

Health Insurance Portability and Accountability Act (HIPAA)

SAINT JOSEPH'S UNIVERSITY

NOTICE OF PRIVACY PRACTICES

Purpose

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.

Saint Joseph's University (the "University") is providing this Notice to you on behalf of the Health Plan (the "Plan"). The Plan is required by law to maintain the privacy of your health information. The Plan is also required to send you this Notice which explains how the Plan may use information about you and when the Plan can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this Notice.

The terms "information" or "health information" in this Notice include any personal information that is created or received by the Plan that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

The Plan is required to abide by the terms of this Notice. However, the Plan reserves the right to change the terms of this Notice and make the new Notice provisions effective for all health information that the Plan receives. If the Notice is materially changed, the revised Notice will be provided to you within 60 days by direct mail or electronic means.

Policy

A. How the Plan Uses or Discloses Information

The Plan must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law.

The Plan has the right to use and disclose health information to pay for your health care and operate the Plan. For example, the Plan may use your health information:

- For payment of premiums due the Plan and to process claims for health care services you receive.
- For Treatment. The Plan may disclose health information to your health care providers to help them provide medical care to you.
- For Health Care Operations. The Plan may use or disclose health information as necessary to operate and manage the Plan and to help provide your health care coverage.
- To Third Party Administrators. The Plan may share health information with a third party administrator ("TPA") if the TPA agrees to special restrictions on its use and disclosure of the information.
- To the University. The Plan, as well as a health insurance issuer or an HMO with respect to the Plan, may disclose health information to the University to enable the University to carry out Plan administration functions.

The Plan may use or disclose your health information for the following purposes under limited circumstances:

- To Persons Involved With Your Care. The Plan may use or disclose your health information to a person involved with your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- For Public Health Activities such as reporting disease outbreaks.

- For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities, including a social service or protective service agency.
- For Health Oversight Activities such as governmental audits and fraud and abuse investigations.
- For Judicial or Administrative Proceedings such as in response to a court order, search warrant or subpoena.
- For Law Enforcement Purposes such as providing limited information to locate a missing person.
- To Avoid a Serious Threat to Health or Safety by, for example, disclosing information to public health agencies.
- For Specialized Government Functions such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- For Workers Compensation including disclosures required by state workers compensation laws of job-related injuries.
- For Research Purposes such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- To Provide Information Regarding Decedents. The Plan may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. The Plan may also disclose information to funeral directors as necessary to carry out their duties.
- For Organ Procurement Purposes. The Plan may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.

If none of the above reasons applies, then the Plan must get your written authorization to use or disclose your health information. If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is the Plan's intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your health information. In many states, your authorization may be required in order for the Plan to disclose your highly confidential health information, as described below. Once you give the Plan authorization to release your health information, the Plan cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if the Plan has already acted based on your authorization.

B. Your Rights Regarding Your Protected Health Information

The following are your rights with respect to your health information.

- You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Please note that while the Plan will try to honor your request and will permit requests consistent with its policies, the Plan is not required to agree to any restriction.
- You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. box instead of your home address).
- You have the right to see and obtain a copy of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, the Plan may deny your request to inspect and copy your health information.
- You have the right to ask to amend information the Plan maintains about you if you believe the health information about you is wrong or incomplete. If the Plan denies your request, you may have a statement of your disagreement added to your health information.
- You have the right to receive an accounting of disclosures of your information made by the Plan during the six years prior to your request. This accounting will not include disclosures of information: (i) made prior to April 14, 2004; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your

authorizations; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures that federal law does not require us to provide an accounting.

- You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice, by contacting Jim Molnar at (610) 660-1295.

C. Exercising Your Rights

- Contacting your Health Plan. If you have any questions about this Notice or want to exercise any of your rights, please contact Jim Molnar at (610)660-1295.

D. How to Make a Complaint.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Office. You also may file a written complaint with the Office for Civil Rights of the Federal Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.