

# NOTICE OF HEALTH INFORMATION PRACTICES

SELF-FUNDED GROUP HEALTH INFORMATION PRACTICES 79912;UAH  
EMPLOYEES, RETIREES & COBRA MEMBERS DIV 007/008/07S/009/09S

**Effective Date of Notice: July 1, 2009**

**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.**

## **Who Will Follow This Notice**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA") about the duties and privacy practices of the University of Alabama in Huntsville SELF-FUNDED GROUP HEALTH PLAN (Group #79912, and specifically those divisions of that Group that cover UAH employees, retirees, and COBRA members) (the "Plan") to protect the privacy of your medical information. The Plan (specifically, Divisions 007, 008, 07S, 009 and 09S of Group #79912) is sponsored by The University of Alabama in Huntsville (the "Plan Sponsor"). The University of Alabama in Huntsville is a hybrid covered entity, and this Notice applies only to Divisions 007, 008, 07S, 009 and 09S of this Group Health Plan and administrative departments at the University of Alabama in Huntsville or within the University of Alabama System that may provide legal, billing, auditing, technology support, or other administrative support for these divisions of the Plan. These departments include, but are not limited to The University of Alabama System Office of Counsel, the University of Alabama System Office of Internal Audit, The University of Alabama in Huntsville Privacy Officer, UAH Human Resources, and UAH and UAS Risk Management. For purposes of this Notice, the Group Health Plan and its affiliated administrative support departments, when providing administrative support for Divisions 007, 008, 07S, 009, and 09S of the Group Health Plan, will be referred to as "the Plan."

The Plan provides health benefits to you as described in your Blue Cross Blue Shield of Alabama Summary Plan Description. The Plan receives and maintains your medical information in the course of providing health benefits to you. The Plan hires business associates, such as Blue Cross Blue Shield of Alabama, to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan.

## **Our Pledge Regarding Medical Information**

The Plan understands that medical information about you and your health is personal. The Plan is committed to protecting medical information about you. This Notice will tell you about the ways in which the Plan (or its business associates, like Blue Cross Blue Shield of Alabama) may use and disclose medical information about you. This Notice also describes your rights and certain obligations the Plan has regarding the use and disclosure of medical information. The Plan is required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect.

## **Changes To This Notice**

The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes material changes to this notice, the Plan will, within 60 days of making those material revisions, provide a new notice to all subscribers then covered by the Plan. The Plan reserves the right to make the new changes apply to all your medical

information maintained by the Plan before and/or after the effective date of the new notice.

### **Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization**

The following categories describe different purposes for which the Plan may use and/or disclose your medical information. Not every use or disclosure in a category is listed. However, all of the ways the Plan is permitted to use and disclose your medical information will fall within one of the following categories:

- **Health Care Providers' Treatment Purposes.** For example, the Plan may disclose your medical information to your doctor, at the doctor's request, for your treatment by him.
- **Payment.** For example, the Plan may use or disclose your medical information to pay claims for covered health care services, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under the Plan, or for payment activities associated with another covered health plan which provides you benefits, such as a flexible spending plan.
- **Health Care Operations.** For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) conducting or arranging for legal, billing, auditing, compliance, and other administrative support functions and/or services, (v) to engage in care coordination or case management, and (vi) to manage, plan or develop the Plan's business.
- **Health Services.** The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.
- **As required by law.** The Plan will disclose medical information when required to do so by federal, state, or local law. For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.
- **To Business Associates.** The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information. For example, Blue Cross Blue Shield of Alabama is the Third Party Administrator for the Plan, and is required to sign a Business Associate Agreement agreeing to comply with the HIPAA Privacy and Security Regulations, and to provide appropriate safeguards to protect the privacy of your medical information.
- **To Plan Sponsor.** The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to Designated Plan Sponsor Employees to perform customer service functions on your behalf and/or to perform administrative functions. These Designated Employees must agree to comply with HIPAA Privacy and Security Rules and they may be subject to sanctions for non-compliance. The Plan Sponsor and its Designated Employees must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor, except as otherwise permitted by HIPAA.

The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.

- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

### **Uses and Disclosures with Your Permission**

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

### **Your Rights**

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

1. **Request Restrictions:** To put additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request; however, if the Plan agrees to comply, it will comply unless the information is needed to provide emergency treatment.
2. **Request Confidential Communications:** To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
3. **Inspect and Copy:** To see and get copies of your medical information. In limited cases, the Plan does not have to agree to your request.
4. **Amend:** To correct your medical information. In some cases, the Plan does not have to agree to your request.
5. **Accounting:** To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).
6. **Paper Copy of Notice:** To have the Plan send you a paper copy of this notice if you received this notice by e-mail or on the internet (Please send request to UAH Contact Office).

If you want to exercise the first five rights listed above, please contact Blue Cross Blue Shield of Alabama Customer Service at the number you currently use to obtain Plan benefits assistance/information, and which should be located on the back of your health plan ID card. You will be provided the necessary information and forms for you to complete and return to that office, and Blue Cross/Blue Shield of Alabama will advise the Plan of your request. In some cases, you may be charged a nominal, cost-based fee to carry out your request.

### **Complaints**

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the

Plan or to the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You may also file a complaint with the Plan by sending it to the UAH Privacy Officer at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

**UAH Contact Office**

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

UAH Privacy Officer: Director, Benefits and Training

Telephone: 256-824-6640 Fax: 256-824-6908

E-mail: [benefits@uah.edu](mailto:benefits@uah.edu)

Address: Room 102, Shelbie King Hall, Huntsville AL 35899