

**[DISTRICT LETTERHEAD]**

[Date]

*[Employee Name]*

*[Address]*

*[Address]*

**RE: HIPAA Privacy Rule**

Dear [Name or Employee]:

The \_\_\_\_\_ School District No. \_\_\_\_ *reimburses certain medical costs of employees consisting of \_\_\_\_\_ (describe what costs the school district reimburses under its plan) OR provides an employer-sponsored group health plan to its employees.* Under the Health Insurance Portability and Accountability Act (HIPAA), the district must maintain the confidentiality of protected health information (PHI) regarding employees received in the course of providing a healthcare plan. Enclosed for your review is a notice (similar to a notice received from a healthcare provider), which provides an overview of the district's practices and procedures and sets forth your rights to access the protected health information about you and your family members maintained by the district.

Please review this information. If you have any questions, please contact me at (208) \_\_\_\_-\_\_\_\_.

Sincerely,

[Name]

HIPAA Privacy Officer

Enclosure:

*Policy No. 421F2, HIPAA Privacy Rule: Notice of Privacy Practices*