

**NOTICE OF PRIVACY PRACTICES FOR  
MISSISSIPPI VALLEY INTERGOVERNMENTAL COOPERATIVE HEALTH PLAN  
TRUST**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.***

**Purpose.** This Notice of Privacy Practices is provided to participants in the Mississippi Valley Intergovernmental Cooperative Health Plan, a self-funded health plan (the “Plan”) sponsored by the Mississippi Valley Intergovernmental Cooperative (the “Plan Sponsor”). This Notice describes how the Plan may use and disclose your protected health information.

**Protected Information.** In the course of providing benefits to you under the Plan, information regarding your health care may be originated and/or received by the Plan. “Protected Health Information” or “PHI” is information about you, including demographic information, which may identify you and that relates to your past, present or future: (i) health condition, (ii) payment of health care, or (iii) receipt of health care.

**The Plan’s Responsibilities.** As a health plan, federal law imposes certain obligations and duties upon the Plan with respect to your PHI. Specifically, the Plan is required to:

- Provide you with notice of the Plan’s legal duties and its policies regarding the use and disclosure of PHI;
- Maintain the confidentiality of your PHI in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your PHI unless under the law the Plan is authorized to release your PHI without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your PHI, subject to certain limitations;
- Act on your request to amend PHI, subject to certain limitations, within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate PHI by alternative means or methods; and
- Abide by the terms of this Notice.

**How Your Protected Information May be Used and Disclosed.** Generally, your PHI may be used and disclosed by the Plan only with your express written authorization. However,

there are some exceptions to this general rule. The following explains how the Plan will use or disclose your PHI without your authorization:

*Treatment Purposes.* We may disclose your PHI for treatment purposes. For example, it may be necessary for the Plan to communicate with your health care providers providing treatment to you in order to facilitate that treatment.

*Payment Purposes.* Your PHI may also be used or disclosed for payment purposes. For example, it may be necessary for the Plan to use your PHI so that the Plan may properly reimburse you for a claim for eligible medical expenses. In addition, the Plan may disclose information to other group health plans that you participate in if such information is necessary for their payment purposes. Genetic information will not be used or disclosed for underwriting purposes.

*Health Care Operations.* Your PHI may also be used for health care operations, which are necessary for the administration of the health plan and for proper payment of claims. For example, the Plan may contract with a third party to process and reimburse claims. In addition, we may release your PHI to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes; quality assessment and improvement activities; or review, evaluation or training of health care professionals or students.

*Plan Sponsor Functions.* As the Plan Sponsor, Mississippi Valley Intergovernmental Cooperative may have access to your PHI in three situations: (i) if the PHI is de-identified; (ii) the PHI is for enrollment or disenrollment purposes; or (iii) for Plan administrative functions. “Plan administrative functions” are defined as administrative functions performed by the Plan Sponsor on behalf of the Plan, such as claims processing, auditing and monitoring. To the extent your PHI is shared with the Plan Sponsor, the Plan Sponsor is required to abide by the terms of this Notice and may not use or disclose your PHI for employment purposes.

*Individuals Involved in Your Care/Payment of Care.* The Plan may disclose your PHI to a family member or other individual to the extent necessary to help with your health care or with payment for your health care. Before the Plan discloses information for this purpose, the Plan will provide you with an opportunity to object to such uses and disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your PHI based upon our professional judgment of whether disclosure would be in your best interest.

*Authorized by Law.* The Plan may also use or disclose your PHI without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, organ donation, medical examiners and coroners, and research purposes. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.

*More Stringent Laws.* Some of your PHI may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event

your PHI is afforded greater protection under federal or state law, we will comply with the applicable law.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. Disclosures that constitute a sale of your PHI or uses and disclosures for marketing purposes also require your written authorization. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Your Rights.** Federal law grants you certain rights with respect to your PHI. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your PHI;
- Request that certain uses and disclosures of your PHI be restricted; *provided, however*, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Restrict disclosure to a health plan of your information where you have paid the full out of pocket costs for the services rendered. This restriction would apply only to those services where you had paid the full out of pocket costs, it would not apply to other information relating to treatment which was paid for by or submitted to an insurer;
- Access to your PHI; *provided, however*, the request must be in writing and may be denied in certain limited situations;
- Request that your PHI be amended;
- Obtain an accounting of certain disclosures of PHI made by us within the past six years;
- Revoke any prior authorizations or consents for use or disclosure of PHI, except to the extent that action has already been taken;
- Request communications of your PHI be done by alternative means or at alternative locations; and
- Notification of any breach of unsecured PHI relating to you.

**Important Contact Information.** This notice has been provided to you as a summary of how the Plan will use and disclose your PHI and your rights with respect to your PHI. If you

have any questions or for more information regarding your PHI, please contact the Mississippi Valley Intergovernmental Cooperative, Attn: Executive Officer, P.O. Box 14, Wood River, IL 62095 or via phone at 618-254-1755 or email at [missvic1@sbcglobal.net](mailto:missvic1@sbcglobal.net).

If you believe your privacy rights have been violated, you may file a complaint with Mississippi Valley Intergovernmental Cooperative by mail at: Attn: Executive Officer, P.O. Box 14, Wood River, IL 62095 or via email at [missvic1@sbcglobal.net](mailto:missvic1@sbcglobal.net). You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

**Effective Date.** This notice becomes effective on January 14, 2014. Please note, we reserve the right to revise this notice at any time. A current notice of the Plan's privacy practices may be obtained from the Mississippi Valley Intergovernmental Cooperative, Attn: Executive Officer, P.O. Box 14, Wood River, IL 62095 or via phone at 618-254-1755 or email at [missvic1@sbcglobal.net](mailto:missvic1@sbcglobal.net). If any revision to this notice is material, we will provide you a copy within 60 days of the revision.