

## TABLE OF CONTENTS

|  |           |
|--|-----------|
| Baldwin County Commission HIPAA Privacy Policies.....            | pg...2-12 |
| Appendix A - Baldwin County Commission HIPAA Privacy Notice..... | pg..13-16 |
| Appendix B - Baldwin County Commission HIPAA Authorization Form. | pg..17-19 |
| Appendix C - Baldwin County Commission HIPAA Complaint Form..... | pg..20-22 |
| Appendix D - Baldwin County Commission HIPAA Disclosure Log..... | pg..23-24 |
| Certificate of Compliance.....                                   | pg. 25    |

**BALDWIN COUNTY COMMISSION**

**HIPAA PRIVACY POLICIES**

**Baldwin County Commission**  
**Health Insurance Portability and Accountability Act Privacy Policies**

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule becomes effective April 14, 2004. The HIPAA Privacy Rule regulates the Baldwin County Commission's use, disclosure, and request of protected health information (PHI). The Baldwin County Commission may use, disclose, or request PHI only for a purpose allowed or required by the HIPAA Privacy Rule.

PHI is generally health information that relates to an individual's past, present, or future (a) condition, (b) provision of health care, or (c) payment of health care, and that contains personal identifiers (such as name, address, SSN, or DOB) that reasonably allow someone to identify the individual. Employment records held by the Baldwin County Commission in its employer function are excluded from the HIPAA Privacy Rule (i.e. drug screen).

POLICY TITLES

- i. Use, Disclosure, or Request of PHI
- ii. Routine/Non-Routine Uses, Disclosures, or Requests
- iii. De-Identification
- iv. Safeguards
- v. Mitigation
- vi. Individual rights
- vii. Complaints

DEFINITIONS

*Designated Employees* = Baldwin County Commission employees that require access to PHI in order to fulfill their job duties. Designated employees are the only Baldwin County Commission employees that have authorized access to PHI. Each designated employee is trained to comply with the HIPAA Privacy Rule, thus protecting the confidentiality of PHI. Designated employees are grouped in the following workforce classes (a) Personnel, and (b) Financial Administration Personnel.

*Covered Entity* = An entity that must comply with the HIPAA Privacy Rule. The following are defined as covered entities (a) a health plan, which provides or pays for the cost of medical care, (b) a health care provider that conducts PHI transactions in electronic form, or (c) a health care clearinghouse, which processes PHI for another legal entity.

*Business Associate* = An organization the Baldwin County Commission contracts with to perform services in which PHI is created or exchanged.

*Treatment* = The provision, coordination, or management of health care for an individual by one or more health care providers.

*Payment* = Activities related to obtaining premiums, providing eligibility information to health care providers for coverage and provision of benefits, or furnishing or obtaining reimbursement for health care.

*Health Care Operations* = Activities related to (a) quality assessment and improvement, (b) the creation, renewal, or replacement of a contract of health insurance, (c) data aggregation services performed by business associate, or (d) managing, planning, or developing the Plan's business.

*Personal Representative* = A person legally authorized to make health care decisions on an individual's behalf or to act for a deceased individual or the estate. Under the HIPAA Privacy Rule a personal representative shall be treated the same as the individual with respect to uses and disclosures of the individual's PHI, as well as the execution of the individual's rights under the HIPAA Privacy Rule.

*Baldwin County Commission HIPAA Authorization Form* = A voluntary document an individual may sign that identifies the person(s) who may use or disclose the individual's PHI in a manner that is beyond the scope of the HIPAA Privacy Rule. The individual must give a description of the PHI that may be used or disclosed, and the purpose(s) for which the PHI may be used or disclosed.

*Minimum Necessary* = When using, disclosing, or requesting PHI, designated employees must limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The minimum necessary requirement is not imposed in any of the following circumstances (a) treatment purposes, (b) disclosure to the individual, or the individual's personal representative, (c) use or disclosure made pursuant to a Baldwin County Commission HIPAA Authorization Form, (d) disclosure to the Department of Health and Human Services (HHS) for complaint investigation, compliance review or enforcement, or (e) use, disclosure, or request that is required by law (i.e. court order). Designated employees may use their professional judgment in determining the minimum necessary amount of PHI needed to satisfy the purpose of the use, disclosure, or request.

