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# City of West Allis Matter Summary

7525 W. Greenfield Ave.  
West Allis, WI 53214

| File Number | Title   | Status   |
|-------------|---|--|
| R-2003-0116 | Resolution  | In Committee   |
|             | Resolution Relative to Adopting a Policy to Comply with the Privacy Rules of the Health Insurance Portability and Accountability Act. |  |
|             | Introduced: 4/2/2003  | Controlling Body: Administration & Finance Committee |

### COMMITTEE RECOMMENDATION

*Adopted*

MOVER: *Reinke* AYES *5* NOES *0*

SECONDER: *Lajsic* EXCUSED *—*

COMMITTEE ACTION DATE *4-2-03*

### SIGNATURES OF COMMITTEE MEMBERS

*[Signature]* Chair

*[Signature]* Vice-Chair

### COMMON COUNCIL ACTION *adopted*

FINAL ACTION DATE *4-2-03*

MOVER:  
*Czaplewski*

SECONDER:  
*Barczak*

|               | AYE                                 | NO                       |
|---------------|-------------------------------------|--------------------------|
| 1. Barczak    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Czaplewski | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Kopplin    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Lajsic     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Murphy     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Narlock    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Reinke     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Sengstock  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Trudell    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Vitale    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TOTAL         | <u><i>9</i></u>                     | <u>    </u>              |



# City of West Allis

7525 W. Greenfield Ave.  
West Allis, WI 53214

## Resolution

**File Number: R-2003-0116**

**Final Action:**

Resolution Relative to Adopting a Policy to Comply with the Privacy Rules of the Health Insurance Portability and Accountability Act.

WHEREAS, the City of West Allis must comply with the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); and,

WHEREAS, the HIPAA Privacy Rules require the City of West Allis, as a group health plan, a health care provider and a plan sponsor with access to protected health information, to comply with various administrative requirements contained within the Privacy Rules; and,

WHEREAS, it is desirable to have a general city-wide policy which addresses compliance with the administrative requirements mandated by the Privacy Rules.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of West Allis that the attached policy on the HIPAA Privacy Rules be and is hereby approved for inclusion in the City's Policies & Procedures Manual.

BE IT FURTHER RESOLVED that the City Administrative Officer is authorized and directed to include such policy in the City of West Allis Policies & Procedures Manual and to distribute said policy to all departments, divisions, and offices.

ATTR/HIPAA P&P

ADOPTED

*April 2 2003*

*Paul M. Ziehler*

Paul M. Ziehler, Acting City Clerk/Treasurer

APPROVED

*April 4 2003*

*Jeannette Bell*

Jeannette Bell, Mayor

## POLICIES AND PROCEDURES MANUAL

SUBJECT: HIPAA Privacy Rules

DEPARTMENT: Administration and Finance

### 1.0 PURPOSE:

To issue instructions and to describe policies to be implemented and followed by City Departments and Divisions in regard to compliance with the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### 2.0 ORGANIZATIONS AFFECTED:

This policy applies to all City of West Allis departments, divisions, offices, boards, commissions, and the general public.

### 3.0 DEFINITIONS:

*Protected Health Information (PHI)* means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

*Workforce Members* means officials, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the City, its departments, divisions or offices, is under the direct control of the City, its departments, divisions or offices, regardless of whether they are paid by the City.

*Business Associate (BA)* means a person or entity who, on behalf of the City, or a department, division or office of the City, but not in the capacity of a workforce member, performs, or assists in the performance of, a function or activity involving the use or disclosure of PHI, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services involving disclosure of PHI.

*Privacy Notice* means the notice of privacy practices relating to the City's use and disclosure of PHI that is mandated under HIPAA regulations for distribution to all individuals whose information will be collected by or on behalf of the City. *See attached City of West Allis Notice of Privacy Practices.*

### 4.0 GENERAL POLICY:

The HIPAA Privacy Rules create national standards to protect individuals' PHI and give patients increased access to their medical records. Because the City of



West Allis (“City”) maintains a self-funded health plan and has departments that function as health care providers, it is a covered entity under the HIPAA Privacy Rules. The City also acts as the plan sponsor for its health plan. The HIPAA Privacy Rules require group health plans, health care providers and plan sponsors with access to PHI to comply with various administrative requirements contained within the Privacy Rules. It is the policy of the City to comply with the administrative requirements mandated under the HIPAA Privacy regulations.

