

RESOLUTION 827

A RESOLUTION OF THE CITY OF CANBY AMENDING RESOLUTION 775 AND ADOPTING UPDATES TO THE PERSONNEL POLICY MANUAL.

WHEREAS, the best practices recommended by insurance and risk management professionals include the development and implementation of a set of policies to guide and protect both employees and managers in the course of their work; and

WHEREAS, such policies spell out service and behavioral expectations in order that all employees of the City have a common understanding of them; and beyond what is covered in bargaining agreements; and

WHEREAS, no portion of the personnel policy manual shall be in conflict with the provisions of any current bargaining agreement; now therefore

BE IT RESOLVED that the Updates to the Personnel Policy Manual of the City of Canby, attached hereto as Exhibit "A", are hereby adopted and implemented by the Canby City Council.

This resolution shall take effect June 4, 2003.

ADOPTED this 1st day of June 2003, by the Canby City Council.


Melody Thompson, Mayor

ATTEST:



Chaunee Seifried,
City Recorder, Pro-Tem

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| Appendix A : | -Employee Acknowledgment Form and Policy: The City of Canby Controlled Substance and Alcohol Use and Testing Program |
| Appendix B: | -Safety Handbook and Hazardous Communications Manual |
| Appendix C: | -Collective Bargaining Agreement for: The City of Canby Office and Public Workers Employees, Local 350-6, Council 75 |
| Appendix D: | -Collective Bargaining Agreement for: Canby Police Association |

City Of Canby

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Name: _____ Diagnosis: _____
Date of birth: _____ Date(s) of Treatment: _____

1. I authorize the use or disclosure of the above named individual's health information as described below.
2. The following individual or organization is authorized to make the disclosure (name and address):

3. The type and amount of information to be used or disclosed is as follows:

____ Sufficient case or medical management records necessary to complete the attached Return to Work form

4. This information may be disclosed to and used by the following individual or organization for the purpose of return to work evaluation:

City of Canby
P.O. Box 930
Canby, OR 97045

5. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Human Resources.

I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____

If no expiration date, event, or condition is specified, this authorization will expire in six months.

6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that I may inspect or copy the information to be used or disclosed. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Privacy Officer.

Signature of employee or legal representative (if prospect is under 18 years of age):

Date _____

If signed by legal representative, relationship to prospective employee: _____

Signature of witness:

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City Of Canby

45.0 NOTICE of Privacy Practices

CITY OF CANBY NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We understand that medical information about you and your health is personal. The City of Canby is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information.

Health Information the City of Canby Safeguards

The City of Canby collects the following types of information in order to provide benefits to our employees:

Information that you provide to the plan to enroll in the plan, including personal information such as your address, telephone number, date of birth, and Social Security number.

Plan contribution information.

The fact that you are or have been enrolled in the plans.

Changes in plan enrollment (e.g., adding a participant or dropping a participant, adding or dropping a benefit).

Case or medical management as it relates to medical leave, workers compensation claims, or extended sick leave.

Random drug screen results.

Other information about you that is necessary for us to provide you with health benefits.

You Have the Following Rights with Respect to Your Health Information

Request a restriction on otherwise permitted uses and disclosures of your information for treatment, payment, and healthcare operations purposes and disclosures to family members for care purposes.

Obtain a paper copy of this notice of information practices upon request

Inspect and obtain a copy of your health information by making a written request to the Human Resources.

Amend your health record by making a written request to Human Resources that includes a reason to support the request.

Obtain an accounting of disclosures of your health information we have made after April 14, 2003 by making a written request to Human Resources.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

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City Of Canby

Safeguards

The City of Canby will restrict access to personal information about you only to those individuals who need to know that information to manage the medical plan and its benefits. The city will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. Under the privacy standards, individuals with access to plan information are required to:

Safeguard and secure the confidential personal financial information and health information as required by law. The plan will only use or disclose your confidential health information without your authorization for purposes of treatment, payment, or healthcare operations. The plan will only disclose your confidential health information to the plan sponsor for plan administration purposes.

Limit the collection, disclosure, and use of participant's healthcare information to the minimum necessary to administer the plan.

Permit only trained authorized individuals to have access to confidential information.

Individuals who violate this policy will be subject to the company's established disciplinary process.

Disclosing Health Information

The City of Canby protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits the City of Canby to use or disclose your health information for the following purposes without your authorization.

Benefit coordination. The city may disclose health information to the extent authorized by and to the extent necessary to comply with plan benefit coordination.

Workers' compensation. The city may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Law enforcement. The city may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

The city reserves the right to change its practices and to make the new provisions effective for all protected health information it maintains. Should the city's information practices change, it will mail a revised notice to the address supplied by each employee.

The city will not use or disclose employees' health information without their authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Human Resources.

If you believe your privacy rights have been violated, you can file a complaint with the Human Resources or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

The plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. Any new notice will be sent to you by first-class mail.

The effective date of this notice is June 4, 2003.

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