

ADMINISTRATIVE RULES – CITY OF KNOXVILLE

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6.01 **GENERAL PROVISIONS**

The City of Knoxville provides health benefits to all eligible participants. As of January 1, 2006, coverage is provided through the City of Knoxville Health Plan (the Plan). This Plan was formerly referred to as the City of Knoxville Flexible Benefit Plan. Eligible participants shall include those who have properly enrolled from the following groups: regular full-time and regular part-time employees working thirty (30) hours or more per week, the Mayor, the City Judge, elected members of City Council, and retirees who meet the City of Knoxville's requirements of Rule 8.10 of these Administrative Rules and Regulations.

Health benefits under the Plan may include medical insurance, wellness programs, health care and dependent care spending accounts, health reimbursement accounts, dental insurance, vision insurance, employee assistance programs, and preventive programs related to these benefit options. The provisions of these benefit options and the policies applicable to their administration are subject to change at any time. Information about the benefit options shall be provided during an annual benefit enrollment period prior to each benefit year, and official benefit description documents will be maintained and are available to all City employees through the Employee Relations and Benefits Office.

Eligible employees may change their benefit options during the annual enrollment period or within sixty (60) days of a Life Event as defined in Section 6.08 of these Rules. New employees must elect their benefit options within sixty (60) days of their hire date.

Eligible employees are permitted to enroll their eligible dependents for coverage under the Plan at times specified for enrollment in this policy if they meet one of the following definitions:

1. The employee's current legal spouse or domestic partner; including a common law spouse qualifying as a domestic partner, but not otherwise;
2. A dependent child, up to age 26, who is the employee's, employee's spouse's, or domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee, employee's spouse, or domestic partner is the legal guardian or legal custodian, or a child of the employee or employee's spouse for whom a Qualified Medical Child Support Order has been issued;
3. An incapacitated child of the employee, the employee's spouse, or domestic partner.

The City may require at enrollment, or any time afterward, legal proof of eligibility, including but not limited to: a copy of a marriage license; Affidavit of Domestic Partnership; certified copy of any Qualified Medical Child Support Order; birth certificate naming the employee, employee's spouse, or domestic partner as father or mother; or proof of court-granted legal guardianship or legal custody. The City

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may also require at enrollment or any time afterward a signed affidavit, affirmation or other document confirming the dependent relationship. The City may take disciplinary action, up to and including termination, and/or legal action for intentional misleading or falsification of this information

Dependents who permanently reside outside the United States are not eligible for coverage. The City's determination of eligibility under the terms of this provision shall be conclusive. The City reserves the right to require proof of eligibility, including a copy of a marriage license, certified copy of any Qualified Medical Child Support Order, birth certificate, and/or proof of court granted legal guardianship, legal custody and/or legal separation.

Dependents who met the definition of children for medical insurance purposes in 2010, but who do not meet the definition above, shall be eligible for coverage during 2011, but lose eligibility as of January 1, 2012 if they do not meet one of the definitions above.

The employee or other subscriber will notify the City within sixty (60) days if any dependent covered under any part of the Plan ceases to meet this definition. The City shall have the right to be reimbursed by the employee or other subscriber for any costs the City incurs as a result of failure to provide such notification. Appropriate disciplinary action, up to and including termination, or legal action may be taken by the City for failure to notify the City of dependents who are no longer eligible for coverage.

Refer to Rule 8.10 of these Administrative Rules and Regulations for information concerning retiree eligibility and coverage.

6.02 **COST**

The City pays a portion of the cost of the medical insurance for eligible employees and retirees. The amount of the portion paid by the City will be determined prior to the annual enrollment period.

6.03 **EFFECTIVE DATE OF COVERAGE**

Employees who enroll for coverage are covered under the Plan's benefit options on the first day of the month after they have completed sixty (60) days of employment except as provided otherwise in Section 6.07 of these Rules.

6.04 **COVERAGE WHILE IN NONPAY STATUS**

See Rule 8.04 of these Administrative Rules and Regulations.

6.05 **COVERAGE WHILE RECEIVING WORKERS' COMPENSATION**

See Rule 8.07 of these Administrative Rules and Regulations.

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6.06 **COVERAGE WHEN TERMINATED OR LAID-OFF**

See Rule 8.03 of these Administrative Rules and Regulations.

