

**ROCKINGHAM COUNTY HEALTH PLAN NOTICE OF PRIVACY PRACTICES
EFFECTIVE APRIL 14, 2004**

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.

Rockingham County sponsors the Rockingham County Group Health Plan (the "Plan"). Some of Rockingham County's workforce has access to protected health information ("PHI") of Plan participants for administrative functions of the Plan. This Notice will tell you how we may use or disclose your protected health information. We are required to give you this Notice and to follow the terms of the Notice of Privacy Practices currently in effect. We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If this Notice is changed, we will inform you within 60 days of a material change.

PHI means information that is created or received by the Plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant.

I. USES OR DISCLOSURES OF PHI

The following categories describe some of the ways we may use and disclose PHI to you, to your personal representative, and for treatment, payment, or health care operations without your authorization. These examples are not a complete list, but they describe the types of uses and releases that we might make.

Disclosures to You: We may disclose to you PHI about you.

Disclosures to Your Personal Representative: We may make disclosures to your personal representative. Your personal representative is generally someone who has the authority under state law to act on your behalf in making decisions related to your health care (for example, parents or guardians as appropriate).

Treatment: We may use and disclose PHI about you to health care providers to allow them to provide you with treatment or services.

Payment: We may use or disclose PHI to pay or deny your claims, to collect your premiums, or for payment activities of your health care providers or your other insurer(s). We may use and disclose PHI to tell you whether a particular type of health care service is covered under your policy, to adjudicate or subrogate health benefit claims including appeals and payment disputes, to respond to participant inquiries about payment, to review health care services with respect to medical necessity or justification of charges, and to disclose certain information relating to payment to consumer reporting agencies. For example, the Explanation of Benefits (in which your PHI may be included) may be released to the Plan Participant and mailed to the Plan Participant's address of record.

Health Care Operations: We may use and disclose PHI in performing certain business activities. For example, we may use and disclose PHI about you in health care operations to do the following things:

- Review and improve the quality, efficiency, and cost of our operations.
- Improve our methods of payment, coverage policies, or customer service.

- Set premiums or perform certain other activities related to the business of health insurance.
- For population-based activities relating to improving health or reducing health care costs, protocol development, care coordination, contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment.
- Cooperate with various people who review our activities. For example, accountants, lawyers, and others who assist us in complying with the law and managing our business may see PHI.
- To offer you information that may be of interest to you including appointment reminders, newsletters, or other information about activities of the Plan.
- To use and disclose PHI for preventative health, early detection, and disease and case management programs.
- For business planning, management, and general administrative activities of the Plan.

We will mail any materials (explanation of benefits or other notification) to the main subscriber we have on record for health benefits. We may not make separate mailings for dependents. We may discuss claims information on a combined basis for all plan participants in a family with the responsible party/plan participant.

Required By Law: We may use and disclose PHI as required by federal, state, or local law.

Incidental Disclosures: We may use and disclose PHI when such uses and disclosures are incidental to uses and disclosures that are permitted or required by law, so long as we apply reasonable and appropriate safeguards and implement the minimum necessary standard where appropriate to limit the scope of PHI exposed by these incidental disclosures.

Health Plan Sponsor: We may disclose PHI to the Plan sponsor, Rockingham County. For example, we may disclose summary information about enrollees in the Plan to Rockingham County to use to obtain premium bids for health insurance coverage offered through the Plan or to decide whether to modify, amend, or terminate the Plan.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities; or
- To locate and notify persons of recalls of products they may be using.

Abuse, Neglect, or Domestic Violence: We may disclose PHI to government authorities if we reasonably believe that a participant has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for audits, investigations, inspections, licensure, and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process.

Law Enforcement: We may disclose PHI to law enforcement officials where the disclosure is:

- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person; or
- About a crime or suspected crime committed at our office.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public.

Specialized Government Functions: Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans' benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- For the health or safety of inmates and others at correctional institutions or for general safety and health related to correctional facilities.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Limited Data Set Disclosures: We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations.

Business Associates: We may share PHI with other parties called "business associates" who help us with providing services to you. We require these business associates to protect PHI.

Other Purposes: We may disclose PHI to coroners, medical examiners, funeral directors, and organ and tissue donation organizations, and for research.

II. USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION TO WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose your PHI in some situations if you do not object after you have been provided with an opportunity to do so. However, when you are not present or we cannot practicably provide you with the opportunity to agree or object due to your incapacity or an emergency circumstance, we may determine, in the exercise of professional judgment, whether the use or disclosure is in your best interest.

Individuals Involved in Your Care or Payment for Your Care: We may disclose to your family member, a person responsible for your care, close friend, or any other person identified by you, PHI about you that is directly relevant to that person's involvement in your care or payment for your care. We may also use and disclose PHI necessary to notify these persons of your location, general condition, or death.

Disaster Relief: We may share PHI about you with disaster relief agencies for disaster relief purposes.

III. USES AND RELEASES OF PHI WITH YOUR WRITTEN AUTHORIZATION

You can give use permission to use or disclose your PHI for any use or disclosure not described in the above section I. You give this permission by signing a form called an authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization. Once you give us permission by

signing an authorization to use or disclose your PHI, we cannot guarantee that the person we gave it to will not release your information.

IV. YOUR RIGHTS REGARDING YOUR PHI

Right to Request Restrictions: You can request additional restrictions on the PHI that we may use or disclose for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, such as if the information is needed to treat you in the case of an emergency.

Right to Receive Confidential Communications: You can request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact by regular mail to your post office box and not your home. We are required to accommodate only your reasonable requests. “Reasonableness” includes, when appropriate, making alternate arrangements regarding payment.

Right to Inspect and Copy: You can request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. If you request a copy of your PHI, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

Right to Amend: You can request that we amend PHI about you as long as such information is kept by or for the Plan. You must give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You can request an “accounting” of certain disclosures of your PHI. This is a list of disclosures made by us during a specified period of up to 6 prior years, but these do not include disclosures made for treatment, payment, and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and disclosures made before April 14, 2004. If you request more than one list of disclosures in a 12-month period, we may charge you a fee.

Right to a Copy of this Notice: You can receive a paper copy of this Notice upon request.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint. To file a complaint with the Plan, please contact the Privacy Official, 371 NC 65, Suite 207, Wentworth, NC 27375, Phone: (336) 342-8347.

For Additional Information: Please contact the Privacy Officer or review the Plan Document.