



CHRISTIAN SCHOOLS
INTERNATIONAL

CSI INSURANCE PLAN AND TRUST FUND

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Privacy Officer or Compliance Officer via telephone at (616) 957-1070 or toll-free at (800) 635-8288 (Ext. 267), via e-mail at CSIBenefits@CSIONline.org, or via regular mail at 3350 East Paris Avenue, S.E., P.O. Box 8709, Grand Rapids, Michigan 49512.

Privacy Officer: Director of Employee Benefit Plans
Compliance Officer: Benefits Administrator

INTRODUCTION

In order to provide insurance coverage and/or health plan administration functions, the CSI Insurance Plan and Trust Fund ("CSI Plan") must obtain and maintain protected health information ("PHI"). This privacy notice describes the type of information that is collected and your rights regarding how that information can be used.

PHI is individually identifiable health information in any form or medium (written, electronic or oral) that is created or received by your health care provider, the CSI Plan, an insurer, a data clearinghouse, a health authority, employer, school or university that relates to the past, present or future:

- Condition of your physical or mental health;
- Health care provided to you; or
- Payment for the health care provided to you.

THE CSI PLAN WILL COMPLY WITH THIS NOTICE

This Notice describes the privacy practices of the CSI Plan and any third parties that help manage the CSI Plan.

The CSI Plan will adhere to the terms of this Notice, as will all third parties who assist it in managing the CSI Plan. The CSI Plan will use and disclose your health information to these same parties to coordinate and oversee your medical treatment, pay your medical claims and assist in health care operations as described in this Notice.

PRIVACY AND YOUR HEALTH INFORMATION

Information about you and your health is personal and the CSI Plan is committed to protecting your health information. This Notice applies to all PHI that the CSI Plan creates or maintains.

This Notice describes the ways the CSI Plan is permitted or required to use and disclose your health information. This Notice also describes your rights and the obligations that the CSI Plan has regarding the use and disclosure of your health information.

Federal medical privacy law requires the CSI Plan to:

- Make sure your health information is kept private;
- Give you this Notice of the CSI Plan's duties and privacy practices with respect to your health information; and
- Follow the terms of this Notice.

HOW THE CSI PLAN MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The CSI Plan will only use or disclose the minimum amount necessary to perform its Plan administration functions. The following categories describe different ways that the CSI Plan may use or disclose your health information for treatment, payment or health care operations.

- **Treatment.** The CSI Plan is permitted to use your health information or disclose it to doctors, nurses, technicians, medical students, or other persons who are involved in providing medical treatment or services to you. For example, the CSI Plan may provide information about your current prescriptions to a pharmacist to determine whether you may safely take a new prescription in light of your existing medications. In Michigan, your authorization is necessary for the CSI Plan to disclose substance abuse records to a health professional for your treatment.
- **Payment.** The CSI Plan is permitted to use your health information or disclose it to third parties in order to assist in obtaining payment for your treatment and services from health care providers, to determine your eligibility for benefits, or to coordinate your benefits with other health plans. For example, the CSI Plan may discuss your health information with your doctor or an insurer to obtain a prior approval for a medical procedure or to determine whether the CSI Plan will cover the treatment. It may use or disclose your health information to others to assist with payment of your health claims. Also, it may share information with a medical provider to determine whether a particular treatment is medically necessary, experimental, or investigational.
- **Health Care Operations.** The CSI Plan is permitted to use your health information and disclose it to third parties who help it with the day-to-day work of managing the CSI Plan. These uses and disclosures are necessary to maintain and operate the CSI Plan and to ensure that plan participants, like yourself, receive quality care. For example, the CSI Plan may use your health information to conduct quality assessment and improvement activities, review the performance of the CSI Plan, underwrite and rate premiums, conduct and arrange for medical review, legal services, and auditing activities, business planning and development, and other general plan administration activities.
- **Plan Sponsor.** The CSI Plan will disclose your health information to Christian Schools International ("CSI") staff for purposes of administering your benefits under the health plans. CSI has contractually obligated itself to protect your health information in the same manner that the CSI Plan is obligated to protect your health information. In no case may CSI or any other participating employer use or disclose your health information for employment-related decisions.