6.07 **CONTINUATION OF COVERAGE**

See Rule 8.02 of these Administrative Rules and Regulations.

6.08 **REINSTATEMENT OF COVERAGES**

Employees who have been laid off and are reinstated within two years of lay-off will be eligible for coverage effective the first day the employee returns to work. Employees who are re-employed anytime after they are legally terminated either by resignation, retirement or discharge will be covered under the Plan as provided in Section 6.03 of this rule.

Employees whose coverage is being reinstated will be reinstated for the benefits in which they were enrolled before the date of lay-off, unless the Plan year has changed or there has been a Life Event (as defined in Section 6.08 of these Rules) during the period benefits were cancelled, in such cases employees will be provided the choices appropriate to that situation. The City contribution for individual and dependent coverages will resume on the first day the employee's coverage resumes, unless otherwise specified in this policy.

6.09 **CHANGES IN COVERAGE**

Changes in benefit options can be made during the City's annual enrollment period, which normally occurs from mid-October to mid-November each year for the upcoming year's benefits. Changes that an employee makes during enrollment are final and cannot be changed until the following annual enrollment period. An exception applies if an employee has a Life Event. Life Events include marriage, divorce, birth or adoption of a child, death, changes in a spouse's or dependent's employment status, or changes in a spouse's or dependent's employer's annual enrollment. If a Life Event occurs and an employee needs to add a dependent(s) to their coverage, the employee has sixty (60) days from the event in which to add the dependent(s) who was affected by the status change.

6.10 **TWO SPOUSES OR DOMESTIC PARTNERS WORKING FOR THE CITY**

An employee and his/her spouse or domestic partner who work for the City will each be allowed to choose the benefit options that best fit their needs. Both employees are eligible to carry an individual policy. If employees choose a combined policy, one employee will elect coverage and the other will waive coverage. When it is in the best interest of the City to provide a discounted rate to couples that elect a combined policy, a rate separate from the current premium structure will be established.

6.11 **CAFETERIA PLAN INCLUDING FLEXIBLE SPENDING ACCOUNT**

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Employees may purchase employee and family medical coverage, dental, vision, and cancer/specified disease coverage with pre-tax dollars. Employees may also use pre-tax dollars to pay for certain eligible out-of-pocket medical and dependent care expenses from health and dependent care spending accounts. Active employees who decide to waive the City-sponsored medical insurance are eligible for a special \$500 annual contribution to a health care spending account. Proof of medical coverage outside of the City sponsored medical insurance will be required. Employees may only qualify for this program during their initial election period; during the annual enrollment period; or if they have a Life Event.

6.12 EMPLOYEE ASSISTANCE PROGRAM

The City offers an Employee Assistance Program (EAP) to all benefit eligible employees and their eligible family members for the purpose of providing services for dealing with problems which may impact their emotional or mental wellbeing. The EAP is designed to respond to a broad range of human problems including relationships, chemical dependency, emotional/behavioral, family and marital, financial, legal, stress-related, and other issues impacting emotional or mental wellbeing.

Services include short-term counseling, problem assessment and referral to appropriate private or community mental health or other treatment providers, counseling support following treatment, 24-hour telephone access, referral directory, and supervisory consultation. Costs for the EAP services are prepaid by the City.

If there are costs for treatment or services beyond the scope of the EAP, they are to be paid by the employee.

The EAP services are available to all benefit eligible employees as defined in Section 6.01 of these Rules.

When an employee's job performance deteriorates and is not corrected by normal supervisory attention, supervisors are encouraged to refer employees to seek the services of the EAP. In such cases the decision to accept referral for diagnosis and/or comply with the recommended treatment plan is solely the responsibility of the employee, and refusal to utilize the service of the EAP is not cause for disciplinary procedures. The EAP will not provide any information to the employee's supervisor or other inquiring persons unless the employee requests the EAP share the information. All records and discussions between the EAP counselors and the employee or family member are maintained under applicable privacy and non-disclosure laws.

In certain circumstances a department director may require mandatory participation in EAP services or other services of an EAP provider or other mental health provider contracted by the City. Such cases may include: violation of drug and alcohol or other policies; an alternative to all or a portion of potential disciplinary action; concerns for the safety of the employee or others; or on the job exposure of the

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employee to extraordinarily stressful events; an attempt to resolve internal relationship issues; and/or the employee's fitness for duty. In such cases the employee may be required to provide for the release of information regarding attendance, information regarding recommendations for follow-up by the City, information regarding the employee's ability to continue to perform his/her responsibilities or other information appropriate to the unique situation or to comply with applicable laws, regulations or policies.