4.1 Personnel Designations. The City must designate and document designations of the following:

- 1.) *Privacy Officer:* The City Administrative Officer shall be the Privacy Officer responsible for the development and implementation of City-wide policies and procedures relating to the safeguarding of PHI.
- 2.) *Contact Person or Office:* The Personnel Office shall be the Contact Office that is responsible for receiving complaints relating to PHI and for providing information about the City’s privacy practices

4.2 Training Requirements. The City, and, as applicable, its departments, divisions and offices, must document the following training actions:

- 1.) On or before the effective date of the HIPAA privacy regulations (4/14/03), all City employees and workforce members having access to PHI must receive training on applicable policies and procedures relating to PHI as necessary and appropriate for such persons to carry out their functions within the City.
- 2.) Each new workforce member shall receive training, as described above, within a reasonable time after joining the workforce.
- 3.) Each workforce member whose functions are impacted by a material change in the policies and procedures relating to PHI, or by a change in position or job description, must receive the training, as described above, within a reasonable time after the change becomes effective.

4.3 Safeguards. Each department, division or office of the City must have in place appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use and disclosure.

4.4 Complaint Process. The City must have in place a process for individuals to make complaints about the City’s HIPAA policies and procedures and/or the City’s compliance with those policies and procedures, and must document all complaints received and the disposition of each complaint.

- 4.5 Sanctions. Department/Division heads must apply and must document application of appropriate sanctions against workforce members who fail to comply with HIPAA policies and procedures.
- 4.6 Mitigation Efforts Required. Each department, division or office must mitigate, to the extent practicable, any harmful effects of unauthorized uses or disclosures of PHI by the City or any of its business associates.
- 4.7 Intimidating or Retaliatory Acts and Waiver of Rights Prohibited.
- 1.) *Prohibition on Intimidating or Retaliatory Acts.* No department, division, office or employee of the City shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of their rights or participation in any process relating to HIPAA compliance, or against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of PHI in violation of the regulations.
  - 2.) *Prohibition on Waiver of Rights.* No department, division, office or employee of the City shall require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, enrollment in a health plan or eligibility for benefits.
- 4.8 Policies and Procedures. The City and, as applicable, its departments, divisions and offices must document the following actions relating to its policies and procedures:
- 1.) *Required Policies and Procedures.* The City and, as applicable, each department, division or office of the City shall design and implement policies and procedures to assure appropriate safeguarding of PHI in its operations.
  - 2.) *Changes to Policies and Procedures.* The City, or a department, division or office, must change its policies and procedures as necessary and appropriate to conform to changes in law or regulation. The City, its departments, divisions or offices, also may make changes to policies and procedures at other times as long as the policies and procedures are still in compliance with applicable law. Where necessary, the City must make correlative changes in its Notice of Privacy Practices. The City may not implement a change in policy or procedure prior to the effective date of the revised Notice of Privacy Practices.

4.9 Documentation Requirements. The City, or a department, division or office of the City, must maintain the required policies and procedures in written or electronic form, and must maintain written or electronic copies of all communications, actions, activities or designations as are required to be documented hereunder, or otherwise under the HIPAA regulations, for a period of six (6) years from the later of the date of creation or the last effective date.

5.0 REFERENCES:

- Health Insurance Portability and Accountability Act of 1996
- 45 CFR Part 160 and Part 164, Subparts A and E - Standards for Privacy of Individually Identifiable Health Information



# City of West Allis Notice of Privacy Practices

## THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

### PLEASE REVIEW THIS DOCUMENT CAREFULLY

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We understand the importance of keeping your health information private. Personal health information (PHI) includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. We are required by federal and state law to maintain the privacy of your health information. This is a notice of the City of West Allis' privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices as described in this Notice while it is in effect. This Notice takes effect on April 14, 2003 and will remain in effect until amended or rescinded.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permissible by law. We reserve the right to make the changes in our privacy practices and the new terms of this Notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this Notice and make the new Notice available. For more information about our privacy practices, or for additional copies of this Notice, please contact us at the number listed at the end of this Notice.

Our policy is to:

- Protect your privacy by limiting who may see your PHI;
- Limit how we may use or disclose your PHI;
- Inform you of our legal duties with respect to your PHI;
- Explain our privacy policies; and
- Strictly adhere to the policies currently in effect.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your health information without your consent/authorization, in the following ways:

**Treatment:** Your health information may be disclosed to a doctor, a hospital or other entity that asks for it in order for you to receive medical treatment.

