

NOTICE OF PRIVACY PRACTICES

PRIVACY NOTICE

City of San Mateo

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

This notice is provided to you in accordance with federal and state privacy laws enacted to protect your medical information. This notice describes the practices, and legal duties of the health carriers listed below, and your rights concerning your medical information.

The health care carriers listed below are required to follow the privacy practices that are described in this notice while it is in effect. However, the carriers reserve the right to change their privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. If the carriers make any substantive changes to their privacy practices, they will modify this notice and send you a new notice within 60 days of the change of their practices.

You may request a copy of our notice at any time. For more information about the carriers privacy practices, or for additional copies of this notice; please contact City of San Mateo Privacy Officer or Human Resources at 650-522-7266.

This notice applies to the privacy practices of the group health plans and health insurers or health care providers listed below:

CARRIER	TYPE OF COVERAGE
Standard	LIFE AD&D, STD, LTD
Ameritas	DENTAL
VSP	VISION
Assist U	EAP
Wageworks	FSA

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The health insurance carriers listed on Page 1 are permitted to use or disclose your protected health information (PHI) for the following purposes:

Treatment The carriers may use and disclose your protected health information in order to assist your health care providers (doctors, hospitals, pharmacies, and others) in your diagnosis and treatment.

Payment The carriers use and disclose your protected health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, or to be reimbursed by another entity that may be responsible for payment.

Health Care Operations The carriers use and disclose your protected health information in order to perform our plan activities, such as quality assessment activities or administrative activities, including data management or customer service. In some cases, we may use or disclose your information for underwriting purposes, determining premiums, and the detection and investigation of fraud.

OTHER PERMITTED OR REQUIRED DISCLOSURES

The carriers may also use or disclose your protected health information in support of:

As Required By Law The carriers must disclose protected health information about you when required to do so by law.

Plan Administration To the plan sponsor, employer or other organization that sponsors your group health plan, to permit the plan sponsor to perform plan administration functions, as described in your plan documents.

Public Health Activities The carriers may disclose protected health information to public health agencies for reasons such as prevention or controlling disease, injury or disability.

Business Associates To persons who provide services to us and assure us they will comply with privacy regulations and our procedures on the use of protected health information.

Law Enforcement The carriers may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

Research Under certain circumstances, the carriers may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.

Special Government Functions The carriers may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Judicial and Administrative Proceedings The carriers may disclose protected health information in response to a court or administrative order. They may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.

Industry Regulation The carriers may disclose your protected health information to state insurance departments, the U.S. Department of Labor and other government agencies, for activities authorized by law.

Workers' Compensation The carriers may disclose protected health information to the extent necessary to comply with state laws for workers' compensation programs.

Coroners, Funeral Directors, Organ Donation The carriers may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that an action has already been taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right To Access Your Protected Health Information You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. A fee may be charged for the costs of producing, copying and mailing your requested information, but you will be informed of the cost in advance.

Right To Amend Your Protected Health Information If you feel that protected health information maintained by the Plan is incorrect or incomplete, you may request that your information be amended. Your request must be made in writing and must include the reason you are seeking a change. The carrier(s) may deny your request if for example, you ask them to amend information that was not created by the health carriers listed on Page 1, as is often the case for health information in their records, or you ask to amend a record that is already accurate and complete.

If the carrier denies your request to amend, they will notify you in writing. You then have the right to submit to them a written statement of disagreement with the decision and the right to rebut that statement.

Right to an Accounting of Disclosures by the Plan You have the right to request an accounting of disclosures the carrier has made of your protected health information. The list will not include the carrier's disclosures related to your treatment, the payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The carrier may charge for providing the accounting disclosures, but will inform you of the cost in advance.

Right To Request Restrictions on the Use and Disclosure of Your Protected Health Information You have the right to request that the carrier restrict or limit how they use or disclose your protected health information for treatment, payment or health care operations. *The carrier may not agree to your request.* If the carrier agrees, they will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell the carrier (1) what information you want to limit; (2) whether you want to limit how they use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

Right To Receive Confidential Communications You have the right to request that the carrier use a certain method to communicate with you about the Plan or that they send Plan information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from the carrier could endanger you. The carrier 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 a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.

Contact Information for Exercising Your Rights You may exercise any of the rights described above by contacting your carrier. Please see the end of this Notice for the contact information.

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact City of San Mateo HR Department to obtain a copy of this notice in written form.

HEALTH INFORMATION SECURITY

The carriers require their employees and business associates to follow their security policies and procedures that limit access to health information to those employees and or entities that need it to perform their job responsibilities. In addition, the carrier maintains physical, administrative and technical security measures to safeguard your protected health information.

You have a right to, or will receive, notifications of breaches of your unsecured PHI that may occur.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the carrier listed on page one of this notice and/or with the Secretary of the Department of Health and Human Services. All complaints to the carrier, must be made in writing and sent to the address listed below.

CARRIER/TP A	REQUEST FOR ACCOUNTING	RECORD OF DISCLOSURES	FILING A COMPLAINT	QUESTIONS
Standard	P.O. Box 711, Portland, OR 97207-0711 971.321.3162			
Ameritas	Privacy Office PO Box 81889 Lincoln, NE 68510 800.487.5553			
VSP	P.O. Box 997105, Sacramento, CA 95899-7100 800-877 -7195			
Assist U	100 S. San Mateo Drive San Mateo, CA 94401 1-800-750-5595			
Wageworks	1100 Park Place - 4th Floor San Mateo, CA 94403 1-888-990-5099			

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with the carriers listed above, or the Department of Health and Human Services.