Except for mandatory referrals, participation in the EAP will not jeopardize an employee's job security, promotional opportunities, or reputation. Information about the EAP is provided to all new employees during the New Hire Orientation. Training for supervisors in how and when to make referrals to the EAP is provided through supervisor training.

Nothing in this policy or in the implementation or operation of the EAP is to be interpreted as special regulations, privileges or exemptions from standard administrative practices applicable to job performance standards, nor replaces normal disciplinary action should unsatisfactory job performance continue.

6.13 **HIPAA Privacy Policy**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations restrict the Plan's ability to use and disclose protected health information (PHI) by specifying the purposes for which the information can be used and disclosed and specifying conditions for the use and disclosure. The City as the sponsor and administrator for the Plan is governed by these regulations.

Authorized members of the City's workforce may have access to the individually identifiable health information of Plan participants on behalf of the Plan itself for various Plan purposes including any administrative functions of the Plan performed by such authorized City workforce.

Protected Health Information. Protected health information means information that is created or received by the Plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

It is the City's policy to comply fully with the HIPAA requirements regarding the Plan. To that end, all members of the City's workforce who have access to PHI must comply with this Privacy Policy. For purposes of this Policy and the City's more detailed use and disclosure procedures of the Plan, the City's workforce includes individuals who would be considered part of the workforce under HIPAA such as employees, volunteers, trainees, and other persons whose work performance is under the direct control of the City, whether or not they are paid by the City. The term "employee" includes all of these types of workers.

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No third party rights (including but not limited to rights of Plan participants, beneficiaries, covered dependents, or business associates) are intended to be created by this Policy. The City reserves the right to amend or change this Policy of the Plan at any time (and even retroactively) without notice. To the extent this Policy establishes requirements and obligations above and beyond those required by HIPAA, the Policy shall be aspirational and shall not be binding upon the City or the Plan. This Policy does not address requirements under other federal laws or under state laws.

Access to PHI Is Limited to Certain Employees

The following employees (“employees with access”) have access to PHI:

- The Benefits Manager, who performs functions directly on behalf of the group Health Plan; and
- The following employees have access to PHI on behalf of the City for its use in “Plan administrative functions”:

Master Systems Engineer	Civil Service Director	Risk Analyst
Information Systems Director	Benefits Coordinator	Benefits Assistant
Benefits Analyst	Attorney	Attorney, Senior
Director of Law	Law Deputy Director	Risk Coordinator
Claims Specialist	Risk Manager	

The same employees may be named or described in both of these two categories. These employees with access may use and disclose PHI for Plan administrative functions, and they may disclose PHI to other employees with access for Plan administrative functions (but the PHI disclosed must be limited to the minimum amount necessary to perform the Plan administrative function). Employees with access may not disclose PHI to employees (other than employees with access) unless an authorization is in place or the disclosure otherwise is in compliance with this Policy and the more detailed use and disclosure procedures.

Plan’s Responsibilities as Covered Entity

A. Privacy Official and Contact Person

The Benefits Manager will be the Privacy Official for the Plan. The Privacy Official will be responsible for the development and implementation of policies and procedures relating to privacy, including but not limited to this Privacy Policy and the Plan’s more detailed use and disclosure procedures. The Privacy Official will also serve as the contact person for Plan participants who have questions, concerns, or complaints about the privacy of their PHI.

B. Workforce Training

It is the City’s policy to train all members of its workforce who have access to the Plan’s PHI on the Plan privacy policies and procedures. The Privacy Official is charged with developing training schedules and programs so that all workforce members receive the training necessary and appropriate to permit them to carry out their functions within the Plan.

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C. Technical and Physical Safeguards and Firewall

The City will establish appropriate technical and physical safeguards to prevent Plan PHI from intentionally or unintentionally being used or disclosed in violation of HIPAA's requirements. Technical safeguards include limiting access to information by creating computer firewalls. Physical safeguards include locking doors or filing cabinets.

