**Round Rock Christian Academy**
**Notice of 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.

## Who Will Follow this Notice

This notice describes the medical information practices of the Round Rock Christian Academy (RRCA) Health Plan and any third parties that assist in the administration of the Plans.

Note that the privacy policies and procedures relating to the Plan benefits provided through insurance contracts will be adopted by the health insurers that provide these contracts. If you receive Plan benefits under such a contract, you may receive a separate notice of privacy practices from the applicable health insurer.

## Our Commitment to Protect Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. During the course of routine plan administration, the Plans and certain of their third-party vendors and consultants create and analyze records of the health care claims reimbursed under the Plans. This notice applies to all of the medical records maintained by the Plans or their third-party vendors. Your personal doctor or health care provider may have different policies or notices regarding his or her use and disclosure of your medical information created during the course of your treatment.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

The Plans are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

## How We May Use and Disclose Medical Information about You

The following categories describe different ways that the Plans use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

In general, the Plans will not receive or use health information that identifies you or any treatment you may receive. Instead, access to your health information will be limited to third-party vendors who provide claims processing and consulting services for the Plans. These vendors will be contractually obligated to protect your health information to substantially the same extent as the Plans.

***For Payment (as described in applicable regulations)***. The Plans may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

***For Health Care Operations (as described in applicable regulations)***. The Plans may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to the Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

***As Required by Law***. The Plans will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

***To Avert a Serious Threat to Health or Safety***. The Plans may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

## Special Situations

***Disclosure to Health Plan Sponsor***. Your health information may be exchanged by the Plans for purposes of facilitating claims payments under that one of the Plans. In general, your health information will not be disclosed to the sponsor of the Plans without your prior authorization. However, RRCA is not required to seek your authorization to receive health information that does not identify you or connect you to your medical treatment or condition.

***Organ and Tissue Donation***. If you are an organ donor, the Plans may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

***Military and Veterans.*** If you are a member of the armed forces, the Plans may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

***Workers' Compensation***. The Plans may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** The Plans may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

***Health Oversight Activities***. The Plans may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Lawsuits and Disputes***. If you are involved in a lawsuit or dispute, the Plans may disclose medical information about you in response to a court or administrative order. The Plans may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

***Law Enforcement***. The Plans may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing persons;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at RRCA; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

***Coroners, Medical Examiners and Funeral Directors***. The Plans may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plans may also release medical information to funeral directors as necessary to carry out their duties.

***National Security and Intelligence Activities.*** The Plans may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

***Inmates.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release medical information about you to the correctional institution or law enforcement officials. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information the Plans and their business associates or Round Rock Christian Academy maintain about you:

***Right to Inspect and Copy.*** You have the right to inspect and copy medical information that may be used to make decision about your benefits under the Plans. In most cases, neither the Plans themselves nor Round Rock Christian Academy will generally have access to or retain your health information. As a result, you should refer to the following listing of contact information for the Plans' business associates to determine who to contact to arrange for a review of your health information.

| Type of Coverage | Business Associate | Contact Information |
|---|---|---|
| Medical | Aetna | **1-800-872-3862** |

If you would like to inspect any health information about you maintained by the Plans themselves or by Round Rock Christian Academy, please contact the Privacy Officer for additional information. If you have any questions relating to the access policies and procedures adopted by one of the business associates of the Plans, you should contact the business associate for additional information.

Note that if you request a copy of your health information, you may be charged a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

In certain very limited circumstances, your rights to copy your health information may be denied. If you are denied access to medical information, you may request that the denial be reviewed.

***Right to Amend.*** If you feel that your medical information retained by the Plans or one of their business associates or Round Rock Christian Academy is incorrect or incomplete, you may request that the information be amended. You have the right to request an amendment for as long as the information is kept by Round Rock Christian Academy or for the Plans. You must provide a reason that supports your request.

As indicated above, because neither the Plans themselves nor Round Rock Christian Academy will generally have access to or retain your health information, you may need to contact the appropriate business associate of the Plans to request an amendment to your health information. Please refer to the contact information listed in the chart above to submit a request to amend your health information. To request an amendment of any health information maintained by the Plans themselves or by Round Rock Christian Academy, please contact the Privacy Officer for additional information. If you have any questions relating to the amendment policies and procedures adopted by one of the business associates of the Plans, you should contact the business associates of the Plans, you should contact the business associate for additional information.

Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if you seek to amend information that:

- Is not part of the medical information kept by or for the Plans;
- Was not created by the Plans for their business associates, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

***Right to an Accounting of Disclosures***. You have the right to request an 'accounting of disclosures' where such disclosure was made for any purpose other than treatment, payment, or health care operations.

Please refer to the contact information listed in the chart above to submit a request for an accounting of non-routine disclosures of your health information by the Plans' business associates. To request an accounting of non-routine disclosures of your health information maintained by the Plans themselves or by Round Rock Christian Academy, please contact the Privacy Officer for additional information. You must submit your request in writing, and your request must state a time period which may be no longer than six years and may not include dates before April of 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For additional lists, you may be charged for the costs of providing the list. You will be notified of the cost involved, and you may choose to withdraw or modify your request at any time before any costs are incurred. If you have any questions relating to the accounting policies and procedures adopted by one of the business associates of the Plans, you should contact the business associate for additional information.

***Right to Request Restrictions***. You have the right to request a restriction or limitation on the medical information the Plans or their business associates use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plans not use or disclose information about a surgery you had. Neither the Plans nor their business associates are required to agree to your request. Your right to request a restriction or limitation on the use or disclosure of your medical information does not extend to medical information held by Round Rock Christian Academy.

To request restrictions, please contact either the relevant business associate or the Privacy Officer for additional information. In your request, you must (1) describe what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

***Right to Request Confidential Communications***. You have the right to request that communications with you about medical matters be made in a certain way or at a certain location. For example, you can ask that the Plans only contact you at work or by mail.

To request confidential communications, please contact either the relevant business associate or the Privacy Officer for additional information. You will not be asked the reason for your request. All reasonable requests for confidential communications will be honored. Your request must specify how or where you wish to be contacted.

***Right to a Paper Copy of This Notice***. You have the right to a paper copy of this notice. You may ask the Privacy Officer to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Requests for copies can be made by emailing the Benefits Office at Round Rock Christian Academy or by contacting the Employee Benefits Office.

## Changes to This Notice

The Plans reserve the right to change this notice. The Plans reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we received in the future. We will post a copy of the current notice on the Intranet. The notice will contain its effective date.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plans or with the Secretary of the Department of Health and Human Services. To file a complaint regarding the Plans, write to:

Paula Headley
Round Rock Christian Academy
301-A North Lake Creek Drive
Round Rock, Texas

Director, Office of Civil Rights
U.S. Department of Health
200 Independence Ave, S. W.
Room 509F, HHH Bldg.
Washington, DC 20201

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, neither the Plans nor their business associates will be able to use or disclose medical information about you for the reasons covered by your written authorization. You understand that it will not be possible to take back any disclosures that have already made with your permission, and that the Plans are required to retain our records of the medical care that was provided to you.