



**ALAMEDA COUNTY EMPLOYEES'
RETIREMENT ASSOCIATION**

PRIVACY STATEMENT AND NOTICE OF PRIVACY PRACTICES

MAY 2007

GENERAL PRIVACY STATEMENT

This Policy sets forth the procedures of the Alameda County Employees' Retirement Association (ACERA) with respect to the use and disclosure of Protected Health Information ("PHI") by ACERA. In general, ACERA will not use or disclose any PHI unless the person identified in the PHI consents to or authorizes the use or disclosure, or if the Privacy Rules specifically allow such use or disclosure.

PHI is any information that relates to the past, present or future physical or mental health or condition of any individual that explicitly identifies the individual or is detailed and specific enough that the identity of the individual may reasonably be determined. PHI includes the individual's name, address, phone number, fax number, e-mail address, Social Security number, marital status, eligibility for benefits, Local Union Number, medical diagnosis, and types or dates of treatment or service. Therefore, an individual's benefit information claims records and benefit appeals would all include PHI. Additionally, PHI may be present in mail, papers from meetings, facsimile, and electronic mail or by hand-delivery without being identified as such. Because PHI is so prevalent, and because even looking at such information is considered a use or disclosure of PHI, this Policy establishes rules and procedures restricting access to documents and other sources of PHI.

PRIVACY OFFICER: Sharen Stanek-Lowe

ADDRESS: ACERA, 475 14th Street, Suite 1000, Oakland, CA 94612

TELEPHONE: (510) 628-3000

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NOTICE OF PRIVACY PRACTICES

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

PROCEDURES FOR COLLECTION, HANDLING, AND DISTRIBUTION OF INSURANCE INFORMATION

**NO ACTION IS REQUIRED ON YOUR PART. THIS NOTICE IS BEING SENT
PURSUANT TO THE REQUIREMENTS OF THE FEDERAL LAW.**

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 HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. GENERAL

Alameda County Employees' Retirement Association (ACERA) is **not** required by federal and state law to maintain the privacy of your protected health information **but we do so in support of your right to privacy**. In conducting its business, ACERA will create records regarding you and the medical services that are provided to you. ACERA may use your health information as provided in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (known as HIPAA) for purposes of making payment for your health, dental, and vision plan enrollment and facilitating benefit plan coverage.

ACERA is **not** required by law to maintain the confidentiality of medical information that identifies you by name. ACERA is required by law to provide you with this notice of its legal duties and privacy practices concerning your protected health information known as "PHI". ACERA has established this policy to guard against unnecessary disclosure of your medical information.

This Notice applies to all records containing your identifiable medical information that are created or retained by ACERA. ACERA reserves the right to revise or amend this Notice. Any Amendment will be effective for all of your records that ACERA has created or maintained in the past, and for any of your records that are created or maintained in the future. You may request a copy of the most current notice at any time.

NOTICE OF PRIVACY PRACTICES
(Continued)

When using or disclosing PHI, ACERA 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 factors and limitations and any applicable law requiring greater disclosure.

This Notice does not apply to information that has been Ade-identified. Ade-identified information is information that does not identify an individual with respect to which there is no reasonable basis to believe that the information can be used to identify the individual.

ACERA has appointed Sharen Stanek-Lowe to be the Privacy Officer and the Contact Person for ACERA. She may be contacted as follows:

Sharen Stanek-Lowe, Assistant Benefits Manager
ACERA, 475 14th Street, Suite 1000, Oakland, CA 94612
(510) 628-3000 or (800)838-1932

