District Contribution

The Board annually shall determine the District's contribution to employee health insurance premiums as part of the budget development and adoption process.

Continuation Coverage

The District shall continue its contribution toward the cost of the employee's group health insurance coverage while the employee is on paid leave or, if applicable, while the employee is on family and medical leave. [See DEC]

The District shall not otherwise expend public funds for group health insurance coverage of an employee who is not on paid leave status. However, an employee who is not on paid leave status or FMLA leave shall be allowed to continue group health insurance coverage, at his or her own expense, for the period specified in the District's group health insurance plan.

Payments shall be due on the 20th of the month in which the employee would otherwise have had the premiums deducted from his or her paycheck. Failure of the employee to pay the cost of his or her benefits on a timely basis shall result in benefits terminating retroactive to the end of the month through which benefits were paid.

If an employee is unable to return to work following the expiration of all leave options, and if the employee has remained current on his or her benefit payments, the employee shall be sent a COBRA qualifying event letter. This letter shall give the employee the option to continue the health and/or dental insurance for the maximum time allowable under the COBRA law.

Protected Health Information

The District is a hybrid entity as that term is defined by the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule. To the extent that any component part of the District is a covered entity under HIPAA, the District must maintain the privacy of protected health information (PHI) in accordance with the Act's Privacy Rule.

Confidentiality

Covered entities within the District are required to maintain the confidentiality of individually identifiable health information and must adopt reasonable safeguards to protect against the intentional and inadvertent disclosure of protected health information.

Covered entities within the District may use or disclose protected health information to permissible parties for treatment, payment, or health-care operations as those terms are defined by HIPAA. Uses or disclosures of PHI for reasons other than treatment, payment, or health-care operations may require that the covered entity obtain an authorization permitting disclosure.

When a covered entity within the District maintains an individual's individually protected health information, that individual may have certain additional rights relating to his or her protected health information under HIPAA, including the following:

Individual HIPAA Rights

1. The right to restrict the use of disclosure of protected health information.
2. The right of access to protected health information contained within designated record sets of the covered entity.
3. The right to amend protected health information contained within designated record sets of the covered entity.
4. The right for an accounting of certain disclosures of protected health information made by the covered entity.

Education Records

When protected information is contained in an "education record" under the Family Educational Rights and Privacy Act (FERPA), an individual's rights to access and amendment under FERPA shall apply.

Each covered entity within the District shall implement its own procedures for handling protected health information.

Complaints

An individual complaining of an unauthorized use or disclosure of protected health information by a covered entity within the District may file a complaint. The individual shall submit the complaint to the director of benefits in writing on a form provided by the covered entity within ten business days of the time the individual first knew or should have known of the event or series of events giving rise to the complaint. The director of benefits or designee shall meet with the individual for presentation of the complaint. The individual may be represented in a complaint presentation by an attorney or through any other person or organization that does not claim the right to strike. However, in the event the individual will be represented by legal counsel in the complaint presentation, the individual must provide written notice of representation to the director of benefits no less than three business days before the scheduled time for the complaint presentation. Failure to provide timely written notice may result in the rescheduling of the hearing at a mutually agreeable time, and may delay a ruling on the complaint. The director of benefits may set reasonable time limits for presentation of the complaint. The director of benefits shall provide a written response to the complaint within 30 days of submission of the complaint form to the director of benefits. The director of benefits or designee may consolidate complaints or take other reasonable steps necessary to expeditiously address an individual's complaint(s).

The decision of the director of benefits or designee is final and cannot be appealed.

Retaliation Prohibited

No disciplinary action or retaliation shall be taken against any employee who makes a good faith report of a violation of these procedures or of HIPAA's Privacy Rule. Any employee who retaliates against an individual for reporting a violation shall be subject to disciplinary action up to and including termination.