Firewalls will ensure that only authorized employees will have access to PHI, that they will have access to only the minimum amount of PHI necessary for Plan administrative functions, and that they will not further use or disclose PHI in violation of HIPAA's privacy rules.

D. Privacy Notice

The Privacy Official is responsible for developing and maintaining a notice of the Plan privacy practices that describes:

- The uses and disclosures of Plan PHI;
- The individual's rights; and
- The City's legal duties with respect to Plan PHI.

The privacy notice will inform participants that the City will have access to PHI in connection with its Plan administrative functions. The privacy notice will also provide a description of the Plan complaint procedures, the name and telephone number of the contact person for further information, and the date of the notice.

The notice of privacy practices will be individually delivered to all participants:

- No later than April 14, 2004;
- On an ongoing basis, at the time of an individual's enrollment in the Plan; and
- Within sixty (60) days after a material change to the notice.

The City will also provide notice of availability of the Plan privacy notice at least once every three (3) years.

E. Complaints

The Benefits Manager will be the Plan's contact person for receiving complaints.

The Privacy Official is responsible for creating a process for individuals to lodge complaints about the Plan privacy procedures and for creating a system for handling such complaints. A copy of the complaint procedure shall be provided to any participant upon request.

F. Sanctions for Violations of Privacy Policy

Sanctions for using or disclosing PHI in violation of this HIPAA Privacy Policy will be imposed in accordance with City's discipline policy, up to and including termination.

G. Mitigation of Inadvertent Disclosures of Protected Health Information

The City shall mitigate, to the extent possible, any harmful effects that become known to it of a use or disclosure of an individual's Plan PHI in violation of the policies and procedures set forth in this Policy. As a result, if an employee with

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access becomes aware of a disclosure of Plan protected health information, either by an employee with access or an outside consultant/contractor that is not in compliance with this Policy, the employee must immediately contact the Privacy Official so that the appropriate steps to mitigate the harm to the participant can be taken.

H. No Intimidating or Retaliatory Acts; No Waiver of HIPAA Privacy

No employee may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under HIPAA.

No individual shall be required to waive his/her privacy rights under HIPAA as a condition of treatment, payment, enrollment or eligibility.

I. HIPAA Privacy Procedures Manual

The HIPAA Privacy Procedures Manual shall include provisions to describe the permitted and required uses and disclosures of Plan PHI for Plan administrative purposes. Specifically, the HIPAA Privacy Procedures Manual document shall require the City and its Plan business associates to:

- Not use or further disclose PHI other than as permitted by the HIPAA Privacy Procedures Manual or as required by law;
- Ensure that any agents or subcontractors to whom it provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan;
- Not use or disclose PHI for employment-related actions or in connection with any other employee benefit plan;
- Report to the Privacy Official any use or disclosure of the information that is inconsistent with the permitted uses or disclosures;
- Make PHI available to Plan participants, consider their amendments and, upon request, provide them with an accounting of PHI disclosures;
- Make the Plan internal practices and records relating to the use and disclosure of PHI received from the Plan available to the United States Department of Health and Human Services (DHHS) upon request; and
- If feasible, return or destroy all PHI received from the Plan that the Plan still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

The HIPAA Privacy Procedures Manual must also require the Plan to (1) certify to the Privacy Official that the HIPAA Privacy Procedures manual has been amended to include the above restrictions and that the Plan agrees to those restrictions; and (2) provide adequate firewalls.

J. Documentation

The Plan privacy policies and procedures shall be documented and maintained for at least six (6) years. Policies and procedures must be changed as necessary or appropriate to comply with changes in the law, standards, requirements and implementation specifications (including changes and modifications in regulations). Any changes to policies or procedures must promptly be documented.

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If a change in law impacts the privacy notice, the privacy policy must promptly be revised and made available. Such change is effective only with respect to PHI created or received after the effective date of the notice.

The Plan shall document certain events and actions (including authorizations, requests for information, sanctions, and complaints) relating to an individual's privacy rights.

The documentation of any policies and procedures, actions, activities and designations may be maintained in either written or electronic form. Covered entities must maintain such documentation for at least six (6) years.

Policies on Use and Disclosure of PHI

A. Use and Disclosure Defined

The City and its Plan business associates will use and disclose PHI only as permitted under HIPAA. The terms "use" and "disclosure" are defined as follows:

- *Use.* The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any person working for or within the City, or by a Business Associate (defined below) of the Plan.
- *Disclosure.* For information that is protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by the City or authorized to have access to protected health information.

