

CITY OF HENDERSON SELF-FUNDED HEALTH PLAN Notice of Privacy Practices and Part 2 Notice

IMPORTANT: 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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get a copy of your health information record**
 - You can ask to see or get a copy of the health information records we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health information records**
 - You can ask us to correct your health information records if you think they are incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
 - We will consider all reasonable requests, and must say “yes” if your request is reasonable and you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- **Get a list of those with whom we’ve shared information**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
 - If you have given someone authority to act as your personal representative, such as through a health care power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will take reasonable steps to verify the person has that authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
 - You can complain if you feel we have violated your rights by contacting the City’s HIPAA Privacy Officer at Henderson City Hall, 240 Water Street, MSC 136, Henderson, NV 89015, (702) 267-HIPA (4472).
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail, fax, email, or via the OCR Complaint Portal. For more information, you can visit their website at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> (webpage location as of 2/24/2026).
 - We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in payment for your care
 - Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

- **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you. This includes oral and written information we obtain about you and use concerning your medical condition and treatment being provided to you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

➤ **Run our organization and administer the plan**

We can use and disclose your information to run the City's Group Health Plan, such as care management, coordination of care, quality assessment and improvement, cost analyses, underwriting, and plan administration activities with the City's third party administrator. We are not allowed to use genetic information to decide whether you will be given coverage and the price of that coverage. The following City employees, classes of employees, or other workforce members under our control may be given access to your health information for plan administrative functions performed on behalf of the plan: Employee Benefits Manager, Employee Benefits Coordinator, Employee Benefits Specialists, and Payroll staff. We can also use your information to contact you and when obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes. We will not use or disclose PHI for employment-related actions and decisions or in connection with any of our other employee benefit plans.

Examples: We use health information about you to develop better services for you, to determine the cost impact of benefit design changes, to assess the quality of care and outcomes for plan participants, and to engage in quality assessments to evaluate the plan's performance or the performance of a particular network or vendor.

➤ **Pay for your health services**

We can use and disclose your health information in connection with the payment of your health services. This may involve determining eligibility, coverage, claims payment under the plan, utilization review activities, medical necessity review, coordination of benefits, appeals and external review requests.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

We are allowed or required to share your information in other ways but have to meet many conditions in the law before we can share your information for these purposes:

➤ **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease and reporting adverse reactions to medications and helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

➤ **Do research**

We can use or share your information for health research.

➤ **Comply with the law**

We will share information about you if state or federal laws require it, including for health care fraud and abuse detection or compliance with the law, for health oversight activities such as audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health system, and with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

➤ **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

➤ **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

➤ **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

➤ **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

➤ **Non-Identifiable Information**

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

The City's Group Health Plan may not use or disclose substance use disorder records received from programs subject to 42 C.F.R. Part 2 ("Part 2 record"), or provide testimony relating the content of a Part 2 record, in a civil, criminal, administrative, or legislative proceeding against you without either your written consent or a court order after you are provided notice and an opportunity to be heard. A court order authorizing this use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure prior to the Part 2 record being used or disclosed.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For further information about matters covered under this notice, please contact the GHP Privacy Liaison in the City's Benefits Division at (702) 267-1944. General information is also available at: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html> (webpage location as of 2/24/2026).

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request at our administrative office at City Hall and on the City's website.

Effective date of this Notice: March 4, 2026

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