*Reasonable Reliance* = The Baldwin County Commission may rely upon requests as complying with the minimum necessary standard from (a) another covered entity, (b) a public official, or (c) a professional who is the Baldwin County Commission's business associate, seeking the information to provide services to or for the Baldwin County Commission.

*Psychotherapy Notes* = Notes that are recorded in any medium by a health care provider, who is a mental health professional, documenting or analyzing the contents of conversation during a private counseling session, or a group, joint or family counseling session, and which notes are

separated from the rest of the individual's medical records, excluding (a) medication prescription and monitoring, (b) session start/stop times, (c) modalities and frequency of treatment, (d) results in clinical tests, and (e) summaries of diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

## POLICIES

### **i. Use, Disclosure, or Request of PHI:**

#### **Policy:**

Designated employees may use, disclose, or request PHI, without an individual's authorization, for treatment, payment, and health care operations purposes. However, designated employees must limit PHI use, disclosure, or request to the minimum necessary to satisfy the purpose of the use, disclosure, or request. Designated employees may not use, disclose, or request PHI for purposes unrelated to treatment, payment, or health care operations, unless they (a) make the disclosure to the individual, or the individual's personal representative, (b) make the disclosure to a family member, friend, or other person that is involved with the individual's care, payment for care, or for disaster relief efforts, (c) have a Baldwin County Commission HIPAA Authorization Form that permits such uses or disclosures, or (d) the law requires the use, disclosure, or request of PHI (i.e. court order). Designated employees may rely on the rule of reasonable reliance.

Under the HIPAA Privacy Rule, designated employees may rely on an individual's informal permission when disclosing PHI to an individual's family member, friend, or other person that is involved with the individual's care, payment for care, or for disaster relief efforts. Designated employees may obtain informal permission by simply asking the individual outright, or by using professional judgment to determine the best interests of the individual, if the individual is incapacitated, or unavailable. Examples of disclosure may include (a) disclosing to the spouse of an individual, the treatment costs paid by the Baldwin County Commission on behalf of the individual, (b) disclosing to the friend of an injured individual, the individual's condition and hospital location, or (c) disclosing PHI to public or private entities authorized by law to assist in disaster relief efforts.

Designated employees are required to disclose PHI to the Secretary of HHS when the Secretary is investigating or determining the Baldwin County Commission's compliance with the HIPAA Privacy Rule.

As a precaution to compliance requirements set forth by the HIPAA Privacy Rule, designated employees will refrain from disclosing PHI for research purposes, unless required by law (i.e. disclosure to a public health authority concerning required research).

Designated employees will not use, disclose, or request PHI for purposes outside of the HIPAA Privacy Rule unless an individual signs a Baldwin County Commission HIPAA Authorization Form, identifying how designated employees may use or disclose the individual's PHI beyond the scope of the HIPAA Privacy Rule. An individual may revoke the Baldwin County Commission HIPAA Authorization Form, in writing, at any time. An individual's revocation

will be effective for all PHI the Baldwin County Commission maintains on the individual, unless designated employees have taken action in reliance on a signed Baldwin County Commission HIPAA Authorization Form. The Baldwin County Commission HIPAA Authorization Form may be found in the Personnel Department.

The foregoing Use, Disclosure, or Request of PHI Policy does not apply to psychotherapy notes. Psychotherapy notes shall be held to a higher standard of protection, and separated from the rest of an individual's PHI record. Individuals and personal representatives are prohibited from accessing psychotherapy notes.