B. Employees With Access Must Comply With Plan HIPAA Policy and Procedures

All members of the City's workforce who have access to PHI (described at the beginning of this Policy) must comply with this Policy and with the more detailed use and disclosure procedures of the Plan, which are set forth in a separate document entitled "HIPAA Privacy Use and Disclosure Procedures".

C. Permitted Uses and Disclosures: Payment and Health Care Operations

PHI may be disclosed for the Plan's own payment purposes, and PHI may be disclosed to another covered entity for the payment purposes of that covered entity.

Payment. Payment includes activities undertaken to obtain Plan contributions or to determine or fulfill the Plan's responsibility for provision of benefits under the Plan, or to obtain or provide reimbursement for health care. Payment also includes:

- Eligibility and coverage determinations including coordination of benefits and adjudication or subrogation of health benefit claims;
- Risk adjusting based on enrollee status and demographic characteristics; and
- Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess loss insurance) and related health care data processing.

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PHI may be disclosed for purposes of the Plan’s own health care operations. PHI may be disclosed to another covered entity for purposes of the other covered entity’s quality assessment and improvement, case management, or health care fraud and abuse detection programs, if the other covered entity has (or had) a relationship with the participant and the PHI requested pertains to that relationship.

Health Care Operations. “Health care operations” means any of the following activities to the extent that they are related to Plan administration:

- Conducting quality assessment and improvement activities;
- Reviewing health plan performance;
- Underwriting and premium rating;
- Provision of medical services pursuant to a contract to provide services or supplies to or for the Plan (including but not limited to health screenings, disease management, and wellness plan administration);
- Conducting or arranging for medical review, legal services and auditing functions;
- Business planning and development; and
- Business management and general administrative activities.

D. No Disclosure of PHI for Non-Health Plan Purposes

PHI may not be used or disclosed for the payment or operations of the City’s “non-health” benefits (e.g., disability, workers’ compensation, life insurance, etc.), unless the participant has provided an authorization for such use or disclosure (as discussed in “Disclosures Pursuant to an Authorization”) or such use or disclosure is required by applicable state law and particular requirements under HIPAA are met.

E. Mandatory Disclosures of PHI: to Individual and DHHS

A participant’s PHI must be disclosed as required by HIPAA in two situations:

- The disclosure is to the individual who is the subject of the information (see the policy for “Access to Protected Health Information and Request for Amendment” that follows); and
- The disclosure is made to DHHS for purposes of enforcing HIPAA.

F. Permissive Disclosures of PHI: for Legal and Public Policy Purposes

PHI may be disclosed in the following situations without a participant’s authorization, when specific requirements are satisfied. The more detailed use and disclosure procedures of the Plan describe specific requirements that must be met before these types of disclosures may be made. The requirements include prior approval of the Privacy Official. Permitted are disclosures:

- About victims of abuse, neglect or domestic violence;
- For judicial and administrative proceedings;
- For law enforcement purposes;
- For public health activities;
- For health oversight activities;
- About decedents;
- For cadaveric organ, eye or tissue donation purposes;
- For certain limited research purposes;
- To avert a serious threat to health or safety;

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- For specialized government functions; and
- That relate to workers' compensation programs.

G. Disclosures of PHI Pursuant to an Authorization

PHI may be disclosed for any purpose if an authorization that satisfies all of HIPAA's requirements for a valid authorization is provided by the participant. All uses and disclosures made pursuant to a signed authorization must be consistent with the terms and conditions of the authorization.

H. Minimum Necessary Standard

The amount of PHI disclosed will be limited to the degree practical to the minimum necessary to accomplish the purpose of the use or disclosure.

The minimum necessary standard does not apply to any of the following:

- Uses or disclosures made to the individual;
- Uses or disclosures made pursuant to a valid authorization;
- Disclosures made to the DHHS;
- Uses or disclosures required by law; and
- Uses or disclosures required to comply with HIPAA.

Minimum Necessary When Disclosing PHI. PHI may be disclosed for routine and recurring purposes to employees with access and business associates but the amount disclosed will be limited to the minimum amount necessary. The more detailed use and disclosure procedures of the Plan describe procedures that limit the amount disclosed to the minimum necessary amount.

