

**COOK COUNTY GROUP HEALTH PLANS
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.**

If you have any questions, about this Notice, please contact:
Cook County Government - Risk Management Privacy Officer at 312-603-6385.

The Employee Benefits Division (Employee Benefits) of the Cook County Department of Risk Management is responsible for the administration of the self-funded medical plans (Plans). This Notice describes how the Plans may use and disclose your protected health information (PHI) and explains your rights to access and manage your protected health information. PHI is information that may specifically identify you and is created, received, used or disclosed by the Plans to carry out your treatment, payment or health care operations and for other purposes required by law. The General Liability Division (General Liability) of the Cook County Department of Risk Management is responsible for the administration of the Patient Arrestee Medical Care program.

State and federal law require Cook County to protect the privacy of your health information and provide you with this information. Cook County is required to promptly notify you after a breach of unsecured PHI.

PLANS COVERED BY THIS NOTICE

Cook County contracts with outside vendors /plan administrators (Business Associates) to provide services including claims processing, utilization review and prescription drug benefits for Cook County employees and dependents. The Business Associates receive PHI protected by the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and act on the Plans behalf in performing their respective functions.

Employee Benefits provides customer service for all benefits programs and manages the enrollment and the eligibility function of the health plans, dental plans, vision plans and prescription plans. However, Employee Benefits does not maintain claim records. You must contact the appropriate plan administrator for your claim records.

General Liability processes patient arrestee medical bill reimbursement claims, but does not maintain claim records. You must contact the patient arrestee administrator for your claim records.

The plan administrators are listed below.

For Health Insurance: Privacy Office Divisional Vice President Blue Cross and Blue Shield of Illinois Privacy Office P. O. Box 804836 Chicago, IL 60680-4110 Phone: 877-361-7594	For Dental Plan Benefits: Attention: Guardian Corporate Privacy Officer National Operations The Guardian Life Insurance Company of America Group Quality Assurance - Northeast P.O. Box 981573 El Paso, TX 79998-1573
---	---

<p>For Pharmacy Benefits: CVS Health Privacy Officer CVS Health Privacy Office One CVS Dr. Woonsocket, RI 02895</p>	<p>For Vision Benefits: Davis Vision Privacy Office P.O. Box 1416 Latham, NY 12110-1416 Phone: 1-800-571-3366 Fax: 1-866-999-4640</p>
<p>For Patient Arrestee: CCMSI- Claims Associate 114 South Racine Avenue, 2nd floor Chicago, IL 60607</p>	

Plans covered by this Notice include:

- Blue Cross Blue Shield of Illinois (PPO and Blue Advantage HMO)
- Caremark PCS Health LLC, Inc.
- Davis Vision
- First Commonwealth, Inc. wholly owned subsidiary of the Guardian Life Insurance Company of America (HMO Dental and PPO Dental)
- Cook County Patient Arrestee Program

HOW THE PLANS MAY USE AND DISCLOSE HEALTH INFORMATION

Only Protected Health Information that may specifically identify you and is created, received, used or disclosed by the Plans is protected by HIPAA. The Plans may use and disclose your PHI for treatment, payment and health care operations without your consent or authorization. We will only use and share your PHI for the purposes described below. You may revoke this permission at any time by writing to the Privacy Officer.

Examples of the uses and disclosures the Plans may make under each section are listed below:

Treatment. Treatment refers to the provision, coordination or management of health care and related services provided by a doctor, hospital or other health care provider. Cook County does not provide treatment.

Payment. Payment refers to the activities involved to process your claims and make payments for covered health care services you received under the Plans. For example, the Plans may use and disclose your PHI to determine your eligibility or coverage under a plan, pay premiums and fees to pay plan vendors, determine the cost impact of benefit design changes and pursue subrogation claims. Cook County has contracted with plan administrators to handle many of these payment activities.

Health Care Operations. Health care operations refer to the basic business functions necessary to operate a group health plan. The Plans may use or disclose PHI for health care operations, except for genetic information that is PHI. For example, the Plans may use your PHI for customer service activities and to conduct quality assessment and improvement activities.

