential Communications

You have a right to request restrictions and confidential communications concerning protected health information. Such restrictions or directives must be filed in writing and may not be retroactive in nature. Such restrictions may not be in conflict with necessary business practices or provisions of law.

d. Right to Accounting of Disclosure

Cozad Community Schools has the right to disclose your PHI information acquired in the course of your employment with its management staff, legal counsel, insurance companies, etc., on a business need basis or in order to comply with law. Cozad Community Schools will not disclose any PHI which is part of your employment record under any other circumstances, including disclosure to other family members, unless Cozad Community Schools receives a written request on a form signed by you identifying what information you wish disclosed and to whom. A copy of any request for disclosure will be maintained in your employment file and is subject to your inspection. Cozad Community Schools is not required to maintain such records longer than six (6) years or to maintain any information about disclosures or disclosure requests prior to April 14, 2003.

e. Right to Revocation of Disclosure

If you authorize disclosure of any information, either to Cozad Community Schools and/or to another party, you may revoke that authorization in writing at any time. Revocation of disclosure must be filed with Cozad Community Schools and will be maintained as part of your employment file. However, if the PHI is essential to secure employment benefits, revocation may result in denial of benefits.

f. Complaint Alleging Violation

If you feel that your PHI has been used inappropriately or in violation of this policy, you may file a written complaint with Cozad Community Schools or with the US Department of Health and Human Services.

g. Change of Notice of Health Information Privacy Practices

Cozad Community Schools has the right to amend this notice at any time in the future consistent with law. Until such amendment is made, Cozad Community Schools will abide by the terms of this notice.

Policy 4123: Confirmation of Receipt

You are required to sign and return this copy to the Cozad Community Schools to confirm that you have received a copy of this guideline. You will be provided with a copy for your records as well. The Notice with your signature will be maintained as a part of your employment record.

I _____ acknowledge receipt of this Privacy Notice.