

Approved: March 17, 2026  
Resolution No. 26-391

1. **PURPOSE.** The primary purpose of this policy is to protect the privacy and security of individuals' health information while ensuring the efficient flow of health data. Key objectives of this policy include protection of patient privacy, insurance of data security, and reduction of healthcare fraud and abuse.
2. **AUTHORITY.**
  - 2.1. Authority to establish rules and regulations in reference to the management of the interest and business concerns of the county is vested with the Gratiot County Board of Commissioners (MCL 46.11(m)). Policies shall be subject to revision or termination by the Board at its discretion.
  - 2.2. Privacy Rules of the Health Insurance Portability and Accountability and Act (HIPAA) establish national standards for the protections of certain health information (45 C.F.R. § 160.102, 160.103).
3. **APPLICATION.** This policy applies to all County elected officials, department heads, and employees.
4. **RESPONSIBILITY.** The County Administrator shall be responsible for implementation of this policy.
5. **DEFINITIONS.**
  - 5.1. ***"Health Information"*** relates to the past, present, or future treatment of an individual. Coverage by a health plan is considered health information. Therefore, once any piece of individually identifiable information related to an individual's enrollment in a health plan "touches" (i.e., is received by) the health plan (TPA or carrier), that information becomes PHI.
  - 5.2. ***"PHI"*** refers to "individually identifiable health information" that is received, maintained, or transmitted (i.e., a health plan).

6. **POLICY.** It is the policy of the Gratiot County Board of Commissioners to ensure the Gratiot County health insurance plan and flexible spending plan will take reasonable steps to ensure the privacy of personally identifiable information and to inform employees about:
- The Plans' uses and disclosures of Protected Health Information (PHI)
  - Employee's privacy rights with respect to Employees PHI
  - The Plans' duties with respect to employees PHI
  - Employee's right to file a complaint with the specific Plan and to the Secretary of the U.S. Department of Health and Human Services
  - The person or office to contact for further information about each of the Plan's privacy practices
7. **ADMINISTRATIVE PROCEDURES.** Administrative procedures are defined in the attached "Gratiot County Medical Plans Notice of Privacy Practices" and "Gratiot County Medical Plans Notice of Privacy Practices Acknowledgement" forms.
8. **ADMINISTRATOR AND LEGAL COUNSEL REVIEW.** The Administrator shall approve all new and amended policies as to substance. The County Civil Counsel shall approve all new and amended policies as to legal content. These approvals shall accompany draft policies and amended policies submitted to the Board of Commissioners for consideration and approval.



## **Gratiot County Medical 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.**

**Effective Date of Notice: April 1, 2004**

The Gratiot County Health Plan (Blue Cross/Blue Shield of Michigan for medical and dental) (Pharmacare for prescription), (the Gratiot County self-administered optical and dental reimbursement program), and the Gratiot County Flexible Spending Plan (Section 125 Plan) (the “Plans”) are required by law to take reasonable steps to ensure the privacy of your personally identifiable information and to inform you about:

- The Plans’ uses and disclosures of Protected Health Information (PHI);
- Your privacy rights with respect to you PHI;
- The Plans’ duties with respect to your PHI;
- Your right to file a complaint with the specific Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about each of the Plan’s privacy practices.

The term “Protected Health Information (PHI) includes all individually identifiable health information transmitted or maintained by the Plans, regardless of form (oral, written, electronic).

### **Section 1 Notice of PHI Uses and Disclosures**

#### **Required PHI Uses and Disclosures**

Upon your request, the specific Plan is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plans’ compliance with the privacy regulations.

### **Uses and disclosures to carry out treatment, payment and health care operations**

The Plans and their business associates will use PHI without your authorization or opportunity to agree or object to carry out treatment, payment, and health care operations. The Plans also will disclose PHI to Gratiot County, the Plans Sponsor, for purposes related to treatment, payment and health care operations. The Plans Sponsor has amended the specific Plan documents to protect your PHI as required by federal law.

