



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

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HIPAA Privacy Policy

River Valley School District (“District”) is committed to compliance with the health information privacy requirements set forth by the U.S. Department of Health and Human Services (“HHS”). These requirements dictate that all personally identifiable health information (“health information”) that is received by or generated through one of the District’s group health plans be afforded certain protections. Health information must be kept within (“firewalled” within) the health plan(s). Any sharing or disclosure by the District health plan(s) of health information for reasons other than claim payment, treatment or health care operations would require direct authorization from the patient. Accordingly, the District has developed specific procedures to ensure that each District health plan participant’s health information is used and disclosed in conformance with the privacy requirements discussed above.

Each employee should also be aware that not all personally identifiable health information is subject to the privacy requirements set forth by the HHS. Only the District’s “health care components” are subject to these requirements, which include the following District health plans: River Valley School District Medical Reimbursement Plan. All of the District representatives that work with and have access to participants’ health information are trained to ensure confidentiality of such information. Furthermore, only those District representatives that need to have access to such information for purposes of payment, treatment or health care operations will be allowed to view the information without express authorization from the patient (or his/her parent if the patient is under 18).

Finally, the District has entered/will be entering into a contract with each of its business associates which has access to plan participants’ health information. Each contract provides that the business associate shall only have access to the health information for purposes of payment, treatment and health care operations. Furthermore, the business associate must keep the health information confidential under the same conditions that the health plan follows. That is, each business associate is contractually obligated to follow the HHS privacy requirements to which the District’s health plans are subject.

Please refer to the District’s Notice of Privacy Practices form for a complete description of your rights and the District’s obligations under the HHS privacy requirements. The District has designated its Director of Business Services as its Privacy Officer. You may reach the Director at 660 West Daley Street, Spring Green, WI 53588; phone (608) 588-2551 with any questions you may have regarding this Policy or the District’s Notice of Privacy Practices.

APPROVED: March 13, 2003