

UNIVERSITY OF LOUISVILLE EMPLOYEE HEALTH INSURANCE PLAN

NOTICE OF PRIVACY PRACTICES

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

The University of Louisville Employee Health Plan has always been committed to maintaining the confidentiality of the personal health information it receives about employees like you. This notice describes how the University of Louisville Employee Health Insurance Plan may use and share the personal health information it receives about you. The University of Louisville Employee Health Insurance Plan will be referred to as the Health Plan for the remainder of this notice, unless specified otherwise. The notice will inform you of how your information may be used or shared (1) without first obtaining your permission; (2) after you have been given an opportunity to object; or (3) only with your permission. This notice also outlines your rights.

THE HEALTH PLAN'S DUTIES WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

The Health Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Health Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Health Plan, not the University of Louisville as an employer. Different policies may apply to other University of Louisville programs or to data unrelated to the Health Plan.

HOW THE HEALTH PLAN MAY USE OR SHARE YOUR HEALTH INFORMATION

The privacy rules generally allow the use and disclosure of your health information without your permission for purposes of health care treatment, payment activities, health care operations and other limited purposes in the public interest. Here are some examples of what that might include:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Health Plan may share health information about you with physicians who are treating you.*
- **Payment** includes activities by the Health Plan, to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include verifying your coverage, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. *For example, the Health*

Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.

- **Health care operations** include activities of the Health Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, and customer service. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Health Plan may use information about your claims to review the effectiveness of wellness programs.* The Health Plan cannot use or share your genetic information for underwriting purposes, except for underwriting long-term care policies.

The Health Plan may also contact you to provide information about health-related benefits and services that may be of interest to you.

HOW THE HEALTH PLAN MAY SHARE YOUR HEALTH INFORMATION WITH THE UNIVERSITY OF LOUISVILLE

The Health Plan, or its health insurer or HMO, may share your health information without the need to get your permission to the University of Louisville for plan administration purposes. The University of Louisville may need your health information to administer benefits under the Health Plan. The University of Louisville agrees not to use or disclose your health information other than as permitted or required by the Health Plan documents and by law. The Human Resource-Employee Benefits Unit, university Privacy Officer, Institutional Compliance and Audit Services, and University Counsel are the only University of Louisville employees who will have access to your health information for plan administration functions.

Here is how additional information may be shared between the Health Plan and the University of Louisville:

- The Health Plan, or its Insurer or HMO, may disclose “summary health information” to the University of Louisville, if requested, for purposes of obtaining premium bids to provide coverage under the Health Plan, or for modifying, amending, or terminating the Health Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information has been removed.
- The Health Plan, or its Insurer or HMO, may disclose to University of Louisville information on whether an individual is participating in the Health Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Health Plan.

In addition, you should know that the University of Louisville cannot and will not use health information obtained from the Health Plan for any employment-related actions. However, health information collected by the University of Louisville from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

OTHER WAYS YOUR HEALTH INFORMATION MAY BE USED OR SHARED

The Health Plan is also allowed to use or share your health information without getting your permission for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Health Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Health Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Health Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Health Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Health Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties

Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Health Plan's compliance with HIPAA

Other uses and sharing of your health information that are not described in this notice will be made only with your written permission, called an Authorization. Examples where your Authorization is required include:

- Most uses or sharing of psychotherapy notes
- Using or sharing your health information for marketing purposes
- For some situations in which we receive payment for sharing your information

You can revoke your Authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any sharing of information made with your Authorization before it was revoked.

WAYS YOUR HEALTH INFORMATION MAY BE USED OR SHARED IF YOU HAVE HAD A CHANCE TO OBJECT

Your health information may be shared with a family member, close friend, or other person if they are involved in your care or the payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You will generally be given the chance to agree or object to these disclosures. Exceptions may be made, for example, if you are not present or if you are incapacitated.

YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to your health information the Health Plan maintains. This section of the notice describes how you may exercise each individual right. Any request to

exercise one of the rights listed below must be made in writing to **Employee Benefits, 1980 Arthur St, Suite 100, Louisville, KY 40208.**

RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

You have the right to ask the Health Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Health Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Health Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts.

The Health Plan is not required to agree to a requested restriction. And if the Health Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Health Plan (including an oral agreement), or unilaterally by the Health Plan for health information created or received after you are notified that the Health Plan has removed the restrictions. The Health Plan may also disclose health information about you if you need emergency treatment, even if the Health Plan has agreed to a restriction.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF YOUR HEALTH INFORMATION

If you think that disclosure of your health information by the usual means could endanger you in some way, the Health Plan will accommodate reasonable requests to receive communications of health information from the Health Plan by alternative means or at alternative locations. Your written request must include a statement that disclosure of all or part of the information could endanger you.

RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “Designated Record Set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Health Plan uses to make decisions about individuals. There are certain elements of your medical record you do not have the right to access. There are certain other reasons that the Health Plan can deny you access to your health information.

In response to your written request Health Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or

The Health Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Health Plan may also charge reasonable fees for copies or postage.

If the Health Plan does not maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

RIGHT TO AMEND YOUR HEALTH INFORMATION THAT IS INACCURATE OR INCOMPLETE

With certain exceptions, you have a right to request that the Health Plan amend your health information in a Designated Record Set. The Health Plan may deny your request for a number of reasons.

Any written request to amend your record must state the information you believe is inaccurate or incomplete and what you believe to be the accurate or complete information. In response to your request, the Health Plan will:

- Make the change as requested; or
- Provide a written denial that explains why your request was denied and any rights you may have to disagree, respond to the denial or file a complaint.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION

The Health Plan generally must track when your health information is shared with others for reasons other than:

- for payment, treatment and health care operations;
- with your permission;
- to family members or friends involved in your care;
- as part of a “limited data set;”
- for certain national security or intelligence reasons or to correctional institutions.

This is referred to as an “accounting of disclosures.” You have the right to request a copy of this document.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request. Under certain circumstances your right to an accounting of disclosures may be suspended.

In response to your request, the Health Plan will provide you with the list of disclosures. You may make one (1) request at no cost to you, but the Health Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM THE HEALTH PLAN UPON REQUEST

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

RIGHT TO RECEIVE NOTIFICATION IF YOUR INFORMATION IS BREACHED

In many instances, you have the right to know if your unsecured information has been lost, stolen, or otherwise seen by people who do not usually have the right to see it. We will contact you if this occurs; no written request from you is required.

CHANGES TO THE INFORMATION IN THIS NOTICE

The Health Plan must abide by the terms of the Privacy Notice currently in effect. This notice took effect on April 14, 2003. However, the Health Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Health Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Health Plan's privacy policies described in this notice, a revised Privacy Notice will be made available to you.

Complaints

If you believe your privacy rights have been violated, please contact the university Privacy Office, at 502-852-3803 or at privacy@louisville.edu. You may also complain to the Secretary of Health and Human Services.

You will not be retaliated against for filing a complaint.

Contact

For more information on the Health Plan's privacy policies or your rights under HIPAA, contact the university Privacy Office, at 502-852-3803 or at privacy@louisville.edu.