Except in limited circumstances, psychotherapy notes shall be used only by the mental health professional that created the notes. Authorization is required before psychotherapy notes may be used or disclosed, except in the following treatment, payment, and health care operations purposes:

- a) Use for treatment by provider who created the notes.
- b) Use or disclosure by provider to a health oversight agency for lawful oversight of provider.
- c) Use or disclosure by provider for its own training programs in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skill in counseling.
- d) Use or disclosure by provider for defense in a legal action or other proceeding brought by an individual or personal representative.
- e) Use or disclosure by provider to avert a serious and imminent threat to public health or safety.
- f) Use or disclosure by provider for lawful activities of a coroner or medical examiner.
- g) Use or disclosure by provider to HHS for compliance investigation, enforcement or review.
- h) Use or disclosure as otherwise permitted by law.

## **ii. Routine/Non-Routine Uses, Disclosures, or Requests:**

### **Policy:**

The HIPAA Privacy Rule requires the Baldwin County Commission to distinguish between routine, and non-routine uses, disclosures, or requests of PHI. Designated employees and the HIPAA Privacy Officer shall adhere to the following:

### Routine Uses, Disclosures, or Requests:

Those uses, disclosures, or requests of PHI within treatment, payment, or health care operations purposes. Designated employees may use, disclose, or request PHI without individual review from the HIPAA Privacy Officer under routine uses, disclosures, or requests of PHI.

### Non-Routine Uses, Disclosures, or Requests:

Those uses, disclosures, or requests of PHI outside of treatment, payment, or health care operations purposes. Designated employees shall refer all non-routine uses, disclosures, or

requests of PHI to the HIPAA Privacy Officer. The HIPAA Privacy Officer on an individual, case-by-case basis shall review non-routine uses, disclosures, or requests of PHI. The HIPAA Privacy Officer shall use the following criteria in addressing non-routine uses, disclosures, or requests of PHI:

- a) The HIPAA Privacy Officer shall use professional judgment to determine whether the purpose of the use, disclosure, or request of PHI is legitimate, or lawful.
- b) Upon determining the purpose is illegitimate, or illegal (i.e. disclosure of PHI to a mortgage lender without an individual's authorization) the HIPAA Privacy Officer will not use, disclose, or request PHI.
- c) Upon determining the purpose is legitimate, or lawful (i.e. disclosure of PHI pursuant to a court order), the HIPAA Privacy Officer shall determine if the PHI desired is necessary to satisfy the purpose of the use, disclosure, or request of PHI.
- d) Upon determining the desired information is necessary to satisfy the purpose of the use, disclosure, or request of PHI, the HIPAA Privacy Officer shall determine the amount of PHI, if any, which may be eliminated to comply with the minimum necessary standard, and still satisfy the purpose of the use, disclosure, or request of PHI.
- e) Any other criteria the HIPAA Privacy Officer determines are appropriate in limiting the use, disclosure, or request of PHI to that information which is the minimum necessary to accomplish the intended purpose.

### **iii. De-Identification**

#### **Policy:**

Whenever possible, de-identified PHI shall be used. PHI is considered de-identified, or anonymous, when identifying characteristics are completely removed. PHI must be de-identified prior to disclosure to unauthorized users.

Designated employees must observe the following guidelines relating to the de-identification of PHI. De-identification requires the elimination of all personal identifiers such as the individual's name, address, or date of birth, which may enable a user to deduce the individual's identity.

Below is a list, not fully exhausted, of identifiers that must be removed for the information to be considered de-identified:

- a) Names (including relatives and employers)
- b) Address information
- c) All elements of dates (except year), including date of birth, admission date, discharge date, and date of death
- d) Telephone numbers
- e) Fax numbers
- f) Email addresses
- g) Social Security Number
- h) Account numbers
- i) Vehicle identifiers, including license plate numbers

- j) Full face photographic images
- k) Any other unique identifying number characteristic or code

#### **iv. Safeguards**

##### **Policy:**

Designated employees must adhere to the following safeguards regarding the protection of PHI:

*Oral Communications* = Designated employees must exercise care to avoid unnecessary disclosures of PHI through oral communications. If possible, conversations pertaining to PHI shall not take place in public areas. Voices shall be kept at a reserved level and attention shall be paid to unauthorized listeners in order to avoid unnecessary disclosures of PHI. If possible, designated employees shall avoid using speakerphones when engaging in a PHI related conversation.

