City of Burbank
Health and Welfare Benefit Plans
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.

The City of Burbank sponsors various health and welfare benefit plans, including the following:

Retiree Health Savings Plan ("RHS")
Burbank Employee Retiree Medical Trust ("BERMT")
Utility Retiree Medical Trust ("URMT")
Post-Employment Health Plan ("PEHP")
City of Burbank Welfare Benefit Plan ("VEBA")
Cafeteria Medical Allowance Plan
City of Burbank Wellness Program
City of Burbank Sick Leave Conversion Program

The foregoing plans are collectively referred to herein as the "Plan." The Plan is required by law to maintain the privacy of protected health information ("PHI") maintained by the Plan. The Plan must provide participants with notice of its legal duties and privacy practices with respect to PHI under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended and the privacy and security standards issued thereunder (together, the "Privacy Rule"), and any other more stringent state laws.

This Notice of Privacy Practices ("Notice") describes the Plan's privacy practices regarding PHI. Your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive. This Notice applies only to the health care components of the Plan, and only to the extent that one or more such components are subject to the Privacy Rule, and does not apply to other benefit plans sponsored by the City of Burbank, such as disability or life insurance.

This Notice describes how the Plan may use and disclose PHI about you in administering your benefits, and it explains your legal rights regarding the PHI.

This Notice is effective September 23, 2013.

How the Plan Uses and Discloses PHI

The term "PHI" means any information, including genetic information, created or received by the Plan that identifies you and relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past,

present, or future payment for the provision of health care to you.

In order to administer the Plan, the Plan may need or receive PHI about you. The Plan obtains that information from many different sources. In administering your Plan benefits, the Plan may use and disclose PHI in various ways, including those described below.

Uses and Disclosures without Authorization

The Plan may use or disclose PHI relating to health care for Plan operations, payment functions, treatment, and under certain other circumstances without your authorization.

Plan Operations

The Plan may use and disclose PHI during the course of plan administration - that is, during operational activities such as quality assessment and improvement; performance measurement and outcomes assessment; enrollment and underwriting (except the Plan cannot use genetic information for underwriting purposes); preventive health, disease management, case management and care coordination; medical review, legal services, and auditing; business planning and development; and business management and general administrative activities. For example, the Plan may use PHI in the administration of detection and investigation of fraud and other general administrative activities, including data and information systems management and participant service.

Payment

To help pay for your Plan benefits, the Plan may use and disclose PHI in a number of ways, including conducting utilization and medical necessity reviews; coordinating care; determining eligibility; and responding to complaints, claims, and appeals. For example, the Plan may use your medical history and other PHI about you to decide what the payment should be – and during the process, the Plan may disclose PHI to your provider. The Plan may also mail information to the address we have on record for the subscriber (*i.e.*, the eligible employee). The Plan may also disclose your PHI to another health plan or a health care provider for its payment activities.

Treatment

The Plan may disclose PHI to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you, including for the coordination or management of your health care by a health care provider and a third party. For example, doctors may request PHI from the Plan to supplement their own records. The Plan may send certain information to doctors for patient safety or other treatment-related reasons. The Plan may also use PHI to contact you regarding other health-related benefits and services.

Disclosure to Business Associates

The Plan contracts with individuals and entities (Business Associates) to perform various functions on the Plan's behalf or to provide certain types of services. To perform these functions or provide these services, the Plan's Business Associates will create, receive, maintain, or transmit PHI. The Plan requires its Business Associates to agree in writing to safeguard your information to the same extent as the Plan, consistent with federal law.

Disclosures to the Plan Sponsor

Without your authorization, the Plan may disclose PHI to the City of Burbank, or another employer participating in the Plan, as Plan Sponsor, but only for the purposes of plan administrative functions performed by the Plan Sponsor on behalf of the Plan. The Plan Sponsor may not use such PHI for any other purpose and is required to safeguard the privacy of your PHI. In addition, the Plan may provide summary health information to the Plan Sponsor so that the Plan Sponsor may solicit premium bids from health insurers or modify, amend or terminate the Plan. The Plan also may disclose to the Plan Sponsor information on whether you are participating in the Plan. The Plan Sponsor cannot use your PHI obtained from the Plan for any employment-related actions without your authorization. However, health information derived from other sources, such as those in connection with an application for disability benefits or a leave under the Family Medical Leave Act, is not protected by HIPAA.

Disclosure to Others Involved in Your Health Care

The Plan may disclose PHI about you to a relative, a friend, the subscriber to the Plan or any person you identify, provided the PHI is directly relevant to that person's involvement with your health care. For example, if a family member or a caregiver calls the Plan with prior knowledge of a claim, the Plan may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the Plan's Privacy Official.

After your death, the Plan may disclose relevant PHI to a family member, relative, or close friend who was involved in your health care or payment for health care prior to your death, unless doing so would go against your prior expressed preference.

Additional Reasons for Disclosure without Authorization

Without your authorization, the Plan may use or disclose PHI for the following reasons:

- **Required by Law** – as necessary to comply with federal, state, or local law.
- **Public Health Activities** – for certain public health activities, such as to a public health authority to prevent or control disease, or to a school related to proof of immunization required by law.
- **Victims of Abuse, Neglect, or Domestic Violence** – if the Plan reasonably

believes you are a victim of abuse, neglect, or domestic violence. You will be informed if such a disclosure has been made, unless informing you would place you at risk of serious harm or the Plan would be informing your personal representative who the Plan reasonably believes is responsible for the abuse, neglect, or injury.