**Treatment** is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the specific Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

**Payment** includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorization's).

For example, the specific Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by that Plan.

**Health care operations** include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, the Plans may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of their claims processing functions.

### **Uses and disclosures that require your written authorization**

Your written authorization generally will be obtained before the specific Plan will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The specific Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

**Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release**

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment of that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

- (1) When required by law.
- (2) When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities.
- (4) The Plans may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicaid or Medicaid fraud).
- (5) The Plans may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the specific Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
- (6) When required for law enforcement purposes (for example, to report certain types of wounds).
- (7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information

about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.

- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (9) The Plans may use or disclose PHI for research, subject to conditions.
- (10) When consistent with applicable law and standards of ethical conduct if the Plans, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (11) When authorized by and to the extent necessary to comply with worker' compensation or other similar programs established by law.
- (12) Except as otherwise indicated in the Notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

## **Section 2.** **Rights of Individuals**

### **Right to Request Restrictions on PHI Uses and Disclosures**

You may request the Plans to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plans are not required to agree to your request.

The Plans will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set." For as long as the specific Plan maintains the PHI.

“Protected Health Information” (PHI) includes all individually identifiable health information transmitted or maintained by the Plans, regardless of form.

“Designated Record Set” includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the specific Plan is unable to comply with the deadline. In your written request, you must specify under which Plan you are requesting access.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following person:

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

### **Right to Amend PHI**

You have the right to request the specific Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. This request must be in writing.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the specific Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. In your written request, you must specify under which Plan you are requesting an amendment.

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

### **The Right to Receive an Accounting of PHI Disclosures**

At your request, the specific Plan will also provide you with an accounting of disclosures by that Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health

care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based on your written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. In your written request, you must specify under which Plan you are requesting an accounting.

If you request more than one accounting within a 12-month period, the specific Plan will charge a reasonable, cost-based fee for each subsequent accounting.

### **The Right to Receive a Paper Copy of this Notice Upon Request**

You are entitled to obtain a paper copy of this Notice.

### **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual;  
or
- An individual who is the parent of a minor child.

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

## **Section 3. Duties of the Plans**

The Plans are required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

This Notice is effective beginning April 1, 2004 and the Plans are required to comply with the terms of this Notice. However, the Plans reserve the right to change the privacy practices and to apply the changes to any PHI received or maintained by the Plans prior to that date. If a material

privacy practice is changed, a revised version of this Notice will be provided to those covered by the specific Plan.

Any such revised version of this Notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plans or other privacy practices stated in this Notice.

### **Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the Plans will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individuals;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the each Plans compliance with legal regulations.

This Notice does not apply to information that has been de-identified. De-identified information is 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 is not individually identifiable health information.

In addition, the Plans may use or disclose "summary health information" to the Plans Sponsor for obtaining premium bids or modifying, amending or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plans Sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA.

## **Section 4.**

### **Your Right to File a Complaint With the Plan or the HHS Secretary**

If you believe that your privacy rights have been violated, you may complain to the specific Plan in care of the following person:

Gratiot County Administrator  
214 E. Center Street  
Ithaca, MI 48847  
(989) 875-5282

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The Plans will not retaliate against you for filing a complaint.

### **Section 5.** **Whom to Contact at the Plans for More Information**

If you have any questions regarding this Notice or want to access one of the rights addressed in it, you may contact the following person:

Gratiot County Administrator  
214 E. Center Street  
Ithaca, MI 48847  
(989) 875-5282

### **Conclusion**

PHI use and disclosure by each of the Plans is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 *Code of Federal Regulations* Part 160 and 164. This Notice attempts to summarize the regulations. The regulations will supercede any discrepancy between the information in this Notice and the regulations.



## **Gratiot County Medical Plans Notice of Privacy Practices Acknowledgement**

The undersigned employee of Gratiot County hereby acknowledges that he/she has received a copy of the Medical Plans Notice of Privacy Practices. The undersigned employee understands that he/she may contact the Gratiot County Administrator with any questions regarding this notice.

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Employee Signature

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Date