

HAMLIN UNIVERSITY GROUP HEALTH PLAN

NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

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.

I. The Hamline University Group Health Plans

This Notice describes the privacy practices of the following group health plans sponsored by Hamline University (individually, a “Plan” or collectively, the “Plans”).

Hamline University Group Medical/Dental Plan
Hamline University Vision Plan
Hamline University Cafeteria Plan

The Plans provide health benefits to the eligible employees of Hamline University (the “Plan Sponsor”) and their eligible dependents.

II. The Plan’s Privacy Obligations

Hamline University has always been committed to keeping our employee’s personnel information confidential. In addition, the Plans are required by federal and applicable state law to protect the privacy of individually identifiable health information about you that they create or receive (“Your Protected Health Information” or “Your PHI”) and to provide you with this Notice of their legal duties and privacy practices. When the Plans use or disclose Your PHI, they are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Uses and Disclosures Without Your Written Authorization

The Plans may use and disclose to others Your PHI without your written Authorization for the following purposes. The amount of health information used or disclosed will be limited to the “minimum necessary” for these purposes.

A. Treatment. The Plans may disclose Your PHI to your health care provider for its provision, coordination, or management of your health care and related services — for example, for managing your health care with the Plan or for referring you to another provider for care.

B. Payment. The Plans may use and disclose Your PHI to obtain payment for your coverage and to determine and fulfill the Plans’ responsibility to provide health benefits — for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. The Plans also may disclose Your PHI to another health plan or a health care provider for its payment activities — for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

C. Health Care Operations. The Plans may use and disclose Your PHI for their health care operations — for example, to do business planning, arrange for medical review and conduct quality assessment and improvement activities. The Plans also may disclose Your PHI to another health plan or a health care provider that has or had a relationship with you for it to conduct quality assessment and improvement activities; accreditation, certification, licensing, or credentialing activities; or for the purpose of health care fraud and abuse detection or compliance — for example, for the other health plan to perform case management or evaluate health care provider performance, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills. However, the Plans may not use or disclose any portion of Your PHI that is genetic information for underwriting purposes.

D. To Comply with the Law. The Plans may use and disclose Your PHI to the extent required to comply with applicable law.

E. Disclosures to the Plan Sponsor. The Plans may disclose Your PHI to certain employees or other individuals under the control of the Plan Sponsor as necessary for them to carry out the Plan Sponsor's responsibilities to administer Plan payment and health care operations activities. The Plan documents identify by position the specific employees or other individuals under the control of the Plan Sponsor who are authorized to have access to or receive Your PHI for the purpose of administering the Plans. The Plan Sponsor cannot use Your PHI obtained from the Plans for any employment-related actions without your authorization. However, health information derived from other sources, for example in connection with an application for disability benefits or a leave qualifying under the Family and Medical Leave Act, is not protected by HIPAA.

F. Business Associates. The Plans contract with various service providers, called business associates, to perform plan administration functions on their behalf. The Plans' business associates will receive, create, use and disclose Your PHI, but only after the business associates have agreed in writing to appropriately safeguard and keep confidential Your PHI. Business Associates are also subject to HIPAA.

G. Marketing Communications. The Plans may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you. In most cases, the Plans may not use and disclose Your PHI to communicate face-to-face with you to encourage you to purchase or use a product or service that is not part of the health benefits provided by the Plan, or to provide a promotional gift of nominal value to you, without your authorization.

H. Public Health Activities. The Plans may disclose Your PHI for the following public health activities and purposes: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports; (3) to report information about a product or activity under the jurisdiction of the U.S. Food and Drug Administration to a person who has responsibility for activities related to the quality, safety or effectiveness of such FDA-regulated product or activity; and (4) to alert a person who may have been exposed to a communicable disease if the Plan is authorized by law to give such notice.

I. Health Oversight Activities. The Plans may disclose Your PHI to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid, or other regulatory programs for which health information is necessary for determining compliance.

J. Judicial and Administrative Proceedings. The Plans may disclose Your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

K. Law Enforcement Officials. The Plans may disclose Your PHI to the police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.

L. Health or Safety. The Plans may disclose Your PHI to prevent or lessen a serious and imminent threat to the health or safety of an Individual or the public.

M. Specialized Government Functions. The Plans may disclose Your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

N. Workers' Compensation. The Plans may disclose Your PHI as necessary to comply with workers' compensation laws.

IV. Uses and Disclosures With Your Written Authorization

A. Generally. The Plans may use or disclose to others Your PHI for a purpose other than the purposes described in Section III above, only when you give the Plan your authorization on its Authorization Form.

B. Psychotherapy Notes. The Plans may use or disclose psychotherapy notes (part of Your PHI) only when you give the Plans your written Authorization. However, the Plans may use or disclose your psychotherapy notes without your written Authorization: (1) to comply with requests from the Secretary of the U.S. Department of Health and Human Services; (2) as required by applicable law; (3) to coroners and medical examiners as may be necessary to identify a deceased person or determine the cause of death; or (4) to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

C. Marketing. Except as permitted in Section III.G. above, the Plans may use or disclose Your PHI for marketing only with your written Authorization.