All other disclosures must be reviewed on an individual basis with the Privacy Official to ensure that the amount of information disclosed is the minimum necessary to accomplish the purpose of the disclosure.

Minimum Necessary When Requesting PHI. PHI may be requested for routine and recurring purposes by employees with access and business associates but the amount requested will be limited to the minimum amount necessary. The more detailed use and disclosure procedures of the Plan describe procedures that limit the amount disclosed to the minimum necessary amount.

All other requests must be reviewed on an individual basis with the Privacy Official to ensure that the amount of information requested is the minimum necessary to accomplish the purpose of the disclosure.

I. Disclosures of PHI to Business Associates

The Plan may disclose PHI to the Plan's business associates and allow the Plan's business associates to create or receive PHI on its behalf. However, prior to doing so, the Plan must first obtain assurances from the business associate that it will appropriately safeguard the information. Before sharing PHI with outside consultants or contractors who meet the definition of a "business associate," employees with

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access must contact the Privacy Official and verify that a business associate contract is in place.

Business Associate is an entity that:

- Performs or assists in performing a Plan function or activity involving the use and disclosure of protected health information (including claims processing or administration, data analysis, underwriting, etc.); or
- Provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the service provider access to PHI.

J. Disclosures of De-Identified Information

The Plan may freely use and disclose de-identified information. De-identified information is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. There are two ways a covered entity can determine that information is de-identified: either by professional statistical analysis, or by removing 18 specific identifiers. The identifiers are:

1. Names
2. Geographic subdivisions smaller than a state
3. All elements of dates (except year) related to an individual (including dates of admission, discharge, birth, death and, for individuals over 89 years old, the year of birth must not be used)
4. Telephone numbers
5. FAX numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol addresses
16. Biometric identifiers (including finger and voice prints)
17. Full face photos and comparable images
18. Any unique identifying number, characteristic or code

Participant Access to PHI

A. Access to Protected Health Information and Requests for Amendment

The City will provide access to a participant to his/her own PHI maintained in designated record sets.

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“Designated Record Set” is a group of records maintained by or for the City that includes:

- The enrollment, payment, and claims adjudication record of an individual maintained by or for the Plan; or
- Other PHI used, in whole or in part, by or for the Plan to make coverage decisions about an individual.

The City will consider requests by a participant to amend his/her PHI when submitted in writing to the Privacy Official by the participant.

B. Accounting

A participant may make written requests to the Privacy Official for an accounting of certain disclosures of his/her PHI. This right to an accounting extends to disclosures made in the last six (6) years, other than disclosures:

- To carry out treatment, payment or health care operations;
- To individuals about their own PHI;
- Incident to an otherwise permitted use or disclosure;
- Pursuant to an authorization;
- To persons involved in the individual’s care or payment for the individual’s care or for certain other notification purposes;
- To correctional institutions or law enforcement when the disclosure was permitted without authorization;
- As part of a limited data set;
- For specific national security or law enforcement purposes; or
- That occurred prior to the compliance date.

The City shall respond to an accounting request within sixty (60) days. If the City is unable to provide the accounting within sixty (60) days, it may extend the period by thirty (30) days, provided that it gives the participant notice (including the reason for the delay and the date the information will be provided) within the original sixty (60) day period.

The accounting must include the date of the disclosure, the name of the receiving party, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure (or a copy of the written request for disclosure, if any).

The first accounting in any twelve (12) month period shall be provided free of charge. The Privacy Official may impose reasonable production and mailing costs for subsequent accountings.

C. Requests for Alternative Communication Means or Locations

Participants may request to receive communications regarding their PHI by alternative means or at alternative locations. For example, participants may ask to be called only at work rather than at home. Such requests may be honored if, in the sole discretion of the Privacy Official, the requests are reasonable.

However, the City shall accommodate such a request if the participant clearly provides information that the disclosure of all or part of that information could endanger the participant. The Privacy Official has responsibility for administering requests for confidential communications.

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D. Requests for Restrictions on Uses and Disclosures of Protected Health Information

A participant may request restrictions on the use and disclosure of the participant's PHI. It is the City's policy to attempt to honor such requests if, in the sole discretion of the City, the requests are reasonable. The Privacy Official is charged with responsibility for administering requests for restrictions.