

Important Notice from the WAYNE COUNTY AIRPORT AUTHORITY Regarding HIPAA NOTICE OF PRIVACY PRACTICES

For Protected Health Information for Its Employee and Retiree Medical, Dental, Vision, Employee Reimbursement Account, and Employee Assistance Program Health Plans THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

This is your Notice of Privacy Practices provided by Wayne County Airport Authority. This notice refers to Wayne County Airport Authority (WCAA) by using the terms "us," "we," or "our."

WCAA must collect information about you to provide you with health insurance. We know that information we collect about you and your health is private. We are required to protect this information by federal and state law.

This notice will tell you how we may use or disclose information about you. Not all situations will be described. WCAA is required to give you a notice of our privacy practices for the information we collect, keep and disclose about you. We are required to follow the terms of the notice currently in effect.

The Genetic Information Discrimination Act of 2008 (GINA) includes provisions related to genetic information that affect HIPAA nondiscrimination rules. Genetic information is defined as information about genetic tests of an individual or an individual's family members, information about the manifestation of a family member's disease or disorder and an individual's request for or receipt of genetic services. Effective May 21, 2009, GINA mandates that a group health plan cannot:

- Adjust premiums or contribution amounts based on genetic information;
- Request or require an individual or an individual's family member to undergo a genetic test;
- Request, require or purchase genetic information prior to or in connection with enrollment in the plan; or
- Use genetic information for underwriting purposes

Group health plans may use the results of genetic tests for payment purposes explained below, as long as the minimum amount of information necessary is used.

How Wayne County Airport Authority may use and disclose information without your authorization:

• **For Payment:** We may use or disclose information to pay for the health care services you receive. For example, WCAA may receive and review health

information contained on claims to reimburse providers for services rendered or to verify insurance enrollment and eligibility information with providers seeking to receive payment for healthcare services provided to you or your covered dependents.

• **For Health Care Operations:** We may use or disclose health information for our insurance operations or to manage our programs or activities. For example, we may use PHI to process transactions requested by you, to review the quality of services you receive or to audit the services for which our insurance carriers have been contracted to perform.

• **Where Required by Law or for Law Enforcement:** We will use and disclose information when required by law. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

• **When Required for Public Health Activities:** We disclose information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities about communicable diseases, or providing information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

• **For Health-Related Benefits or Services:** We may use health information to provide you with information about benefits available to you under your current Insurance coverage and, in limited situations, about health-related products or services that may be of interest to you.

• **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose Protected

Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **For Government Programs:** We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of benefits under Medicare.

- **Disclosures to Family, Friends and Others:** We may disclose information to your family or other person(s) who are involved in your medical care or

YOUR PRIVACY RIGHTS

- **Right to see and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

- **Right to Amend Your Records:** You may ask WCAA to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.

- **Right to Get a List of Disclosures:** You may request a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for payment or health care operations or releases required by law or for law enforcement. The list also will not include information provided directly to you or information that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures:** You may request that WCAA limit how information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. WCAA is not required to agree to the limitation. You can request, in writing, that the limitation be terminated or WCAA may terminate the limitation with advance notice to you.

- **Right to Request Confidential Communications:** You may request that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

- **Right to Revoke Authorization:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must

make the request in writing. This will not affect information that has already been disclosed under the authorization.

- **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how WCAA has used or disclosed information about you.

- **Right to Get a Paper Copy of this Notice:** You have the right to ask for a paper copy of this notice at any time.

COMMUNICATIONS ABOUT YOUR RIGHTS

You may contact WCAA to:

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization
- Ask to amend your records
- Ask for a list of the times WCAA disclosed information about you

WCAA may deny your request to look at, copy or amend your records. If WCAA denies your request, it will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with WCAA or with the U.S. Department of Health and Human Services, Office of Civil Rights.

If you wish to ask questions, exercise your rights under this notice, communicate with us about privacy issues, or file a complaint, you can contact us at:

HIPAA Privacy Officer / HIPAA Compliance
Employee Services Department, Heather Day
Wayne County Airport Authority
LC Smith Building, Room 339
Detroit, Michigan 48242
(734) 247-7902 heather.day@wcaa.us

You may file a complaint with federal government:

U.S. Office of Civil Rights:
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
(866) 627-7748 ocrprivacy@hhs.gov
TTY: (866) 788-4989

Changes to This Notice: We reserve the right to revise, at any time. The revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required to comply with whatever notice is currently in effect. Paper copy may be requested.

Updated: July 2012