**Payment:** Your health information may be used or disclosed to pay, or obtain payment for, claims for covered services provided to you by doctors, hospitals, other entities or the City of West Allis. A bill may be sent to Medicare or your insurance provider with accompanying documentation that identifies you, your diagnosis, and the treatment provided to you.

**Health Care Operations:** Your health information may be used or disclosed for the following reasons:

- To determine premiums for the health plan.
- To assess the care you received and the outcome of your case compared to others like it.
- In an effort to continually improve the quality and effectiveness of the care and services provided to you, your information may be reviewed for provider performance evaluation, risk management, training or quality improvement purposes.
- For premium rating, ceding, securing or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance).
- To conduct or arrange for medical review, legal services and audit functions, including fraud and abuse detection, and compliance programs.
- For business planning, such as conducting cost-management and planning-related analysis, including formulary development and administration, or improvement of methods of payment or coverage policies.

**Plan Sponsors:** Your health information may be disclosed to the plan sponsor for plan administration activities. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your personal and health information in providing plan administration functions for your group health plan.

**Business Associates:** There are some services provided in the City through contracts with business associates. Examples include health insurance consulting services provided by an insurance broker, services provided to administer the self-insured health plans and services provided by a billing company to pursue payment for health care rendered. When these services are contracted, your health information may be disclosed to the business associates so they can perform their jobs under the contract.

**Underwriting:** Your health information may be used for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. This health information will not be used or further disclosed for any other purpose, except as required by law, unless you become a Plan member. At that time, the use and disclosure of your health information will only be as described in this Notice.

**Family and Friends:** If you are unavailable to communicate, such as in a medical emergency or disaster relief, your health information may be disclosed to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**Death:** The health information of a deceased person may be disclosed to a coroner, medical examiner or funeral director.

**Public Health and Safety:** Your health information may be disclosed, to the extent necessary, to avert a serious and imminent threat to your health or safety or the health or safety of others. Your health information may be disclosed to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** Your health information must be used or disclosed when required to do so by law.

**Process and Proceedings:** Your health information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Military, National Security, or Incarceration/Law Enforcement Custody:** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, your health information may be disclosed to the proper authorities so they may carry out their duties under the law.

**Worker's Compensation:** Your health information may be disclosed to the appropriate person in order to comply with the laws related to Worker's Compensation or other similar programs.

**Appointment Reminders:** Your health information may be used or disclosed to provide you with appointment reminders such as voicemail messages, postcards, letters, etc.

## **AUTHORIZING USE AND DISCLOSURE OF HEALTH INFORMATION**

Written authorization will be requested from you whenever there is a need to use your health information or to disclose it to anyone for any purpose or situation not included in this document. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your health information for any reason except those described in this Notice without your written authorization.

## **HEALTH INFORMATION RIGHTS**

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the City of West Allis Personnel Office ("Contact Office") using the contact information at the end of this Notice. Specifically, you have the right to:

**Access:** With few exceptions, you have the right to review and/or obtain copies of your health information. Requests must be made in writing. If you request copies, we may charge you a reasonable fee for each page and for staff time to locate and copy your health information and, if mailed, we may charge for postage.

**Disclosure Accounting:** You have a right to receive a list of instances in which we, or our business associates, disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities. Effective April 14, 2003, we will begin maintaining these types of disclosures for up to six (6) years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.



**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in a need for your emergency treatment. You also have the right to agree to or terminate a previously submitted restriction.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request if we did not create the information, we do not maintain the information, or the information is accurate and complete.

**Alternative Communication:** You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location to avoid a life-threatening situation. You must make the request in writing and you must state that the information could endanger you if it is not communicated in confidence. Your request must identify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you requested. Your request will be accommodated if it is reasonable.

**Website Posting of Notice:** In addition to the paper copy of this Notice, this Notice is available electronically through the City of West Allis Web Site at: [www.ci.west-allis.wi.us](http://www.ci.west-allis.wi.us)

## **COMPLAINTS**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may file a complaint with us using the contact information listed at the end of this Notice.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **CONTACT OFFICE AND INFORMATION**

If you want more information about our privacy practices or have questions or concerns regarding your privacy rights, please contact us as follows:

**Contact Office:** City of West Allis Personnel Office

**Telephone:** (414)302-8270    **Fax:** (414)302-8275

**Email:** [sbrees@ci.west-allis.wi.us](mailto:sbrees@ci.west-allis.wi.us)

**Address:** 7525 West Greenfield Avenue, West Allis, WI 53214