*Faxing/Copying/Printing* = Designated employees shall fax, copy, or print the minimum necessary amount of PHI required to satisfy the use, disclosure, or request. If possible, fax machines, copiers, or printers shall be located in secure areas not readily accessible to visitors and unauthorized employees. If the fax machine, copier, or printer must be in a public location, the PHI being faxed, copied, or printed must be strictly monitored. Original or incoming faxes containing PHI shall not be left sitting on or near the fax machine. Original or copied documents containing PHI shall not be left sitting on or near the copy machine. Printed documents containing PHI shall not be left sitting on or near the printer.

*Disposal* = PHI may only be disposed of by means that assure it will not be accidentally released to an outside party. Designated employees must adhere to the following standards relating to the disposal of PHI in both hardcopy and electronic formats:

- a) Hardcopy PHI must not be discarded in trash bins, unsecured bags, or other publicly accessible locations. Hardcopy PHI must be personally shredded or destroyed.
- b) Electronic PHI must be deleted, or destroyed. It is not acceptable to simply place a diskette containing PHI files in the trash. Rather the files must be deleted prior to placing the diskette in the trash, or the diskette must be physically destroyed.

*Paper Records* = PHI paper records must be stored or filed in such a way as to avoid unauthorized access. Some type of physical barrier shall be used to protect paper records from unauthorized access (i.e. locked file cabinet). The theft or loss of any paper record should be reported to the HIPAA Privacy Officer, so corrective measures may be taken.

*Computer Work Stations* = Computer monitors must be positioned away from common areas or a privacy screen must be installed to prevent unauthorized access or observation of PHI. Computer monitors left unattended must be returned to the main menu or a password protected screen saver.

## **v. Mitigation**

### **Policy:**

The HIPAA Privacy Officer shall mitigate any harmful effect that he/she becomes aware of as a result of a use, disclosure, or request of PHI that violates Baldwin County Commission HIPAA Privacy Policies, or the HIPAA Privacy Rule. Examples of mitigation include, but are not limited to:

- a) Taking operational or procedural measures to remedy known violations.
- b) Taking employment actions to re-train, or discipline designated employees as necessary, up to and including termination.
- c) Addressing problems with business associates once the Baldwin County Commission is aware of a breach of privacy.

## **vi. Individual Rights**

### **Policy:**

The following is a description of your rights within the HIPAA Privacy Rule. You may make a written request to us to execute one or more of the following rights. We reserve the right to charge you a cost-based fee to carry out your request.

#### *Right to Request a Restriction:*

You have the right to request a restriction that is more stringent than the scope of the HIPAA Privacy Rule with respect to our ability to use, disclose, or request your PHI. For example, you may request that we restrict notification to certain family members about your condition or location. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

We must have your request in writing by mailing your request as follows:

**Baldwin County Commission  
Personnel Department  
ATTN: HIPAA Privacy Officer  
312 Courthouse Square, Suite 17  
Bay Minette, Alabama 36507**

In your request, please tell us (a) the PHI you want restricted, and (b) how you want it restricted.

#### *Right to Request Confidential Communications:*

If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your PHI in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail.

We must have your request in writing by mailing your request using the above address. In your request, please tell us (a) how you want us to communicate your PHI with you in an alternative manner or at an alternative location, and (b) that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is deemed reasonable by the HIPAA Privacy Officer. We maintain the right, even in the presence of a confidential communications agreement, to give subscribers cost information.

If you terminate your request for confidential communications, the restriction will be removed from all your PHI. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your PHI will endanger you.

*Right to Review and Copy PHI:*

You have the right to review and copy your PHI that is maintained by us. Generally, this would be medical and billing records. We must have your request in writing by mailing your request using the above address.

