

Notice of Prescott College Employee Benefit Plan's Privacy Practices

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.

Introduction:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Prescott College Employee Benefit Plan(s) to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's Notice requirement with respect to all health information created, received, or maintained by Prescott College Employee Benefit Plan(s) ("the Plan"), as sponsored by Prescott College ("the Plan Sponsor").

The Plan needs to create, receive, and maintain records that contain health information about you in order to administer the Plan and provide you with health care benefits. This Notice describes the Plan's health information privacy policy with respect to your medical and dental plan benefits. The Notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information.

Privacy Policy and Practices:

The privacy policy and practices of Prescott College Employee Benefit Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information about you is known as "Protected Health Information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.

The Plan's Privacy Obligations:

The Plan is required by law to:

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

Circumstances Under Which the Plan May Use and Disclose Health Information About You:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to

process a hospital's claim for reimbursement of surgical expenses incurred on your behalf, or the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

• **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, actuarial studies, and/or for fraud and abuse detection, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Health Plan, including customer service and resolution of internal grievances.

In addition, the Plan may also combine health information about many Plan participants and disclose it to Prescott College in summary fashion so the College can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed to Prescott College so it may be used without the College learning who the specific participants are.

• **To Prescott College.** The Plan may disclose your PHI to designated College personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in the Notice. Such disclosures will be made only to the College's Director of Human Resources ("Plan Administrator") and/or the members of the College's Office of Human Resources, who have Plan-related responsibilities. These individuals will protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other College employee or department and (2) will not be used by the College for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the College.

• **To a Business Associate.** Certain services are provided to the Plan by third party administrators (i.e., American Medical Security, Sightcare, Pro EAP) who are known as "business associates". The Plan may disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

• **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.

• **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest

to you.

- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose your PHI to a close friend or family member involved in or who helps pay for your health care if they have been designated in advance. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death as designated.
- **As Required by law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations:

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation law or other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may, consistent with applicable law and ethical standards of conduct, disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- **Public Health Risk.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state; (3) to conduct special investigations; and (4) correctional institutions and inmates.

- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health Information About You:

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: (1) accurate and complete; (2) not created by the Plan; (3) not part of the health information kept by the Plan; or (4) not information that you would be permitted to inspect or copy.

- **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Health Plan will inform you in advance of the fee, if applicable.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

• **Right to request Confidential Communications.** You have the right to request that the Plan communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that the Plan only communicate with you at a certain telephone number or by email, or at a specific address.

To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may write to the Plan Administrator to request a written copy of this Notice at any time.

Changes to this Notice:

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. If the Plan changes its policies and procedures, the Health Plan will revise this Notice and will provide a copy of the revised Notice to you within 60 days of the change. The Plan will post a copy of the current Notice on the Human Resources web page.

Complaints:

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. **Note: You will not be penalized or retaliated against for filing a complaint.**

Other Uses and Disclosures of Health Information:

Other uses and disclosures of health information not covered by this Notice or by law that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information: If you have any questions about this Notice, please contact: Connie Etzkin, Director of Human Resources.

Notice Effective Date: April 14, 2003