- **Health Insurers and HMOs.** Health information may be shared with the health insurance issuers or HMOs that provide coverage for the CSI Plan.
- **As Required By Law.** We will disclose your health information to third parties when required to do so by federal, state or local law. For example, we may share your health information when required to do so by state workers' compensation law, the Department of Health and Human Services, or state regulatory officials.
- **To Avert A Serious Threat To Health Or Safety.** We may use and disclose your health information to third parties when it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to assist in preventing the potential harm.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after we make efforts to inform you of the request or to obtain an order protecting the requested information. In Michigan, if you are a party to a lawsuit in a Michigan court case, a court order or your authorization must be provided to release your health records (in addition to a subpoena).
- **Public Policy Matters.** We may use or disclose your health information in certain limited instances for matters involving the public welfare, such as:
 - for public health risks (e.g., prevention or control of disease, reporting births and deaths, reporting abuse and neglect);
 - to a health oversight agency for activities authorized by law (e.g., audits, investigations, inspections, and licensure necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws);
 - to law enforcement officials (in response to a court order, subpoena, warrant, summons or similar process) and to national security officials under certain limited circumstances;
 - to a funeral director, coroner, or medical examiner to permit them to carry out their duties;
 - and
 - to facilitate organ donation and specified research purposes, so long as certain safety measures are in place to protect your privacy.
- **Business Associates.** We hire third parties to provide us with various services that are necessary for our health plan to function. Before we share your health information with these companies, we will have a written contract with them in which they promise to protect the privacy of your health information.

AUTHORIZATION TO USE YOUR HEALTH INFORMATION

For any uses or disclosures of your health information that are *not covered* by this Notice, or by the federal, state or local laws that apply to the CSI Plan, the Plan will use or disclose your health information only with your written permission (called an "authorization"). If you provide an authorization to use or disclose your health information to third parties, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the CSI Plan will no longer use or disclose health information about you for the reasons covered by your written authorization. However, your revocation will not apply to any disclosures already made pursuant to your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information maintained by the CSI Plan. Usually, this includes your health and billing records.

To inspect and copy your health information, you must submit your request in writing to the Compliance Officer. If you request a copy of the information, the CSI Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Under federal law, the CSI Plan may deny your request to inspect and copy in very limited circumstances. If it denies your request to access your health information, you may request review of the denial.

- **Right to Request Amendments.** If you feel that your health information is incorrect or incomplete, you may ask the CSI Plan to amend the information. Your request must be submitted in writing to the Compliance Officer. In addition, you must provide a reason that supports your request.

Under federal law, the CSI Plan may deny your request for an amendment if it is not in writing or you do not include a reason to support your request. It may also deny your request if you ask it to amend information that:

- Was not created by the CSI Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of your health information maintained by the CSI Plan;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to Request an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures of your health information that the CSI Plan has made to third parties, *other than* disclosures you authorized or requested, and disclosures made to provide you with medical treatment, to provide payment for your medical treatment, or to assist the CSI Plan in managing its health care operations.

To request this accounting, you must submit your request in writing to the Compliance Officer. Your request must state the time period for which you would like the accounting of disclosures. However, the time period may not be longer than six years and may not include dates before April 14, 2003. Your request should describe how you want the list (for example, on paper, by e-mail, or on a disk, etc.). The first list you request within a 12-month period will be free. For additional lists, the CSI Plan may charge you for the cost of providing the list. The CSI Plan will notify you of any costs and you may choose to withdraw or modify your request *before* it incurs any costs.

- **Right to Request Additional Restrictions.** You have the right to request a restriction or limitation on health information that the CSI Plan uses or discloses to third parties for your medical treatment, payment of your medical claims, or management of its health care operations. You also have the right to request a limit on the health information it discloses to someone involved in your care or the payment for your care, such as a family member or friend. For instance, you can request that the CSI Plan not disclose information to your spouse or children concerning a sensitive surgical procedure or a disease you have suffered.

Please note that under federal law, we are not required to agree to your request. To request a restriction, you must make your request in writing to the Compliance Officer. In your request, you must describe (1) what information you want to limit; (2) whether you want to limit the CSI Plan's use, disclosure, or both; and (3) to whom you want the limits to apply, such as disclosures to your children or your spouse.

- **Right to Request Confidential Communications.** You have the right to request that the CSI Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that it contact you only at work, by e-mail, or by mail at a specified address (such as a post office box).

To request confidential communications, you must make your request in writing to the Compliance Officer. Your request must state that disclosure of all or part of your health information could endanger you. Your request must also specify how or where the CSI Plan may contact you. The CSI Plan will accommodate all reasonable requests that meet these requirements.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice and you may ask the CSI Plan to give you a paper copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice you must make your request in writing to the Compliance Officer. You may obtain a copy of this Notice on CSI's website: **www.CSIonline.org** _

CHANGES TO THIS NOTICE

The CSI Plan has the right to change the terms of this Notice. It also has the right to make these changes apply to health information it already has about you, as well as any it receives or creates in the future. It will revise and redistribute this Notice within 60 days of any material change to the uses and disclosures, privacy rights, legal duties, or other privacy practices stated in this Notice. A copy of the most current Notice will be posted on CSI's website. Please look at the first page immediately below the title of the Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Compliance Officer, and/or with the Secretary of the Department of Health and Human Services. You must submit all complaints in writing.

You will not be penalized or retaliated against in any way by CSI or any other participating employer for filing a complaint.