*Right to Amend:*

If you believe that your PHI is incorrect or incomplete, you may request that we amend your PHI. We must have your request in writing by mailing your request using the above address. Your request should include the reason the amendment is necessary.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the PHI you want to amend is not maintained by us, or by one of our business associates. If we do agree to the amendment we will need you to sign a Baldwin County Commission HIPAA Authorization Form, which allows us to contact our business associates, as needed, so they too can amend the incorrect, or incomplete PHI on your behalf. If we deny your request, we must provide you with a written denial and allow you to submit a statement of disagreement for inclusion in your file. A covered entity must amend PHI upon receipt of notice to amend from another covered entity.

*Right to an Accounting:*

You have a right to an accounting of non-routine disclosures. Non-routine disclosures do not include treatment, payment, or health care operations purposes. You should know that most disclosures of PHI will be for routine purposes, such as treatment, payment, or health care operations purposes, and, therefore, will not be subject to your right to an accounting. Furthermore, as indicated in the HIPAA Privacy Rule, the following non-routine disclosures shall be excluded from an accounting:

- a) Disclosures to you or your personal representative.
- b) Disclosures that are directly relevant to a family member, friend, or other person involved in your care, payment for your care, or for disaster relief efforts (i.e. notifying your friend of your hospital location).
- c) Disclosures pursuant to a Baldwin County Commission Authorization Form.
- d) Disclosures for national security or intelligence purposes.

An accounting will include the date of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose of the disclosure. Examples of disclosures that shall be accounted for include (a) disclosures to HHS concerning required research, or (b) disclosures subject to a court order. We must have your request in writing by mailing your request using the above address.

*Right to a Personal Representative:*

You may exercise your rights through a personal representative. The HIPAA Privacy Rule requires us to treat a personal representative the same as you, with respect to uses and disclosures of your PHI, as well as the execution of your rights under the HIPAA Privacy Rule.

We acknowledge an official power of attorney document that makes specific reference to health care privileges, as proof of a personal representative. It is important to note that a general power of attorney document, without health care privileges, shall not allow a person to act on your behalf as your personal representative under the HIPAA Privacy Rule.

Deceased individuals are an exception. A power of attorney document, without health care privileges, would permit a person to act on behalf of a deceased individual with respect to uses and disclosures of the deceased individual's PHI, as well as the execution of the deceased individual's rights under the HIPAA Privacy Rule.

We reserve the right to deny your personal representative, personal representative privileges under the HIPAA Privacy Rule. Your personal representative may be denied such privileges, for example, if in the exercise of professional judgment, doing so would not be in your best interest (i.e. designated employees believe your personal representative is abusing or neglecting you). We must have your request in writing by mailing your request using the above address. Designated employees shall make a copy, for our records, of each health care power of attorney document that is used to influence the use or disclosure of an individual's PHI, or the execution of an individual's rights under the HIPAA Privacy Rule.

*Right to a Paper Copy of Privacy Practices:* (no written request required)

We will maintain and provide copies of the Baldwin County Commission HIPAA Privacy Notice, and the Baldwin County Commission HIPAA Privacy Policies to you as required by the HIPAA Privacy Rule. You may review posted copies, or obtain copies of these documents through the Personnel Department. We will (a) provide each new enrollee, during enrollment, a copy of the Baldwin County Commission HIPAA Privacy Notice, and (b) send a reminder to every enrollee, once every three years, that the Baldwin County Commission HIPAA Privacy Notice is available upon request.

We reserve the right to make changes to the Baldwin County Commission HIPAA Privacy Notice, or the Baldwin County Commission HIPAA Privacy Policies. If we make changes to these documents, revised copies will be available in the same fashion as described above. In the event a change is made to the Baldwin County Commission HIPAA Privacy Notice, we will make sure we distribute to you, and all individual's a new copy.

