



Dear Independence School District Employee:

We would like to assure you that the privacy and protection of your health information is extremely important to us. Information for employees enrolled in a health plan, a dental plan, 125 Medical Reimbursement, other benefit plan, or for those taking a Family Medical leave is protected health information (PHI).

The Notices of Privacy Practices you are receiving will explain the various ways we use and protect your PHI. Highlights of the document include:

- We use and disclose members' PHI in administering benefits, or when a doctor, dentist, hospital or other entity requests it for treatment or payment purposes. Other situations in which PHI may be used are listed in the second section of the enclosed notice.
- In situations that are not names in the "Notice of Privacy Practices," we will always ask for written authorization to share PHI. Members can revoke their authorization at any time. Authorization forms will be available at each District site.
- Members have rights to limit how we share their PHI and to request copies of their information and where it has been shared.

The "Notice of Privacy Practices" is enclosed with this letter. If you have any questions about this communication, please call the Privacy Office at (816) 521-5300 during normal business hours, or e-mail us at Greg_Gilliam@idschools.org.

Sincerely,

Mr. Greg Gilliam
Privacy Officer,
Independence School District

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

The privacy of your Protected Health Information is important. This requires no action on your part unless you have a request or complaint.

Protecting all Independence School District Member's Protected Health Information

The Independence School District understands the importance of keeping your Protected Health Information private. Personal health information includes both medical/dental information and individually identifiable information, such as your name, address, telephone number, or social security number. We are required by applicable federal and state laws to maintain the privacy of your Protected Health Information.

Both under law and our policy, the Independence School District has a responsibility to protect the privacy of your Protected Health Information (PHI), We:

- protect your privacy by limiting who may see your PHI;
- limit how we may use or disclose your PHI;
- inform you of our legal duties with respect to your PHI;
- explain our privacy policies; and
- strictly adhere to the policies currently in effect.

You have received this notice because you are covered by, or considering coverage with, a product offered, insured, or administered, by a company or managed care organization operating as, or an affiliate, or contracted by the Independence School District. A current list of such companies and organizations appears at the end of this notice.

This is a notice of the Independence School District privacy practices, our legal duties, and your rights concerning your Protected Health Information. We will follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace it and provide you notice of such changes.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by applicable law, rules, and regulations. We reserve the right to make the changes in our privacy practices and the new terms of this notice at any time, as allowed by applicable law, rules, and regulations. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all Protected Health Information that we maintain, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers. For more information about

our privacy practices, or for additional copies of this notice, please contact us at the number listed at the end of this notice.

Independence School District Uses and Disclosures of Member's Protected Health Information

As an Independence School District member in a benefit plan or using Family Medical Leave, the District may use and disclose your Protected Health Information, without your consent/authorization, in the following ways:

Treatment: We may disclose your Protected Health Information to a doctor/dentist, a hospital, or other entity, which asks for it in order for you to receive medical/dental treatment.

Payment: We may use and disclose your Protected Health Information to pay claims for covered services provided to you by doctors, hospitals, or other entities.

Process and Proceedings: We may disclose your Protected Health Information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose limited information to law enforcement officials concerning the Protected Health Information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the Protected Health Information of an inmate or other person in a lawful custody to a law enforcement official or correctional institution.

Military and National Security: We may disclose to military authorities the Protected Health Information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, Protected Health Information required for lawful intelligence, counterintelligence, and other national security activities.

Authorizing Use and Disclosure of Independence School District Member's Protected Health Information

The Independence School District will request written authorization from you to use your personal information or to disclose it to anyone for any purpose or situation not included in this document. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your Protected Health Information for any reason except those described in this notice without your written authorization. If you authorize release of your PHI, your authorization must include the following items:

1. a description of information used or disclosed
2. identification of the parties releasing, and the parties requesting the information
3. an expiration date of the authorization
4. your signature
5. information about how to revoke the authorization

Individual Rights for all Independence School District Members

As an Independence School District member, the following are your rights concerning your Protected Health Information:

Access: You have the right to review or obtain copies of your Protected Health Information, with certain exceptions. You may request that we provide copies in a format other than photocopies. You may submit this request in writing by obtaining a form from us using the contact information listed at the end of this notice. If you request copies, you may be charged a fee for each page, and per hour for staff to locate and copy your Protected Health Information, and postage.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our subcontractors, disclosed your Protected Health Information for purposes other than treatment, payment, health care operations and certain other activities. Effective April 14, 2003, the Independence School District will begin maintaining these types of disclosures for up to six (6) years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You may submit this request using the contact information listed at the end of this notice.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your Protected Health Information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in a need for your emergency treatment). You also have the right to agree to or terminate a previously submitted restriction. You may submit this request using the contact information listed at the end of this notice.

It has always been the Independence School District's goal to ensure the protection and integrity of our member's Protected Health Information. Therefore, we will notify you of any potential situations where your information would be used for reasons other than payment and benefit related operations.

This notice became effective on April 14, 2003.

- Independence School District
- Insurance Brokers
- Insurance and Benefit Providers
- Employee Health Clinic

To contact us:

Privacy Office at 816.521.5300
Mr. Greg Gilliam
Independence School District
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Greg_Gilliam@isdschools.org