

Privacy Notice

Kentucky Public Pensions Authority (KPPA) administers health plans for CERS and KRS members, recipients, and their dependents. This notice is provided in compliance with the Privacy Rule adopted pursuant to the Health Insurance Portability and Accountability Act (HIPAA), as amended by the Health Information Technology for Economic Clinical Health Act (HITECH). This notice applies exclusively to members, recipients, and dependents receiving health insurance coverage through KPPA. If you have any questions about whether this notice applies to you, please contact KPPA at 502-696-8800 or toll-free at 1-800-928-4646.

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

This section explains your rights and some of our responsibilities to help you. You have the right to:

- 1) **Get a copy of health records.**
 - You can ask to see or get a copy of health information we have about you by making a written request to the Privacy Official at 1260 Louisville Road, Frankfort, KY 40601, or at kppa.mail@kyret.ky.gov.
 - We will provide a copy of your health information or (in limited circumstances) a summary of your health information, usually within 30 days of your request.
 - In rare circumstances, if we can't provide you with the requested copy of your health information, we'll let you know why, usually within 30 days of your request.
 - The first copy of your health information is free. If you request additional copies, we may charge a reasonable, cost-based fee.
 - You can authorize us to send a copy of your health information to someone else by providing us with a completed "Authorization of Individual for Disclosure of Protected Health Information" form.
- 2) **Ask us to correct health records.**
 - You can ask us to correct your health records if you think they are incorrect or incomplete by making a written request to the Privacy Official at 1260 Louisville Road, Frankfort, KY 40601, or at kppa.mail@kyret.ky.gov.
 - We may say "no" to your request, but we'll tell you why in writing within 60 days. If we agree to change your health records, we'll let you know that, too.
- 3) **Request confidential communications.**
 - You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail or emails to a different address by making a written request to the Privacy Official at 1260 Louisville Road, Frankfort, KY 40601, or at kppa.mail@kyret.ky.gov.
 - We may say "no" to your request, but we'll tell you why in writing or by telephone.
- 4) **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 by making a written request to the Privacy Official at 1260 Louisville Road, Frankfort, KY 40601, or at kppa.mail@kyret.ky.gov.
 - We may say "no" to your request, but we'll let you know why in writing or by telephone. If we do agree to your request, we may still use or disclose the information if it affects your care.
- 5) **Ask for a list of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, the information we shared, and why.**
 - The list you receive 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 will usually provide you with the list within 60 days of your request.
 - One (1) list per year is free. A reasonable, cost-based fee will be charged if you ask for another one within 12 months.
- 6) **Get a copy of this privacy notice.**
 - You can ask for a paper copy of this notice, even if you previously agreed to receive the notice electronically.
- 7) **Choose someone to act for you.**
 - If you have given someone medical power of attorney or if someone is your legal guardian or representative, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
- 8) **File a complaint if you feel your rights are violated.** (We will not retaliate against you for filing a complaint)
 - You can complain if you feel we have violated your rights by:
 - Contacting us using the contact information at the end of this notice.

- Filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or by going to:

<https://www.hhs.gov/ocr/complaints/index.html>

Learn more about your rights under HIPAA at <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Our Uses and Disclosures

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

- To enroll you in health insurance coverage. Example: If you are an eligible recipient or dependent, we may receive, create, and maintain information related to your health insurance enrollment, and we may disclose your health information as described in the next bullet point.
- With our business associates for plan administration. Example: If you are not Medicare eligible, we may share information about you with the Kentucky Employees Health Plan in connection with your health insurance benefits. If you are Medicare eligible, we may share information about you with our vendor that administers Medicare eligible plans.
- If we have valid documentation on file, we may disclose your health information to a personal representative, or if you are a minor, a parent or other legal guardian.
- You can request that we disclose your health information to any person or organization by completing our “Authorization of Individual for Disclosure of Protected Health Information” form.
- In certain circumstances, we may use your health information with all information that could be used to identify you removed.

We do not use or disclose any genetic health information. We also do not use or disclose your health information for marketing or fundraising purposes, or for sales.

If conditions of the law are met, we are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research, including:

- Help with public health and safety issues, such as research, aiding disaster recovery relief, preventing or reducing a serious threat to anyone’s health or safety, and reporting suspected abuse, neglect, or domestic violence.
- Sharing information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy laws.
- Addressing workers' compensation, law enforcement, and other government requests including:
 - 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; and
 - In response to a court or administrative order, or in response to a subpoena.

Once your health information is disclosed to another person or organization as described above, your personal information may be subject to further disclosure to other people and organizations, and no longer protected by HIPAA privacy rules.

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. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.

Other Instructions for 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 and on our website.

This Notice has been updated for the Plans effective October 1, 2026. For a copy of this notice or any other purpose under this Notice, including a complaint, you can contact:

KPPA Information and Complaint Official
1260 Louisville Road, Frankfort, KY 40601
(502) 696-8800 or toll-free at (800) 928-4646
kppa.mail@kyret.ky.gov