EVART PUBLIC SCHOOLS
HEALTH INFORMATION PRIVACY NOTICE

Dated: August 26, 2014

To: Employees of Evart Public Schools:

Evart Public Schools is committed to protecting the privacy of your personal health information. Under the guidelines of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), I am attaching a document that provides the District's Notice of Privacy Practices. The notice pertains to the Evart Public Schools Group Health Plans[1] (the "Plans") that are administered by Financial Technology, Inc. Please review the Notice carefully. It describes how health related information about you that is created or received by the Plan may be used and disclosed and how you can get access to this information.

If you have questions about HIPAA or how the Plan is complying with federal standards, please contact the Plan's Privacy Officer, Zoe L. Babb, at (231) 734-5594.

Thank you for your attention to this important matter.

Sincerely,

Howard B Hyde

Howard B. Hyde
Superintendent

[1] For purposes of these HIPAA compliance materials, the term "Evart Public Schools Group Health Plans" means the (i) Evart Public Schools Health Care Flexible Spending Account Plan for Employees represented by the Evart Education Association, (ii) Evart Public Schools Health Care Flexible Spending Account Plan for Employees belonging to: The Evart Transportation Professionals/MEA/NEA or The Evart Educational Support Personnel Association, and (iii) Evart Public Schools Cafeteria Plan (covering administrative employees).

Notice of Evart Public Schools Group Health Plans
Health Information Privacy Practices

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.

The effective date of this Notice of Evart Public Schools Group Health Plans Health Information Privacy Practices (the "Notice") is August 26, 2014.

Each of the Evart Public Schools Group Health Plans[1] ("Plan") provides health benefits to eligible employees of Evart Public Schools (the "District" or the "Employer") and their eligible dependents as described in the Summary Plan Description for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits.

For ease of reference, in the remainder of this Notice, the words "you," "your," and "yours" refers to any individual with respect to whom the Plan receives, creates or maintains Protected Health Information (the "PHI"), including employees, COBRA qualified beneficiaries, if any, and their respective dependents.

By way of clarification, "Protected Health Information means individually identifiable health information maintained or transmitted by the Plan in any form or medium, including information transmitted orally, or in written or electronic form. With certain exceptions generally described in this Notice, the Plan may not use or disclose PHI without a valid Authorization from you that meets certain criteria set forth in HIPAA.

Example:

PHI includes information regarding the name of an individual's attending physician(s) and the fact that an individual has ever attended a clinic, or is presently attending a clinic.

PHI does ***not*** *include employment records maintained by the Employer in its role as employer.*

The Plan is required by law to provide notice to you of the Plan's duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plan uses and discloses PHI. It is not feasible in this Notice to describe in

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detail all of the specific uses and disclosures the Plan may make of PHI. This Notice describes all of the categories of uses and disclosures of PHI that the Plan may make and, for most of those categories, gives examples of those uses and disclosures.

The Plan is distributing this Notice, and will distribute any revisions, only to participating employees and COBRA qualified beneficiaries, if any. If you have coverage under the Plan as a dependent of an employee or COBRA qualified beneficiary, you can get a copy of the Notice by requesting it from the contact named at the end of this Notice.

Please note that this Notice applies only to your PHI that the Plan maintains. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain. Nor does this Notice affect the privacy practices of the insurer providing insured medical benefits to the District's employees.

Receipt of Your PHI by the Employer and Business Associates

The Plan may disclose your PHI to, and allow use and disclosure of your PHI by, the Employer and Business Associates, without obtaining your authorization, under certain circumstances.

Plan Sponsor: The Employer is the Plan Sponsor and Plan Administrator. The Plan may disclose to the Employer, in summary form, claims history and other information so that the Employer may solicit premium bids for health benefits, or for purposes of modifying, amending or terminating the Plan. This summary information omits your name and Social Security Number and certain other identifying information. The Plan may also disclose information about your participation and enrollment status in the Plan to the Employer and receive similar information from the Employer. If the Employer agrees in writing that it will protect the information against inappropriate use or disclosure, the Plan also may disclose to the Employer a limited data set that includes your PHI, but omits certain direct identifiers, as described later in this Notice.

The Plan may disclose your PHI to the Employer for Plan administration functions performed by the Employer on behalf of the Plan, if the Employer certifies to the Plan that it will protect your PHI against inappropriate use and disclosure.

