



## COMPENSATION DEPARTMENT

### PRIVACY PROCEDURES FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

1. **Purpose.** The Maricopa Community Colleges (“MCCCD”) collects certain health information about employees, their dependents, spouses and partners, and former employees as a result of administering its medical, dental, employee assistance, and flexible spending account plans (“plans”). It does so through activities such as enrolling members, obtaining receipts for payment and assisting with the payment of claims. The objective of these procedures is to insure the confidentiality of that health information from inappropriate uses and disclosures.
2. **Applicability.** For purposes of these procedures, the Compensation Department (“Department”) is considered a separate entity from the remainder of MCCCD. These procedures apply only to it. Uses and disclosures of health information within MCCCD but outside of the Department must comply with these procedures and applicable law as if the use or disclosure is to an outside party.
3. **Types of Health Care Information.** The Department receives and maintains certain health information on a routine and recurring basis for the purposes of payment relating to and the operation of its plans, including:

#### For payment:

- To confirm eligibility for payment purposes, including to physicians, dentists and hospitals
- To facilitate payment to those health care providers
- To assist in claims management and plan administration
- To administer and maintain accounts for payroll deductions
- To enroll individuals

#### For operation of the plans:

- To assess and improve the quality of services
- To estimate the cost of future coverage
- To obtain audit, accounting, legal and actuarial services

4. **Limited Use and Disclosure.** The Department uses or discloses health information only to the extent necessary to accomplish the purpose of the use or disclosure.
5. **Access by Department Employees.** The employees of the Department have access to the health care information described in these procedures for the purposes of performing their assigned duties within the Department relating to the administration of MCCCD’s plans. They do not use or disclose health information relating to any other duties that they may be assigned.
6. **Authorization Required.** Except as described in the next paragraph, the Department requests written authorization before it receives, uses or discloses an individual’s health information. The authorization form is available at the following web site:

[www.maricopa.edu/hrweb/benefits](http://www.maricopa.edu/hrweb/benefits)

The individual providing the authorization may revoke it at any time in writing by submitting the revocation to the benefits specialist(s) working with the individual under the original authorization.

7. **Authorization Not Required.** The Department may use or disclose health information without an individual’s written authorization for the purposes of payment relating to or the operating of its plans to entities such as health insurance companies, health care providers (like doctors, pharmacies, and dentists) and consultants who assist it in administering its plans. Some other instances in which the law permits the Department to use or disclose health information without the individual’s written authorization are:
  - Health care oversight activities by governmental entities such as investigations, audits, and licensure
  - Law enforcement purposes
  - Legal or administrative proceedings, such as lawsuits, in response to a court or administrative order, a subpoena or discovery request

8. **Restrictions.** An individual may request in writing that the Department restrict or limit the use or disclosure of his or her health information for purposes of payment relating to and the operation of its plans. However, the Department is not required to honor the request. The request must describe the information subject to the restriction. It must also state whether the individual wishes to limit use or disclosure or both, and include the names of individuals or organizations to which the restrictions apply.
9. **Amendment.** An individual may request that the Department amend his or her health information. This excludes changes in levels of coverage due to family status changes. The request must be in writing and provide reasons in support of the request. The Department will respond to the request within 60 days of receipt and, if it denies the request, provide the individual with a written statement of the basis for the denial that also informs the individual of certain rights relating to the denial.
10. **Inspection and Copying.** An individual whose health information is on file with the Department may request the opportunity to inspect or obtain a copy of it. To do so, the individual must submit a written request to the Department. The Department will act on the request within 30 days of receipt.
11. **Family and Personal Representatives.** The Department generally refuses to provide health information to family members, relatives or other third parties without the written authorization of the individual whose information has been requested. The Department will make exceptions to this procedure only under circumstances authorized by law and only with the guidance of MCCC'D's Legal Services Department.
12. **Annual Notice.** The Department will provide a written notice about its privacy procedures in the packets that it distributes annually during the open enrollment period for its plans. For new enrollees, the Department will provide a copy of the notice at the time of pre-employment orientation. Department will provide enrollees with notice of any material revisions to the notice within 60 days of those revisions. The Department will also post a copy of the notice on its website:

[www.maricopa.edu/hrweb/benefits](http://www.maricopa.edu/hrweb/benefits)

13. **Complaints.** An individual may complain to MCCC'D Director of the Department if he or she believes that his or her privacy rights have been violated. Complaints may be filed only with respect to alleged violations occurring on or after April 14, 2003. The individual may also complain to the Secretary of the United States Department of Health and Human Services. Complaints to either the Director or the Secretary must:
  - Be filed in writing, either on paper or electronically;
  - Name the entity that is the subject of the complaint, for the complaints submitted to the Secretary, and, for all complaints, describe the acts or omissions believed to be in violation of the applicable law, particularly 45 Code of Federal Regulations, either part 160 or the applicable standards, requirements, and implementation specifications of subpart E of part 164; and
  - Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred.

For complaints to the Secretary, individuals may file written complaints with Office of Civil Rights (OCR) by mail, fax or e-mail at the following address:

Region IX, Office for Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
Voice Phone (415) 437-8310  
FAX (415) 437-8329  
TDD (415) 437-8311

For more information about the Privacy Rule:

[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

14. **Recordkeeping.** The Department will maintain a copy of the notices, authorizations and other documents implementing these procedures for 6 years after the document is issued. The Department does not keep a record of uses and disclosures of health information made to the individual, pursuant to an authorization, or for purposes of payment relating to or the operation of the plans.