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ADOPTED
BOARD OF TRUSTEES OF
COMMUNITY COLLEGE DISTRICT NO. 508

JAN - 8 2004

Board of Trustees of Community College District No. 508 County of Cook and State of Illinois

**COUNTY OF COOK
AND STATE OF ILLINOIS**

RESOLUTION

**AMENDMENT TO CITY COLLEGES OF CHICAGO
PREFERRED PROVIDER ORGANIZATION MEDICAL PLAN**

WHEREAS, the Board has previously established a Preferred Provider Organization (PPO) Medical Plan, as amended from time to time, to provide certain health care benefits to its Employees and Retirees.

WHEREAS, the Board has contracted with BlueCross BlueShield of Illinois to administer the PPO Medical Plan.

WHEREAS, the Board has determined that it is desirable to amend the PPO Medical Plan to comply with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder, all as amended from time to time (collectively "HIPAA").

WHEREAS, such amendments are allowed by the PPO Medical Plan.

NOW, THEREFORE, BE IT RESOLVED, that the Plan be and hereby is amended as provided in the Amendment to the PPO Medical Plan, attached hereto.

BE IT FURTHER RESOLVED, that, by execution and delivery to the PPO Medical Plan of this Amendment, the Board certifies that the PPO Medical Plan has been amended to incorporate the provisions of 45 CFR §164.504(f)(2) and that the Board agrees to the conditions of uses and disclosures set forth therein.

BE IT FURTHER RESOLVED, that the Board is authorized and directed to perform any acts and execute any documents necessary or appropriate to effectuate this resolution, including, but not limited to, delivery of this Amendment to the PPO Medical Plan.

January 8, 2004

**AMENDMENT
to the
Preferred Provider Organization Medical Plan**

Preferred Provider Organization (PPO) Medical Plan (the "Plan") is amended in the following respects;

To the extent required by the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder, all as amended from time to time (collectively "HIPAA"), the Board agrees that it shall:

1. Use and disclose protected health information as described by HIPAA ("PHI") only for payment and health care operations under the Plan and not use or further disclose PHI other than as detailed in any pertinent Business Associate Agreement or as required by law;
2. Ensure that any agents or subcontractors to which it provides PHI agree to the same restrictions and conditions that apply to the Board;
3. Not use or disclose PHI for employment-related actions or in connection with any other employee benefit plan;
4. Report to the Plan any use or disclosure of information that is inconsistent with the permitted uses or disclosures described herein;
5. Make PHI available to plan participants, consider their amendments and, upon request, provide them with an accounting of PHI disclosures;
6. Make its internal practices and records relating to the use and disclosure of PHI received from the Plan available to the United States Department of Health and Human Services;
7. If commercially reasonable, return or destroy all PHI received from the Plan and maintained in any form, retaining no copies of such information when no longer needed for the purpose for which the disclosure was made, except that, if such return or destruction is not commercially reasonable, limit further uses and disclosures to the purposes that make the return or destruction infeasible;
8. Permit only those employees of the Board who are responsible for payment and health care operations under the Plan to receive PHI;
9. Restrict the access to and use of PHI by the employees described in 8 above to the Plan administrative functions that the Board performs for the Plan, except as otherwise allowed by HIPAA;
10. Resolve any issues of noncompliance with HIPAA through intervention by an appropriate officer of the Board; and

11. Ensure the adequate separation between the group health plan and the plan sponsor required in HIPAA as set forth in 45 CFR § 164.504(f)(2)(iii).