Business Associates: The Plan and the Employer may hire third parties, such as a third party administrator, to help the Plan provide health benefits. These third parties are known as the Plan's "Business Associates." The Plan may disclose your PHI to Business Associates, like the Third Party Administrator, who are hired by the Plan or the Employer to assist or carry out the terms of the Plan. In addition, these Business Associates may receive PHI from third parties or create PHI about you in the course of carrying out the terms of the Plan. The Plan and the Employer must require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too.

For purposes of this Notice, all actions of the Employer and the Business Associates that are taken on behalf of the Plan are considered actions of the Plan. For example, health information maintained in the files of a Third Party Administrator is considered maintained by the Plan. So, when this Notice refers to the Plan taking various actions with respect to health information, those actions may be taken by the Employer or a Business Associate on behalf of the Plan.

How the Plan May Use or Disclose Your PHI

The Plan may use and disclose your PHI for the following purposes without obtaining your authorization.

Your Health Care Treatment: The Plan may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

Examples:

If your doctor requested information from the Plan about previous claims under the Plan to assist in treating you, the Plan could disclose your PHI for that purpose

The Plan might disclose information about claims for your prior prescriptions to a pharmacist for the pharmacist's reference in determining whether a new prescription may be harmful to you.

Making or Obtaining Payment for Health Care or Coverage: The Plan may use or disclose your PHI for payment (as defined in applicable federal rules) activities.

Example.

The Plan will receive bills from physicians for medical care provided to you that will contain your PHI. The Plan will use this PHI, and create PHI about you, in the course of determining whether to pay, and paying, benefits with respect to such a bill.

The Plan' use or disclosure of your PHI for payment purposes may include uses and disclosures for the following purposes, among others:

- Obtaining payments required for coverage under the Plan
- Determining or fulfilling its responsibility to provide coverage and/or benefits under the Plan, including eligibility determinations and claims adjudication
- Obtaining or providing reimbursement for the provision of health care (including coordination of benefits, subrogation, and determination of cost sharing amounts)
- Claims management, collection activities, obtaining payment under a stop-loss insurance policy, and related health care data processing

The Plan also may disclose your PHI for purposes of assisting other health Plan (including other health Plan sponsored by the Employer), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plan.

Health Care Operations: The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

The Plan also may use or disclose your PHI for purposes of assisting other health Plan (including other Plan sponsored by the Employer), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

The Plan' use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others:

- Underwriting, premium rating and performing related functions
- Planning and development, such as cost-management analyses
- Conducting or arranging for legal services, and auditing functions
- Business management and general administrative activities, including implementation of, and compliance with, applicable laws, and creating de-identified health information or a limited data set

The Plan also may use or disclose your PHI for purposes of assisting other health Plans for which the Employer is the plan sponsor, and any insurers and/or HMOs with respect to those Plans, with their health care operations activities similar to both categories listed above.

Limited Data Set: The Plan may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

Legally Required: The Plan will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plan must allow the U.S. Department of Health and Human Services to audit the Plans records.

Health or Safety: When consistent with applicable law and standards of ethical conduct, the Plan may disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others.

Law Enforcement: The Plan may disclose your PHI to a law enforcement official if the Plan believes in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Employer. The Plan also may disclose your PHI for limited law enforcement purposes.

Lawsuits and Disputes: In addition to disclosures required by law in response to court orders, the Plan may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

Workers' Compensation: The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

Emergency Situation: The Plan may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plan to do this.

Personal Representatives: The Plan will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an Incapacitated Individual, for example) to the same extent that the Plan would disclose that information to you.

Public Health: To the extent that other applicable law does not prohibit such disclosures, the Plan may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

Health Oversight Activities: The Plan may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

Coroner, Medical Examiner, or Funeral Director: The Plan may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plan may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

Organ Donation. The Plan may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

Specified Government Functions: In specified circumstances, federal regulations may require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

Authorization to Use or Disclose Your PHI

The Plan will not use or disclose your PHI, except as provided above, unless it first receives written authorization from you. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the Plan have taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

The Plan May Contact You

The Plan may contact you for various reasons. Normally, the most likely reason the Plan would need to contact you would be in connection with claims and payments for claims. The Plan will typically contact you in writing, via the mail.