B. ACERA MAY USE AND DISCLOSE YOUR HEALTH INFORMATION AS FOLLOWS:

1. To Make or Obtain Payment. ACERA may use and disclose your PHI to make payment to or collect payment from plan providers for benefit plan coverage. ACERA may confirm with a provider that you received treatment and may request details regarding such treatment to determine if an ACERA-sponsored plan provider will cover or pay for your treatment. ACERA may also advise a physician or other provider that you are eligible for coverage.
2. Health Care Operations. ACERA may use and disclose your PHI for its own operations to facilitate the administration of the benefit plan and as necessary to provide coverage and services to all ACERA retirees. ACERA may use it to evaluate the quality of care you receive from a provider or to conduct reviews of the benefit plans' costs. Health care operations may include such additional activities as:
 - Quality assessment and improvement activities;
 - Activities designed to improve health or reduce health care costs;
 - Guidelines and protocol development, case management and care coordination;
 - Contacting providers and retirees with information about treatment;
 - Underwriting, premium rating or related functions to create, renew or replace your various plan benefits;
 - Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs;

NOTICE OF PRIVACY PRACTICES (Continued)

- Business planning and development including cost management and planning related analyses; and,
- Business management and general administrative activities of the benefit plans including customer service and resolution of grievances;

By way of example, ACERA may use your PHI to conduct case management, quality improvement and utilization review, or to engage in customer service and grievance activities.

C. USE AND DISCLOSURE OF YOUR PHI IN SPECIAL CIRCUMSTANCES

1. Health Oversight Activities. ACERA may disclose your PHI to a health oversight agency for activities authorized by law. Such activities could include civil administrative or criminal investigations, audits, inspections, licensure, or disciplinary action, or other activities necessary for the government to monitor government programs (such as Medicare fraud review), compliance with civil rights laws and the health care system in general.
2. Lawsuits and Similar Proceedings/Subpoenas. ACERA may use and disclose your PHI in response to a Court Order if you are a party involved in a lawsuit, administrative proceeding, arbitration or similar proceeding or as may otherwise be required by state law. ACERA may also disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute if ACERA has evidence or information such as a proof of service that you or your attorney received notice of the subpoena, discovery request or other lawful process.
3. Law Enforcement. To the extent permitted by state law, ACERA may release your PHI if requested to do so by a law enforcement official in response to a warrant, summons, court order, subpoena or similar legal process. This might include when ACERA has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.
4. Board of Retirement. ACERA may disclose your PHI to the Board of Retirement for plan administration functions performed by the Board of Retirement, or the Board's delegate, on behalf of ACERA. This may include information pertaining to claims and appeals or member inquiries in limited circumstances. In addition, ACERA may provide summary health information to the Board of Retirement so that the Board may solicit premium bids from health insurers or similar entities. ACERA also may disclose to the Board information on whether you are participating in a benefit plan.
5. Appeals. ACERA may release your PHI to the Board of Retirement or an Appeals Committee if it is needed to make a decision regarding an appeal.

NOTICE OF PRIVACY PRACTICES
(Continued)

D. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as summarized above, ACERA will not release your PHI without your signed authorization. ACERA has a HIPAA Authorization Form that you may sign to authorize release of all or a part of your PHI. You may revoke, amend or limit in writing any such authorization at any time.

Even in situations in which release of PHI may be permitted as described above, the Board may request your written authorization to release information to the Board of Retirement or others.

In addition, in most instances, ACERA will request your written Form to release your PHI to your spouse, parent, sibling, or other family member or friend. If the Board or the Board's delegate (such as ACERA) has a good faith reason to believe that you authorize release of information to your spouse without written consent, ACERA may release your PHI. This would also include releasing information to a parent for a minor child who is participating in the benefit plan.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding your identifiable health information that ACERA maintains about you:

1. Right to Request Confidential Communications. You have the right to request that ACERA communicate with you about your benefit coverage and related issues in a particular manner or to a specific location. You may, for example, request that ACERA contact you at home rather than at work. Or you may request that ACERA communicate with you at a certain phone number or by e-mail. ACERA will attempt to honor your reasonable requests for confidential communications depending on the circumstances of the request.
2. Right to Request Restrictions. You have the right to request a restriction on ACERA's use or disclosure of your PHI for payment or health care coverage operations. You have the right to request that ACERA limit its disclosure of your PHI to individuals involved in your care or the payment for your care, such as family members and friends. ACERA is not, however, required to agree to your request; however, if ACERA agrees, it is bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

NOTICE OF PRIVACY PRACTICES
(Continued)

3. Right to Inspect and Obtain Copies of your PHI. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including billing records. You must submit your request in writing to the Privacy Officer at the address on page 1 of this Notice. ACERA may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. The requested information will be furnished within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. A one-time 30 day extension may be necessary in unique circumstances.

