



**STATE OF LOUISIANA**  
DIVISION OF ADMINISTRATION  
**OFFICE OF GROUP BENEFITS**



TO: All OGB Health Plan Members

SUBJECT: Notice of Privacy Practices

The Office of Group Benefits (OGB), the State of Louisiana group health plan administrator, wants you to know that we understand and appreciate the sensitive nature of information entrusted to us in connection with the administration of your health plan. This includes identifying information that we have created or received about you or about your past, present, or future health and/or medical condition(s), medical care provided to you, or information related to payment for medical services you have received.

The OGB is committed to safeguarding the privacy of the health information of our members and their dependents that is protected under federal and state laws. This is not only a legal requirement, but an important ethical obligation imposed upon every member of the OGB workforce as well as contractors who provide services for or on behalf of OGB. Everyone who creates, collects, stores, processes, or works with your health information for the OGB is committed to ensuring its confidentiality and security.

This Notice tells you about the ways that we may collect, use, and disclose your protected health information and about your rights concerning your protected health information.

Sincerely,

**Melissa G. Mayers**  
Chief Operating Officer

An Equal Opportunity Employer



**STATE OF LOUISIANA**  
**OFFICE OF GROUP BENEFITS**  
**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.**

**INTRODUCTION**

The Office of Group Benefits (OGB)<sup>1</sup> is committed to safeguarding the privacy of our members' and their dependents' health information that is protected under federal and state laws. This information includes identifying data about you<sup>2</sup> that we have created or received about your past, present, or future health and/or medical condition(s), medical care provided to you, or information related to payment for medical services you have received.

This Notice tells you about the ways that we may collect, use, and disclose your protected health information and about your rights concerning your protected health information.

We are required by federal law<sup>3</sup> to maintain the privacy of protected health information, to advise you of any breach that may have compromised the privacy or security of your protected health information, and to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect.

**GENERAL WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT AN AUTHORIZATION**

Under federal law, health care providers and health plans may use and disclose your protected health information without your authorization for three general purposes: treatment, payment, and health care operations. As a health plan, we principally use and disclose your protected health information without your authorization for payment and health care operations<sup>4</sup>. The examples below illustrate the types of uses and disclosures we may make without your authorization for these purposes.

**Payment:** We use and disclose your protected health information in connection with payment for your covered health expenses under an OGB plan. For example, we may use or disclose your protected health information to process claims or to be reimbursed by another insurer that may be responsible for payment of your claims.

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<sup>1</sup> Throughout this Notice, the Office of Group Benefits is referred to as "we" or "us".

<sup>2</sup> For simplification purposes, the terms "you" and "your" refer to both the OGB health plan member and his/her enrolled dependents. Except where stated otherwise, the rights specified in this Notice apply to both the member and his/her dependents.

<sup>3</sup> The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

<sup>4</sup> However, Louisiana law prohibits us from disclosing results of genetic tests for any purpose without your authorization or a court order.

We may also issue Explanations of Benefits (EOBs) to members so that they can monitor the payments made for their own care and for the care of their dependents.

**Health Care Operations:** We use and disclose your protected health information to perform our plan activities, such as administration, quality and performance assessment, case management, care coordination, claims administration, customer service, billing, and collection. This would include disclosure of protected health information to our third-party administrators and other business associates who assist us with certain aspects of plan administration. In some cases, we may use or disclose information for purposes of underwriting or determining premiums (note that protected health information that consists of genetic information will never be used for underwriting purposes). We will obtain assurances from our business associates that they will appropriately safeguard your protected health information.

### **OTHER USES AND DISCLOSURES WITHOUT AN AUTHORIZATION**

- **As Required by Law:** We must disclose protected health information when required to do so by law. For example, we must disclose information specified by the Secretary of Health and Human Services for determining our compliance with federal privacy regulations and to government benefits programs, such as Medicare and Medicaid, in order to review your eligibility and enrollment in these programs.
- **Public Health Activities:** We may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury, or disability, or for tracking events such as births and deaths.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose protected health information to government authorities about abuse, neglect, or domestic violence.
- **Health Oversight Activities:** We may disclose protected health information to government oversight agencies (e.g., state insurance departments) for activities authorized by law.
- **Judicial and Administrative Proceedings:** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information in certain cases in response to a subpoena, discovery request, or other lawful purpose as long as HIPAA's administrative requirements are met.
- **Law Enforcement:** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime.
- **Coroners, Funeral Directors, Organ Donations:** We may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose protected health information in connection with organ or tissue donations.
- **To Avert a Serious Threat to Health or Safety:** We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

- **Special Government Functions:** We may disclose protected health information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers' Compensation Programs:** We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.
- **To Your Personal Representatives:** With certain exceptions, if a person has legal authority to make health care decisions for you, we will consider that person to be your personal representative and treat him or her as you for purposes of determining your privacy rights. This would include disclosing your protected health information to your personal representative upon his or her request.
- **To Persons Involved with Payment for Your Care:** We may disclose to a family member, other relative, or your close personal friend (or any other person identified by you), personal health information directly relevant to that person's involvement with payment related to your health care. With the exception of EOBs provided to members, we can only do so if you are present and do not object or, if you are not present, when we use our professional judgment to determine that the disclosure is in your interest.
- **For Plan-Related Communications:** We may use and disclose our knowledge about you to provide to you information about benefits available to you under your current coverage and about our other health care plans and benefits that may be of interest to you.
- **For Research:** We may use and disclose your protected health information for research purposes without an authorization, if specific requirements are met.