We may use and disclose PHI as authorized or required by law. Other examples of how we may also use and share your information include:

- **As required by law.** The Plans may disclose PHI when required to comply with international, federal, state or local law.
- **Work-Related Injuries.** The Plans disclose PHI with agencies or individuals to follow workers' compensation laws or other similar programs.
- **Lawsuits, disputes and judicial requests.** The Plans may disclose PHI in response to a court or administrative order, subpoena, discovery request or other lawful purpose.
- **Release information to a family member or personal representative designated by law.** In an emergency or if you are not able to provide permission, the Plans may release information about your general condition or location to someone who can make decisions on your behalf.
- **Public Health and Safety.** The Plans may disclose your PHI to prevent or control disease, injury or disability, to notify a person who may have been exposed to a disease or report suspected cases of child abuse, neglect domestic violence.
- **Disclosure to plan sponsor.** The Plans may use and disclose PHI for health care operations purposes. For example, the Plans may use or disclose your information as necessary for the administration of your benefit plans.

The examples of permitted uses and disclosures above are not an all-inclusive list of the ways your PHI may be used.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your PHI will be made only with your written authorization:

- Using your PHI for the Plans' marketing
- Selling your PHI
- Sharing psychotherapy notes

Other uses and disclosures of your PHI not covered by this Notice or laws that apply to the Plans will only be made with your written authorization. You may revoke an authorization at any time by submitting a written request to the Privacy Officer, and your PHI will no longer be disclosed. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding PHI related to your Plan:

Right to Inspect and Copy. You can ask to see or get a copy of your health and claims records and other health information that we have about you. This includes medical and billing records about you, or enrollment, payment, claims adjudication, and case or medical management systems, as applicable. You must put your request in writing to the Privacy Officer listed at the end of this Notice. Any request for claim information contained in a record should be directed to one of the plan administrators listed on page two of this Notice.

Right to Receive an Accounting of Disclosures. You have the right to request a list of disclosures the Plans have made for purposes other than treatment, payment and health care operations or for which you did not provide a written authorization. Examples of disclosures that must be documented include: mandatory reporting as required by local, state, and federal agencies and authorities, for purposes of public health activities, for health oversight activities and to avert a serious threat to health or safety. You must put your request in writing to the Privacy Officer listed in this Notice.

Right to Request Restrictions on Uses and Disclosures. You have the right to request a restriction or limitation on the PHI the Plans use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plans disclose to someone involved in your care or the payment for your care, like a family member or friend. Any request must be made in writing to the Privacy Officer listed in this Notice and must state the specific restrictions requested and to whom the restriction would apply. The Plans are not required to agree to your request. However, if they do agree to the requested restriction, they may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Request Confidential Communications. You have the right to request that the communications involving PHI be communicated to you through an alternative means of communication or at an alternative location. The Plans are required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in the request. You must put your request in writing to the Privacy Officer listed in this Notice.

Right to Amend Protected Health Information. If you feel the Plans have incorrect PHI, you may ask the Plans to amend the information. You have the right to request an amendment as long as the information is kept by or for our Plans. You must put your request in writing to the Privacy Officer listed in this Notice with a description of the reason you want your record amended. The Plans may deny your request for amendment if it determines that the PHI was not created by the Plans, is not part of the designated record set, is not information that is available for inspection, or that the PHI is accurate and complete.

COPY OF NOTICE AND CHANGES TO THE NOTICE

You may obtain a copy of the Notice of Privacy Practices by accessing the Cook County Department of Risk Management at www.cookcountyrisk.com or by calling the Privacy Officer to request a paper copy. We may change our Notice at any time. If we change the Notice, we reserve the right to make the revised or changed Notice effective for your health information we already have as well as any information we receive in the future. If we change the Notice, we will post the revised Notice on our website and send you a revised Notice by regular mail or email.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer listed in this Notice or the Office of Civil Rights, U.S. Department of Health and Human Services. The Plans will not retaliate against you for filing a complaint.

REQUESTS

All requests must be made in writing and mailed to:

Cook County Department of Risk Management
Attention: Privacy Officer
118 N. Clark, Room 1072
Chicago, IL 60602

EFFECTIVE DATE OF NOTICE June 6, 2018