## **vii. Complaints**

### **Policy:**

Individuals who believe that their rights granted by the Baldwin County Commission HIPAA Privacy Policies, or the HIPAA Privacy Rule have been violated may file a complaint regarding the alleged privacy violation. The Baldwin County Commission HIPAA Complaint Form is available from the Personnel Department. We must have your complaint in writing by mailing your Baldwin County Commission HIPAA Complaint Form as follows:

**Baldwin County Commission  
Personnel Department  
ATTN: HIPAA Privacy Officer  
312 Courthouse Square, Suite 17  
Bay Minette, Alabama 36507**

Complaints may also be filed with HHS:

**Office of Civil Rights  
U.S. Department of Health and Human Services  
61 Forsyth Street, SW – Suite 3B70  
Atlanta, Georgia 30323**

Complaints to the HHS must (a) be in writing, (b) contain the name of the entity against which the complaint is lodged, (c) describe the relevant problems, and (d) be filed within 180 days of when you became aware of the problem. Any alleged violation must have occurred on or after April 14, 2004, for the Office of Civil Rights to have authority to investigate.

The HIPAA Privacy Officer will investigate alleged privacy violations and complaints made by individuals regarding alleged breaches of privacy. Designated employees found to be in violation of the Baldwin County Commission HIPAA Privacy Policies, or the HIPAA Privacy Rule may be subject to disciplinary action. The Baldwin County Commission will not intimidate or retaliate against any individual or personal representative for filing a complaint with the Baldwin County Commission or HHS.

APPENDIX A  
BALDWIN COUNTY COMMISSION  
HIPAA PRIVACY NOTICE

**Baldwin County Commission**  
**Health Insurance Portability and Accountability Act Privacy Notice**

**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.**

This Baldwin County Commission HIPAA Privacy Notice gives you information required by law about the duties and privacy practices of the Baldwin County Commission Group Health Plan (the “Plan”) to protect the privacy of your medical information. The Plan provides health and/or dental benefits to you as described in your summary plan description(s). The Plan receives and maintains your medical information in the course of providing these health benefits to you. The Plan hires business associates, such as Blue Cross Blue Shield of Alabama, to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan. The Plan is sponsored by the Baldwin County Commission (the “Plan Sponsor”).

The effective date of this Baldwin County Commission HIPAA Privacy Notice is April 14, 2004. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes changes to this notice, the Plan will revise it and send a new notice to all subscribers covered by the Plan at that time. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

**Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Authorization**

The Plan may use and disclose your medical information for the following purposes:

- Health Care Providers’ Treatment Purposes. For example, the Plan may disclose your medical information to your doctor, at the doctor’s request, for your treatment by him/her.
- Payment. For example, the Plan may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.
- Health Care Operations. For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan’s business.
- Health Services. The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.
- As required by law. For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers’ compensation or other similar laws.

- *To Business Associates.* The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.
- *To Plan Sponsor.* The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person that is involved with your care, payment for care, or for disaster relief efforts.
- To your personal representative.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes (i.e. research required by law).
- To appropriate military authorities, if you are a member of the armed forces.

#### *Uses and Disclosures with Your Permission*

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice then you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

#### *Your Rights*

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

- To put additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request.
- To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
- To see and get copies of your medical information. In limited cases, the Plan does not have to agree to your request (i.e. psychotherapy notes).
- To correct your medical information (i.e. inaccurate or incomplete information). In some cases, the Plan does not have to agree to your request.

- To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2004).
- To have your personal representative execute your rights (an official power of attorney document that makes specific reference to health care privileges is proof of a personal representative). The HIPAA Privacy Rule requires the Plan to treat a personal representative the same as you, with respect to uses and disclosures of your PHI, as well as your rights under the HIPAA Privacy Rule. The plan reserves the right to deny personal representative privileges to your personal representative, if in the exercise of professional judgment, doing so would not be in your best interest.
- To get a paper copy of the Baldwin County Commission HIPAA Privacy Notice, or the Baldwin County Commission HIPAA Privacy Policies (available in Personnel, no written request required).

If you want to exercise any of these rights described in this notice, please contact the Contact Office (below). The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. The Plan reserves the right to charge you a cost-based fee to carry out your request.

