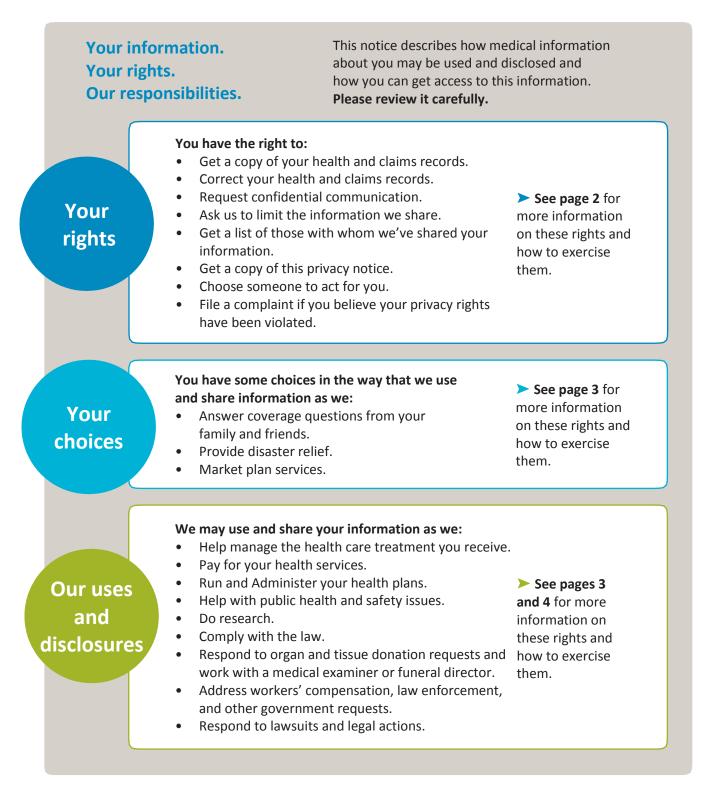


Human Resources 350 S. Fifth St. Minneapolis, MN 55415 Tel 612.673.2282

City of Minneapolis health plans notice of privacy practices



Your rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.		
Get a copy of your health and claims records.	 You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. 		
Ask us to correct health and claims record.	 You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request but we'll tell you why in writing within 60 days. 		
Request confidential communications.	 You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not. 		
Ask us to limit what we use or share.	 You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say "no" if it would affect your care. 		
Get a list of those with whom we've shared information.	 You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, costbased fee if you ask for another one within 12 months. 		
Get a copy of this privacy notice.	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.		
Choose someone to act for you.	 If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. 		
File a complaint if you feel your rights are violated.	 You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/ privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint. 		

Your choices	share. If you have a clear preferer	bu can tell us your choices about what we nee for how we share your information in the o us. Tell us what you want us to do and we will	
In these cases, you have both the right and choice to tell us to:	 your care. Share information in a disaster relief If you are not able to tell us your preference ahead and share your information if we be 	, close friends, or others involved in payment for ef situation. nce, for example if you are unconscious, we may go pelieve it is in your best interest. We may also share your fous and imminent threat to health or safety.	
In these cases, we <i>never</i> share your information unless you give us written permission:	 Marketing purposes, unless the marketing is in the form of a face to face interaction with you (such as a benefits fair). Note we never sell your information. Psychotherapy notes or substance abuse treatment records, unless the use and disclosure are required by law, at issue in a legal action brought by you, is related to treatment, payment or healthcare operations, or certain other limited circumstances such as oversight of the provider who treated you. 		
Our uses and disclosures		ealth plans typically use or share your se or share your health information in the	
and	health information? We typically u		
and disclosures Help manage the health care treatment	 health information? We typically u following ways. We can use your health information and share it with professionals who are treating 	se or share your health information in the Example: We might suggest a disease management or wellness program that could	

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.	 We can share health information about you for certain situations such as: Preventing disease. Helping with product recalls. Reporting adverse reactions to medications. Reporting suspected abuse, neglect, or domestic violence. Preventing or reducing a serious threat to anyone's health or safety.
Do research.	 We can use or share a limited amount of your information for health research and only do so if certain established measures are taken to protect your privacy.
Comply with the law.	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director.	 We can share health information about you with organ procurement organizations with your consent. We can share health information with a coroner or medical examiner when an individual dies.
Address workers' compensation, law enforcement and other government requests	 We can use or share health information about you: For workers' compensation claims. For law enforcement purposes or with a law enforcement official with your consent, unless required by law. With health oversight agencies for activities authorized by law. For special government functions such as military, national security, and presidential protective services with your consent, unless required by law.
Respond to lawsuits and legal actions.	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website and we will mail a copy to you. This revision is effective January 1, 2019.

List of City of Minneapolis health plans covered by the notice

- Medical plan, administered by Medica.
- Dental plan, administered by Delta Dental.
- Health care flexible spending account, administered by Further.
- Health reimbursement arrangement plan-HRA/VEBA, administered by Further.

Contact employee benefits

City of Minneapolis Employee Benefits can be accessed through **minneapolis.service-now.com** or by calling 612-673-2282, option 2, Monday-Friday, 8:00 a.m. 4:30 p.m.