

NOTICE OF PRIVACY PRACTICES FOR SCHOOLS INSURANCE AUTHORITY (SIA)  
(45 CFR 164.520)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This "Notice of Privacy Practices for Schools Insurance Authority (SIA)" is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA), 145 CFR Parts 160 and 164. It describes how we may use or disclose your Protected Health Information (PHI) and with whom that information may be shared. This "Notice of Privacy Practices" also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of our Physical Ability Testing (PAT) services, except when the release is required or authorized by law or regulation.

STATEMENT REGARDING AUTHORIZATION FOR DISCLOSURE FOR PROTECTED HEALTH INFORMATION (PHI)

SIA is a public entity formed for the purpose of self-insuring its members' exposures for workers' compensation, liability, property and benefits. One of the services SIA provides to its members is post-offer, pre-employment Physical Ability Testing (PAT) to determine whether candidates for employment by members have sufficient physical strength to perform the essential tasks of the job.

Before conducting employment candidate PAT, SIA will obtain your written authorization to do the following:

1. Collect health history information in order to determine whether it is safe for you to engage in testing.
2. Obtain clearance from your physician if SIA has any reason to doubt whether it is safe for you to be tested.
3. After conducting testing, to report to your potential employer whether your test resulted in a "PASS" or "FAIL" score. For identification purposes, your "pass" or "fail" score is accompanied by your first name, last name, the last four digits of your Social Security Number, and the job classification for which you were tested. No other PHI is provided to the employer.

Any Authorization you give may be revoked as described in the Authorization form. Uses and disclosures not described in the Authorization form will not be made without written authorization by you, except to the extent compelled by law.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You may be asked to provide a signed acknowledgment of receipt of this "Notice of Privacy Practice for SIA". Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. However, your failure to sign this acknowledgement will not preclude you from being tested if you sign an authorization for release of the results of your test to your potential employer.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

"Protected Health Information" (PHI) is individually identifiable health information and includes demographic information (for example, age, address, etc.), and relates to your past, present or future physical or mental health or condition and related health care services. SIA is required by law to do the following:

1. Keep your PHI private,

2. Present to you this "Notice of Privacy Practices" and our legal duties and privacy practices related to the use and disclosure of your PHI,
3. Notify affected individuals of any breach of unsecured PHI,
4. Follow the terms of the "Notice of Privacy Practices" currently in effect, and
5. Communicate to you any changes we may make in the "Notice of Privacy Practices".

We reserve the right to change this "Notice of Privacy Practices". Its effective date is at the bottom of the last page. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. If we do so, the notice may be provided to you by mail or other similar delivery method.

#### HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

Following are examples of permitted uses and disclosures of your PHI. These examples are not exhaustive.

**Required Uses and Disclosures -** By law, we must disclose your PHI to you unless it has been determined by a health care professional that it would be harmful to you.

Even in such cases, we may disclose a summary of your PHI to certain of your authorized representatives specified by you or by law. We must also disclose PHI to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your PHI.

**Treatment –** If necessary, we will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your PHI to another health care provider such as an Emergency Medical Technician (EMT) or physician who at your request becomes involved in your health care. In emergencies, we will use and disclose your PHI to obtain the treatment you require.

**Health Care Operations -** We may use or disclose, as needed, your PHI to support our daily activities related to providing PAT services to our members. These activities include quality assessment, licensing or certifications, and staff performance reviews. We may call you by name in the waiting room when the technician is ready to see you, and we may use or disclose your PHI as necessary to contact you to remind you of your appointment.

**Required by Law -** We may use or disclose your PHI if law or regulations requires the use or disclosure.

**Legal Proceedings -** We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement -** We may disclose PHI for law enforcement purposes, including responses to legal proceedings; information requests for identification and location; and circumstances pertaining to victims of a crime.

**Research -** We may disclose PHI to researchers when authorized by law. For example, SIA may author peer-reviewed articles to professional journals for the purpose of sharing the large-scale aggregate data of our PAT services.

**Threat to Health or Safety -** We may disclose your PHI, under applicable Federal and State laws, to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security - We may use or disclose PHI, when the appropriate conditions apply, of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission, including determination of fitness for duty; or to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI, under specified conditions, to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers' Compensation - We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

You may exercise the following rights by submitting a written request to SIA. Please be aware that we may deny your request; however, in most cases you may seek a review of the denial.

Right to Inspect and Copy - You may inspect and/or obtain a copy of your PHI that is contained in a "designated record set" for as long as we maintain the PHI. A designated record set contains PHI, medical history information and PAT records, as well as, any other records that our PAT services use for making decisions about you. This right does not include inspection and copying of the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI. You may be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and, if you agree to receive a summary, we will advise you of the fee at the time of your request.

Right to Request Alternative Confidential Communications - You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment - If you believe that the information we have about you is incorrect or incomplete; you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosure - You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this "Notice of Privacy Practices" and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made up to 6 years prior to the date of your request. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this "Notice of Privacy Practices".

Right to Obtain a Copy of this Notice - You may obtain a paper copy of this "Notice of Privacy Practices" from us by requesting one.

Special Protections - This "Notice of Privacy Practices" is provided to you as a requirement of HIPAA. There are several other privacy laws that also apply to HIV related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice.

Complaints - If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

#### CONTACT INFORMATION

SIA's Privacy Officer is Debbie Wadsworth, Director of Finance and Operations, and can be contacted at this office or by calling our telephone number, (916) 364-1281. You may contact our Privacy Officer for further information about our complaint process or for further explanation of this "Notice of Privacy Practices".

This Notice is effective in its entirety as of January 1, 2015.