Pursuant to government regulations, you do not have a right to copies of psychotherapy notes.

EXHIBIT A
SAMPLE HIPAA AUTHORIZATION FORM



ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 – 14TH STREET, SUITE 1000, OAKLAND, CA 94612 1-800-838-1932 510-628-3000 FAX: 510-268-9574

HIPAA AUTHORIZATION FORM

Disclaimer: This document is provided solely for reference purposes. Covered Entities under HIPAA are advised to refer to their institutions Privacy Policy for specific requirements for the HIPAA Authorization.

I, _____, give permission to Alameda County Employees' Retirement Association to:

- Use the following protected health information, and/or
- Disclose the following protected health information to (check all that apply):
 - ACERA
 - PacifiCare/UnitedHealthcare
 - Kaiser
 - Blue Cross
 - Delta Dental
 - Vision Service Plan (VSP)
 - All of the above

Information to be disclosed (check all that apply):

- Medical Plan Information
- Dental Plan Information
- Vision Plan Information
- Other:

This authorization expires after one year or until current issue is resolved.

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

You may refuse to sign this authorization. Your refusal to sign will **not** affect your ability to obtain treatment or payment or your eligibility for benefits.

You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the clinical trial is completed.

THE RESERVE SIDE OF THIS FORM MUST BE SIGNED

| | |
|---------------------------|-------------|
| ***For Office Use Only*** | |
| Input by: _____ | Date: _____ |
| Verified by: _____ | Date: _____ |



05/18/07

EXHIBIT A
SAMPLE HIPAA AUTHORIZATION FORM

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Finally, you may revoke this authorization in writing at any time by sending written notification to ACERA at 475 14th Street, Suite 1000, Oakland, CA 94612. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Signature of Participant or Personal Representative

Date

Printed Name of Participant or Personal Representative

SAMPLE

05/18/07

EXHIBIT B
SAMPLE CANCELLATION OF HIPAA AUTHORIZATION FORM



ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 - 14TH STREET, SUITE 1000, OAKLAND, CA 94612 1-800-838-1932 510-628-3000 FAX: 510-268-9574

CANCELLATION OF HIPAA AUTHORIZATION FORM

Your Name (Please Print)

I hereby cancel any existing HIPAA Authorization Form that allows ACERA to provide my Protected Health Information ("PHI") to the following person(s) or entity(s): (please fill in the name and address of the appropriate person(s) or entities)

Person : _____
Address: _____ City: _____ State: _____ Zip: _____

Entity : _____
Address: _____ City: _____ State: _____ Zip: _____

I understand:

- THIS FORM REVOKES ANY PREVIOUS HIPAA AUTHORIZATION FORM ONLY WITH RESPECT TO THE PERSON(S) OR ENTITIES NAMED ABOVE. IF I DECIDE TO REAUTHORIZE THE RELEASE OF MY PERSONAL HEALTH INFORMATION TO ANY ENTITY OR PERSON, I WILL NEED TO SUBMIT A NEW COMPLETED HIPAA AUTHORIZATION FORM TO ACERA.
- CANCELLATION WILL TAKE EFFECT ONCE ACERA RECEIVES THIS FORM.

Your Signature **Date**
(or Signature of Personal Representative*)

Print Name

**If you are acting as the Personal Representative of the individual whose PHI is to be disclosed, you must provide proof of your authority to act for that individual. ACERA will verify if documentation of proof is on file. If this documentation is not on file, you will be asked to provide it.*

(A copy of this Cancellation of Authorization Form will be sent to you or your Personal Representative.)

| | | | |
|---------------------------|-------------|-------|-------|
| ***For Office Use Only*** | | | |
| Input by: _____ | Date: _____ | _____ | _____ |
| Verified by: _____ | Date: _____ | _____ | _____ |

05/18/2007