



**2017 Employee Wellness Program for  
UAH Employees  
Administered by the UAH Office of Human Resources**

*Effective Date of Notice: 01/01/2017*

**THIS NOTICE APPLIES TO THE UAH WELLNESS PROGRAM AND NOT TO ANY OTHER BENEFITS. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE WELLNESS PROGRAM 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 HIPAA PRIVACY RULE about the duties and privacy practices of The University of Alabama in Huntsville **Wellness Program**, which covers UAH employees enrolled in the Wellness program (the "Plan"), to protect the privacy of your medical information. Some of the information maintained on employees participating in the Wellness program includes, but is not limited to, Wellness health screenings and health coaching, and data collected from Wellness participants who also participate in programs offered by the UAH Office of Human Resources. PHI includes a combination of medical information and individually identifiable information, such as your home address, phone number and social security number. This notice does not apply to employees or nonemployees who may participate in programs offered by the Office of Human Resources, but do not participate in the Wellness Program.

The Plan 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 the Wellness Program and administrative departments at the University of Alabama in Huntsville that may provide legal, billing, auditing, technology support, or other administrative support for these divisions of the Plan, including but not limited to The University of Alabama System Office of Counsel, The University of Alabama System Office of Internal Audit, The University of Alabama's Privacy and Security Officers, UAH Human Resources and its Privacy and Security Officers, Office of Health Promotion and Wellness Security and Privacy Office and UAH and UAS Risk Management. For purposes of this Notice, the Wellness program and its affiliated University of Alabama in Huntsville administrative support departments, when providing administrative support for UAH Wellness program will be referred to as the "Plan."

The Plan provides wellness program benefits to you, and receives and maintains your health information in the course of providing these benefits to you. The Plan may hire business associates to help it provide these benefits to you. These business associates also receive and maintain your health information in the course of assisting the Plan.

**Our Pledge Regarding Medical Information**

The Plan understands that health 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 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;
- notify you in the case of a breach of your unsecured identifiable medical information; and
- 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, unless another date is permitted by law. We will post our new notice on our Wellness Program website at <http://www.uah.edu/hr/benefits/wellness>. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

### **PHI Safeguards**

The Plan is committed to maintaining the security and confidentiality of information received from you relating to the Wellness Program. Physical, electronic, and procedural safeguards will be maintained that comply with federal and state laws to protect information against unauthorized access and use.

The Plan's Privacy Officer has the overall responsibility of implementing and enforcing policies and procedures to safeguard your PHI against inappropriate access, use, and disclosure. Information on how to contact the Privacy Officer is included at the end of this Notice.

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

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

- Health Care Providers' Treatment and Treatment Alternatives. While the Plan generally does not use or disclose your PHI to health care providers for treatment, the Plan is permitted to do so if necessary. For example, the Plan may notify a physician or nurse practitioner that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- Payment. The Plan may use or disclose your PHI to administer the Plan. The Plan may use your information to determine your eligibility for enrollment and for receipt of payments, and other services.
- Health Care Operations. For example, the Plan may use or disclose your medical information to perform its functions as the Wellness Program. This may include conducting wellness and health risk assessment programs, quality assessment and improvement activities, engaging in care coordination or case management, and

customer service. **Note: we will not use or disclose genetic information about you for underwriting purposes.**

- Individuals Involved in Your Care or Payment for Your Care. The Plan may release information about you to the Wellness employee, a family member, friend or other person who is involved in your medical care or payment for your medical care, and to your personal representative(s) appointed by you or designated by applicable law.
- Health Services. The Plan may use and disclose your medical information to contact you and remind you to talk to your doctor about certain covered medical screenings or preventive services. The Plan may also use and disclose your medical information to tell you 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, if any, to assist the Plan in these activities.
- Certain Marketing Activities. The Plan may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by The Plan, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
- 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. Examples may include a copy service, consultants, accountants, lawyers and subrogation companies.
- 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 the 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 (for identification and location of fugitives, witnesses or missing persons, for suspected victims of

crimes, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises). .

- To a government authority authorized by law to receive reports of child, elder and domestic abuse or neglect.
- For research purposes in limited circumstances.
- To a coroner or medical examiner to identify a deceased person or determine the cause of death, or to a funeral director as necessary to carry out their duties
- 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 or compliance with civil rights laws.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- To public health authorities for public health purposes.
- To the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- 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. The Plan will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. 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, if applicable. 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 participating employees cost information.
3. **Inspect and Copy:** To see and get copies of your medical information. In some cases, the Plan does not have to agree to your request.

4. Amend: To correct your medical information if it is incorrect or incomplete. 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.
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 your request to the UAH Contact Office at the address provided below. You may also obtain a copy of this Notice on the Plan's website at <http://www.uah.edu/hr/benefits/wellness>.

If you want to exercise these rights listed above, please contact the Department of Human Resources at the number below to obtain UAH Wellness Program assistance/information. 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 file a complaint with the Plan by sending it to the UAH Wellness Program Privacy Officer at our UAH 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:

Contact Office: UAH Office of Human Resources, Wellness Privacy Officer  
Telephone: 256-824-6641 Fax: 256-824-6908 \_E-mail: [holly.holladay@uah.edu](mailto:holly.holladay@uah.edu)  
Address: \_UAH Human Resources, Wellness Privacy Officer, 301 Sparkman Drive,  
Shelbie King Hall Room 102, Huntsville, AL 35899.