### **Complaints**

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

### **Contact Office**

To get additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Contact Office: Personnel Department

Telephone: (251) 580-1663

Address: Baldwin County Commission  
 Personnel Department  
 ATTN: HIPAA Privacy Officer  
 312 Courthouse Square, Suite 17  
 Bay Minette, Alabama 36507

APPENDIX B  
BALDWIN COUNTY COMMISSION  
HIPAA AUTHORIZATION FORM

**Baldwin County Commission  
Health Insurance Portability and Accountability Act Authorization Form**

I authorize the use and disclosure of my protected health information (PHI) as described below. PHI is generally health information that contains certain unique or personal identifiers (such as a person's name, address, or zip code) that reasonably may allow someone to know who that person is.

**This Baldwin County Commission HIPAA Authorization Form must be written in specific terms.**

The following person(s) are authorized to disclose my PHI:

---

---

The following person(s) are authorized to receive and use my PHI:

---

---

*There is a risk of redisclosure by parties who may receive your PHI and are not subject to the HIPAA Privacy Rule.*

Description of the PHI that may be used and disclosed:

---

---

---

---

My PHI may be used or disclosed for the following purpose(s):

---

---

---

---

I understand that I may refuse to sign this authorization. I understand that the Baldwin County Commission will not condition enrollment in the health plan or eligibility for benefits on my signing this authorization.

I understand that I may revoke this authorization at any time by sending a written notification to the Baldwin County Commission HIPAA Privacy Officer at:

**Baldwin County Commission  
Personnel Department  
ATTN: HIPAA Privacy Officer  
312 Courthouse Square, Suite 17  
Bay Minette, Alabama 36507**

I understand that such revocation shall not be effective for PHI the Baldwin County Commission already has used or disclosed relying on this authorization.

This authorization expires upon termination of your coverage under this health plan, or upon receipt of a written revocation.

**SIGNATURE:**

**PRINT NAME:**

**DATE:**

*Provide a signed copy of this authorization to the individual.*

APPENDIX C  
BALDWIN COUNTY COMMISSION  
HIPAA COMPLAINT FORM



Identify any Baldwin County Commission employees that may have information about your complaint:

---

---

---

---

Upon completion of this form please return it to:

**Baldwin County Commission  
Personnel Department  
ATTN: HIPAA Privacy Officer  
312 Courthouse Square, Suite 17  
Bay Minette, Alabama 36507**

If you have any questions about this Complaint Form contact the HIPAA Privacy Officer at **(251) 580-1663**.

You certify that the statements made in this Complaint Form are true and correct to the best of your knowledge.

**SIGNATURE:**

**DATE:**

APPENDIX D  
BALDWIN COUNTY COMMISSION  
HIPAA DISCLOSURE LOG

**Baldwin County Commission  
Health Insurance Portability and Accountability Act Disclosure Log  
Non-Routine Protected Health Information**

**NAME:**

*Plan participants have the right to an accounting of disclosures made up to six years prior to the date of the request.*

| <b>DATE</b> | <b>DISCLOSURE RECIPIENT</b> | <b>DISCLOSURE DESCRIPTION</b> | <b>DISCLOSURE PURPOSE</b> |
|-------------|-----------------------------|-------------------------------|---------------------------|
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |
|             |                             |                               |                           |

*Excluding the following non-routine disclosures:*

- i. To the plan participant or personal representative*
- ii. To a family member, friend, or other person involved with the plan participant’s care, payment for care, or for disaster relief efforts*
- iii. Pursuant to a Baldwin County Commission Authorization Form*
- iv. For national security or intelligence purposes*

**CERTIFICATE OF COMPLIANCE**

**I have received copies of Baldwin County’s HIPAA Policy (Health Insurance Portability and Accountability Act.) I understand that I am responsible for reading and familiarizing myself with the policy in its entirety.**

\_\_\_\_\_  
**Employee Name (PRINTED)**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**