Your Rights With Respect to Your PHI

Requests for Confidential Communications: If you feel that disclosure of your PHI could endanger you, the Plan will accommodate a reasonable request to communicate with you confidentially by alternative means or at alternative locations. For example, you might request the Plan to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the Privacy Officer named at the end of this Notice, on a form provided by the Plan. You are not required to state the specific reason for feeling that disclosure of your PHI might endanger you. Your request also must specify how or where you want to be contacted. The Plan will respond to your request for confidential communication in writing. The Plan may, in its discretion, deny your request in whole or in part. Therefore, you should not assume that the Plan has accepted your request until the Plan's Privacy Officer confirms, in writing, the Plans agreement to your request.

Requests for Special Privacy Restrictions: You may request the Plan to place special restrictions on the uses and disclosures that it makes of your PHI. The Plan is not required to agree to any requested restriction, but if it does agree to any of your requested restrictions, the Plan is bound by that agreement, unless the information is needed in an emergency situation, and until the agreement is terminated by either you or the Plan. Notwithstanding, there are some restrictions that are not permitted under the law, even if the Plan were inclined to agree. To request a restriction, you should submit your written Request for Special Privacy Protection to the Privacy Officer identified at the end of this Notice. The Plan's Privacy Officer will notify you if the Plan agrees to a requested restriction on how your PHI is used or disclosed. The Plan may, in its discretion, deny your request in whole or in part. Therefore, you should not assume that the Plan has accepted a requested restriction until the Plan's Privacy Officer confirms the Plan's agreement to that restriction in writing.

Right to Access Your PHI: You have a right to access your PHI in the Plan' enrollment, payment, claims adjudication and case management records, or in other records used by the Plan to make decisions about you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing on a Request for Access to Health Information form provided by the Plan and submitted to the Plan's Privacy Officer named at the end of this Notice. The Plan's Privacy Officer will respond to your Request in writing. The Plan may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, the written response will include a description of how you may exercise any review rights you might have, and a description of how you may complain to Plan or the Secretary of Health and Human Services. If you request a copy of your PHI, or a summary explanation or your PHI, the Plan may charge you a reasonable amount for its costs incurred for preparation, copying and, if applicable, postage associated with your request.

Right to Amend: You have the right to request amendments to your PHI in the Plan's records if you believe that any information is incomplete or inaccurate. A request for amendment of PHI in the Plan' records should be made in writing on a Request for Amendment to Health Information form provided by the Plan and submitted to the Plan's Privacy Officer named at the end of this Notice. The Plan's Privacy Officer will respond to your Request in writing. The Plan may deny the request if, for example, it does not include a reasonable rationale in support of the amendment. The request also may be denied if, for example, your PHI in the Plan's records was not created by the Plan, if the PHI you are requesting to amend is not part of the Plan's records, or if the Plan determines the records containing your health information are accurate and complete. If the Plan denies your request for an amendment to your PHI in whole or in part, you will be notified of the denial in writing, and you will be afforded the opportunity to enter a written Statement of Disagreement in your record which will be provided with all future disclosures of the PHI, or you may request that all future disclosures of PHI include a copy of your Request and a copy of the Plan's denial.

Accounting of Disclosures: You have the right to receive an accounting of certain disclosures made of your PHI. Most of the disclosures that the Plan makes of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize, or that occurred prior to April 14, 2004, are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing on a Request for Accounting of Disclosures form to the Plan's Privacy Officer named at the end of this Notice. Only disclosures made within six years of the date of your Request, and that occurred after April 14, 2004, will be included. The response to your first Request within any 12-month period will be free. If you request more than one accounting within any 12-month period, the Plan may charge a reasonable, cost-based fee for its responses to each subsequent accounting request.

Personal Representatives: You may exercise your rights through a personal representative. Your personal representative will be require to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

Complaints

If you believe that your privacy rights have been violated, you have the right to make a complaint to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing on a Complaint form provided by the Plan and submitted to the Plan's Privacy Officer named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. The Plan's Privacy Officer will respond to all Complaint's in writing and, if the Privacy Officer determines that your Complaint has merit, will advise you of the action taken to minimize the harm to you as the result of the violation and the steps taken to prevent further occurrences. You will not be retaliated against in any way for filing a complaint.

Paper Copy of This Notice: You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the Plan's Privacy Officer named at the end of this Notice.

Contact Information

The Plan's Privacy Officer is the person to contact for all questions and issues regarding the Plan's privacy practices and your privacy rights. The name and address of the Plan's Privacy Officer is:

Zoe L. Babb, Privacy Officer
Evart Public Schools
P.O. Box 917
Evart, MI 49631