### **OTHER USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Uses and disclosures of your protected health information not mentioned above will be made only with your written authorization, unless otherwise permitted or required by law. If we ask for your authorization, we must provide you with a copy of the authorization after you have signed it.

You may revoke an authorization at any time by delivering to us a written notice of revocation, except to the extent that we have already taken action in reliance on the authorization or if we are permitted by law to use the information to contest a claim or coverage under your health plan.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have certain rights regarding protected health information that we maintain about you.

- **Right to Access Your Protected Health Information:** You have the right to review and/or obtain copies from us of your protected health information records, with some limited exceptions. The records that we maintain usually include enrollment, billing, claims payment, and case or medical management records. We may charge a fee for the cost of producing, copying, and mailing your requested information but, if we do, we will tell you the cost in advance.

- **Right to Access Electronic Records:** You may request access to electronic copies of electronic health records or your PHI contained in the Designated Record Set or an electronic health record, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.
- **Right to Amend Your Protected Health Information.** If you feel that any protected health information we maintain about you is incorrect or incomplete, you may request that we amend the information. If the request is for amendment of other than basic demographic information, your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that we did not create or if you ask us to amend a record that we believe is already accurate and complete.

If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision, and we have the right to rebut the statement.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include disclosures related to payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. The time period may not be longer than six years. Your request should indicate the format in which you want the accounting (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional accountings within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

- **Right to Request Restrictions on the Use and/or Disclosure of Your Protected Health Information:** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us the following: what information you want to limit; whether you want to limit how we use or disclose your information or both; and to whom you want the restrictions to apply.
- **Right to Receive Confidential Communications:** You have the right to request that we use a certain method of communicating with you (for example, by telephone only) or that we send confidential information only to a certain location (for example, only to your office). Your request to receive confidential communications must be reasonable, must be in writing, and must specify how or where you wish to be contacted. We will make every reasonable attempt to accommodate all reasonable requests and must accommodate that request if you state in writing that communication through normal processes could endanger you in some way.

- **Right to a Paper Copy of This Notice:** You have a right at any time to request and receive a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.

**Contact Information for Exercising Your Rights** - You may initiate the exercise of any of the rights described above by contacting us as follows:

HIPAA Compliance Director  
Louisiana Office of Group Benefits  
P.O. Box 44036  
Baton Rouge, LA 70804-4036  
Phone: 225.342.9489  
Facsimile: 225.342.9968  
Email: [hipaa-ogb@la.gov](mailto:hipaa-ogb@la.gov)

### **ADDITIONAL PROTECTIONS FOR YOUR HEALTH INFORMATION**

The OGB requires all employees to follow policies and procedures that limit access to protected health information about members and their dependents to those employees and other persons who need it to perform their job responsibilities. With only a few exceptions (such as disclosures to you and made with your authorization), we also make reasonable efforts to limit the amount of protected health information that we use, disclose, and request to the minimum necessary to accomplish the intended purpose. In addition, the OGB maintains physical, administrative, and technical security measures to safeguard your protected health information.

### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice at any time, effective for all protected health information that we already have about you as well as such information that we receive in the future. We also post a copy of our current Notice on our website at [www.groupbenefits.org](http://www.groupbenefits.org) and distribute the new notice or information about the update as required by the applicable regulations.

We will not implement any changes in the privacy practices described in this Notice prior to the effective date of the revised Notice.

### **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints must be in writing.

Any complaint to the OGB must be made in writing (either on paper or electronically) and be sent to the following:

HIPAA Compliance Director  
Louisiana Office of Group Benefits  
P. O. Box 44036  
Baton Rouge, LA 70804-4036  
Phone : 225.342.9489  
Facsimile: 225.342.9968  
Email: [hipaa-ogb@la.gov](mailto:hipaa-ogb@la.gov)

Complaints to the Secretary must be in writing (either on paper or electronically) and should be filed within 180 days of when you knew (or should have known) that a violation had been committed. (The Secretary may waive the time limit for good cause.) In the complaint, you must name the organization you feel has violated your rights and describe the violation. You may contact the Secretary as follows:

U. S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Suite 515F, HHH Building  
Washington, D.C. 20201  
Toll Free: 1.800.368.1019  
Facsimile: 1.202.619.3818

We will not retaliate against you or penalize you in any way for filing a complaint or for exercising any of your other rights as specified in this Notice.

### **FOR FURTHER INFORMATION**

If you have any questions about the matters covered in this Notice, you may contact us as follows:

HIPAA Compliance Director  
Louisiana Office of Group Benefits  
P. O. Box 44036  
Baton Rouge, LA 70804-4036  
Phone : 225.342.9489  
Email: [hipaa-ogb@la.gov](mailto:hipaa-ogb@la.gov)

**This notice is effective as of January 1, 2016.**