- **Health Oversight Activities** – to government agencies responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need PHI to determine compliance, state insurance departments, U.S. Department of Labor and other government agencies.
- **Judicial and Administrative Proceedings** – in response to a court order or other lawful process.
- **Law Enforcement** – to federal, state and local law enforcement officials for law enforcement purposes, such as in an emergency to report a crime.
- **Your Death** – upon your death, the Plan may release your PHI to a coroner or medical examiner for purposes of identifying you or determining a cause of death, and to funeral directors as necessary to carry out their duties. The Plan may also release your PHI to the executor or administrator of your estate. Your PHI is no longer protected after you have been deceased for more than 50 years.
- **Organ Donors** – to organ procurement organizations or other such entities for the purpose of facilitating donation and transplantation.
- **Research** – to researchers, subject to certain legal restrictions.
- **Serious Threat to Health or Safety** – if the Plan believes in good faith that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or that of the public.
- **Specialized Government Functions** – related to the military or veterans, national security and intelligence activities, protection for the president, and correctional institutions.
- **Workers' Compensation** – to the extent necessary to comply with laws related to workers' compensation or similar programs.

Uses and Disclosures Requiring Your Written Authorization

In situations other than those described above, the Plan will ask for your written authorization before using or disclosing your PHI. The Plan must obtain your written authorization for any use or disclosure of psychotherapy notes or for marketing and sale purposes. If you have given the Plan an authorization, you may revoke it at any time, if the Plan has not already acted on it. The Plan is unable to take back any disclosures already made with your authorization. If you have questions regarding authorizations, please contact the Plan's Privacy Official.

Your Individual Rights

The Privacy Rule gives you the right to make certain requests regarding PHI about you. You have the following rights regarding your PHI:

- **Right to Receive Confidential Communications.** You may request that the Plan communicate with you in a certain way or at a certain location. Your request must be in writing. The Plan will honor reasonable requests if the communication could endanger you.

- **Right to Request Restrictions.** You may request restrictions on the way the Plan uses or discloses PHI about you in connection with Plan operations, payment and treatment. Your request must be in writing. You also have the right to ask the Plan to restrict disclosures to persons involved in your health care. While the Plan will consider reasonable requests, the Plan is not required to agree to your request. However, the Plan must comply with your restriction request when the Plan discloses PHI to a health plan for purposes of payment or health care operations and the PHI pertains solely to a health care item or service for which you, or a person on your behalf (other than the Plan), have already paid in full to the health care provider involved.

- **Right to Inspect and Copy PHI.** You may request that the Plan provide you with access to or a copy of PHI that is contained in a "designated record set" - records used in making enrollment, payment, claims adjudication, plan management and other decisions. Your request must be in writing. You may request an electronic copy of your PHI. You may also designate another person to receive the copy of your PHI. The Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. The Plan may deny your request for psychotherapy notes, information compiled for a civil, criminal, or administrative proceeding, and under certain other circumstances.

- **Right to Amend PHI.** You may request that the Plan amend PHI that is in a "designated record set." Your request must be in writing and must include the reason for the request. If the Plan denies the request, you may file a written statement of disagreement. If your doctor or another person created the PHI that you want to change, you should ask that person to amend the information.

- **Right to an Accounting.** You may request that the Plan provide a list of certain disclosures the Plan has made about you, such as disclosures of PHI to government agencies. The accounting will not include disclosures made for, payment or Plan operations; disclosures made earlier than 6 years before the date of the request; and certain other disclosures excepted by law. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the Plan may charge a reasonable fee. Your written request must be for a stated time period, which may not be longer than six years.

You may make any of the requests described above, or may request a paper copy of this Notice, by contacting the Plan's Privacy Official.

The Plan's Legal Obligations

The Privacy Rule requires the Plan to keep PHI about you private (to the extent provided by the Privacy Rule), to give you notice of its legal duties and privacy practices, to notify you if you are affected by a breach of unsecured PHI, and to follow the terms of the Notice currently in effect. This Notice is provided to you based solely on the Privacy Rule requirements and serves no purpose under the Employee Retirement Income Security Act of 1974 ("ERISA"). Thus, this Notice is not a document governing the Plan under ERISA and you may not bring a private cause of action based on this Notice or the Plan's obligations under the Privacy Rule.

This Notice is Subject to Change

The Plan may change the terms of this Notice and its privacy policies at any time. If the Plan does, the new terms and policies may then be applied to all PHI previously received and then maintained by the Plan, as well as PHI created or received in the future. If the Plan makes any material changes to this Notice, the Plan will distribute a new notice to its subscribers (*i.e.,* the eligible employees).

Complaints

You have the right to file a complaint if you think your privacy rights have been violated. To do so, please contact the Plan's Privacy Official. You also may submit a complaint to the Secretary of the U.S. Department of Health and Human Services. The Plan will not retaliate against you for making a complaint.

Contact Information

If you have questions, requests or complaints regarding this Notice, please contact the Plan's Privacy Official:

Management Services Director
City of Burbank, Management Services Department
301 E. Olive Ave.
Burbank, CA 91502
p: 818-238-5026