D. Sale. The Plans may disclose Your PHI to sell it to others only with your written Authorization.

E. Revoking Your Authorization. You may revoke your Authorization, except to the extent the Plans have taken action in reliance on it, by delivering a written revocation statement to the Plans' Privacy Officer identified below.

V. Your Individual Rights

A. Right to Request Additional Restrictions. You may request restrictions on the Plans' use and disclosure of Your PHI for payment and health care operations in addition to those explained in this Notice. If your request meets the following requirements, the request will be granted: (1) except as otherwise required by law, the disclosure to be restricted is to a health plan for purposes of payment or health care operations (and not for treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. While a Plan will consider all other requests for additional restrictions carefully, it is not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from the Privacy Officer and submit the completed form to the Privacy Officer. You will be given a written response.

B. Right to Receive Confidential Communications. A Plan will accommodate any reasonable request for you to receive Your PHI by alternative means of communication or at alternative locations. Your request must specify how or where you wish to be contacted. Please note that in certain situations, such as eligibility and enrollment information, the Plan is obliged to communicate directly with the employee rather than a dependent unless the request clearly states that disclosure of that information to the employee could endanger you.

C. Right to Inspect and Copy Your PHI. You may request access to the Plans' records that contain Your PHI in order to inspect and request copies of the records. If the Plans maintain Your PHI electronically, you may inspect and request copies of the records in electronic format (for example, on a flash drive or in a PDF). Under limited circumstances, a Plan may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Officer and submit the completed form to the Privacy Officer. If you request copies, the Plan will charge you copying and mailing costs.

D. Right to Amend Your Records. You have the right to request that a Plan amend Your PHI maintained in the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for the Plan and any other records used by or for the Plan to make decisions about individuals. To make such a request, please obtain an amendment request form from the Privacy Officer and submit the completed form to the Privacy Officer. The Plan will comply with your request unless special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information. The Plan may deny your request for an amendment if it does not include a reason to support the request or if the Plan believes that the information is accurate as is. In addition, the Plan may deny your request if you ask us to amend information that was created by another healthcare organization. But the Plan will inform you of the source of that information if we know it.

E. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of Your PHI made by a Plan on or after April 14, 2004, excluding disclosures made earlier than six years before the date of your request. If you request an accounting more than once during a twelve (12) month period, the Plan will charge you a reasonable fee for the second and any subsequent accounting statements. The accounting will not include disclosures of Your PHI made in accordance with federal law: to carry out treatment, payment or health care operations activities; to you; pursuant to your written authorization; for national security or intelligence purposes; or to correctional institutions or law enforcement officials.

F. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

G. Right to be Notified of a Breach. You have the right to be notified in the event that the Plans, or a business associate, discover a breach of unsecured protected health information.

H. Personal Representatives. You may exercise your rights through a personal representative who will be required by a Plan to produce evidence of his or her authority to act on your behalf. Proof of authority may be made, for example, by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator. The Plan reserves the right to deny access to your personal representative.

I. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that a Plan has violated your privacy rights or disagree with a decision that a Plan made about access to Your PHI, you may contact the Plans' Privacy Officer. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

Upon request, the Privacy Officer will provide you with the correct address for the Secretary. The Plans will not retaliate against you if you file a complaint with them or the Secretary.

VI. Effective Date and Duration of This Notice

A. Effective Date: This Notice is effective on September 23, 2013.

B. Right to Change Terms of this Notice. The Plan Sponsor may change the terms of this Notice at any time. If the Plan Sponsor changes this Notice, it may make the new notice terms effective for all of Your PHI that it maintains, including any information created or received prior to issuing the new notice. If the Plan Sponsor changes this Notice, it will send the new notice to you if you are then covered by the Plans. You also may obtain any new notice by contacting the Privacy Officer.

C. Limitation on Application of Notice. This Notice does not apply to information that does not identify an Individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an Individual. In addition, the Plans may use or disclose "summary health information" to the Plan Sponsor for its purposes of obtaining premium bids or modifying, amending or terminating a Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Plan Sponsor provides benefits under the Plans and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Plan and Plan Sponsor also may use or disclose eligibility and enrollment information without your authorization.

VII. Privacy Officer

You may contact the Privacy Officer at:

Dorcas Michaelson
Hamline University, Organized Health Care Arrangement
Saint Paul, MN 55104
Telephone Number: (651) 523-2021
E-mail: dmichaelson01@hamline.edu

For further information, you may also contact:

Tina Cubas
Hamline University
Saint Paul, MN 55104
Telephone Number: (651) 523-2815
E-mail: mcubas01@hamline.edu