

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

The Moore Risk Management Self-Insurance Program is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information (PHI). This Notice applies to Moore Risk Management and the administrative departments at the City of Moore that may provide legal, billing, technical support and other administrative support to Moore Risk Management. If you have questions about any part of this notice or if you want more information about the privacy practices at Moore Risk Management please contact:

Kerry Lunsford
Moore Risk Management
301 North Broadway
Moore, OK 73160 794-5579

Effective Date of This Notice: APRIL 14, 2004

Moore Risk Management is required to follow the terms of this notice until it is replaced.

I How Moore Risk Management Self Insurance Program may Use or Disclose Your Health Information

Moore Risk Management receives and maintains health enrollment information in the course of providing health benefits to you and stores it in a file and on a computer. The medical file is the property of Moore Risk Management, but the information in the medical file belongs to you. Moore Risk Management may disclose PHI to certain designated Employees of the City of Moore to perform customer service functions on your behalf and/or to perform administrative functions. Moore Risk Management hires business associates including, but not limited to Frates Benefits Administrators, Gallagher Benefit Services Inc., Script Care Ltd, Delta Dental of Oklahoma, Health Care Highways, and Companion Life. These business associates receive and maintain your medical information in the course of administrating the Health Plan. They must consent in writing to ensure the continuing confidentiality of your medical information. They must also agree to not use or disclose your medical information for employment-related activities or for any other benefit except as specified in this document. The law permits Moore Risk Management to disclose your health enrollment information to these business associates for them to use in the following manner:

For Treatment

- To facilitate medical treatment or services by providers
- Coordination or management of health care and related services
- Consultations and referrals between one or more of your providers

For Payment

- Providing reimbursements to providers for medical services
- Confirming coverage, and verifying benefits and eligibility
- Collection activities
- Claims management

For Health Care Operations

- The daily operations of claims processing
- Medical necessity review
- Appropriateness of care
- Pre-certification/Pre-authorization
- Appeals procedures
- Utilization review
- Large case management
- Excess health insurance
- Obtaining medical and prescription cards
- Life Insurance
- Alternate communication purposes, i.e. translators of foreign language, or sign language

The Law also permits the use or disclosure of your health information by Moore Risk Management and our business associates for the following purposes:

Information provided to you.

Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to disclosing this information. If you are unable or unavailable to agree or object, our office staff will use their best judgment in communication with your family and others.

Alternative means of communication. We may under certain circumstances need to disclose your health information with a third party to assist in communicating with the plan member. In these cases we would be discussing PHI, in the presence of the plan member or personal representative, by an alternative means of communication, i.e. through a translator either due to a foreign language or sign language etc.

Required by law. We will disclose medical information about Covered Persons when required to do so by federal, state or local law.

Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Coroner or medical examiners office. We may disclose your health information to the purpose of identifying the deceased person, determining a cause of death or other duties as determined by law.

Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes.

Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

Marketing. We may contact you to provide health-related benefits and services that may be of interest to you.

Health plan. We may disclose your health information to the excess insurance carrier of your health plan.

Change of Ownership. In the event that Moore Risk Management is dissolved or becomes another organization, your health information/record will become the property of the new owner.

II Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, we will take reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration the practical and technical limitations.

However, the minimum necessary standard will not apply in the following situations:

- 1) Uses or disclosures made to the individual;
- 2) Disclosures to or requests by a health care provider for treatment;
- 3) Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- 4) Uses or disclosures that are required by law; and
- 5) Uses or disclosures that are required by the Plans' compliance with legal regulations.

III When Moore Risk Management May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the Moore Risk Management Self-Insurance Program will not use or disclose your health information without your written authorization. If you do authorize Moore Risk Management to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

IV Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The Moore Risk Management Self-Insurance Program is not required to agree to the restriction that you requested.

The request must contain the following:

- 1) 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, disclosure to your spouse).

2. You have the right to inspect and copy your health information contained in a "designated record set" for as long as the PHI is maintained. This Protected Health Information (PHI)

includes all individually identifiable health information transmitted or maintained by Moore Risk Management.

3. You have the right to amend your PHI or a record in a designated record set as long as the PHI is maintained in the designated record set.
4. You have a right to receive an accounting of disclosures of your health information made by The Moore Risk Management Self-Insurance Program. However, such accounting need not include PHI disclosures made in the following ways:
 - 1) To carry out payment or health care operations
 - 2) To individuals about their own PHI
 - 3) Prior to compliance date
 - 4) Based on the individual's written authorization
5. You have a right to request a copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Kerry Lunsford
Moore Risk Management
301 North Broadway
Moore, OK 73160 794-5579

V Personal Representative

A Covered Person may exercise their rights through a personal representative. This person will be required to produce evidence of his/her authority to act on the Covered Person's behalf before that person will be given access to PHI or allowed to take any action on behalf of the Covered Person. This proof may take one of the following forms:

- 1) A power of attorney for health care purposes notarized by a notary public;
- 2) A court order of appointment of the person as the conservator or guardian of the Covered Person; or
- 3) An individual who is the parent of a minor child.

Moore Risk Management retains discretion to deny access to PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

VI Changes to this Notice of Privacy Practices

The Moore Risk Management Self-Insurance Program reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, The Moore Risk Management Self-Insurance Program is required by law to comply with this Notice. If changes are made to this notice, a revised notice will be sent to all Employees, Retirees and COBRA participants covered by the plan at that time.

VII Complaints

Complaints about this Notice of Privacy Practices or how The Moore Risk Management Self-Insurance Program's handles your health information should be directed to:

Gary Benefield, Risk Manager
Moore Risk Management
301 North Broadway
Moore, OK 73160 794-5579

If you are not satisfied with the manner in which this office handles a complaint related to your PHI, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

No individual will be retaliated against for filing a complaint.

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.