

**ABILENE CHRISTIAN UNIVERSITY
HEALTH PLAN**

HIPAA NOTICE OF 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

Our Legal Duties

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. You may also receive notices about your PHI and how it is handled from other plans or insurers. PHI is information about you, oral or written, which relates to your present, past, or future physical or mental health or condition and related health care services and payments for those services.

This Notice is effective beginning April 14, 2004, and shall remain in effect until you are notified of any changes, modifications, or amendments. We are required to comply with the terms of this Notice. However, we reserve the right to change our privacy practices and to apply the changes to any PHI received or maintained by us prior to that date. If a privacy practice is changed, a revised notice will be provided to you.

Any revised notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your rights, our duties, or other privacy practices stated in this Notice. You have the right to receive additional paper copies of this Notice.

For purposes of this Notice, the "Plan" means the **Abilene Christian University Health Plan** providing medical, prescription drug, dental, vision, healthcare flexible spending account, personal cancer, personal intensive care, personal sickness indemnity, personal recovery plus, voluntary indemnity, and long term care benefits.

How We Will Use Your PHI

We use and disclose PHI about you for treatment, payment, health care operations purposes, and as required by law.

Treatment. We may use or disclose your PHI to a health care provider providing treatment to you. We may use or disclose your PHI to a health care provider so that we can make prior authorization decisions under our medical or dental plans.

Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your health care providers.

Payment. We may use and disclose your PHI to make payments for health care

services provided to you. We may disclose your PHI to another health plan (including a health insurer or HMO), a health care provider, a health care clearinghouse, or other entity subject to the federal privacy regulations for payment purposes.

Payment includes, but is not limited to, making coverage determinations and payments (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).

Health Care Operations. We may use and disclose your PHI in connection with our health care operations. Health care operations include the business functions conducted by the Plan.

Health care operations include, but are not limited to, customer service, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

In certain circumstances, we may provide PHI to the plan sponsor of the Plan. The Plan Sponsor has agreed to amend its plan documents to protect your PHI as required by federal law and has certified that your PHI will not be used for any other benefits,

employee benefits, or employment-related purposes unless pursuant to an authorization signed by you.

Other Uses and Disclosures of PHI

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

We may disclose PHI to business associates with whom we have written agreements containing terms to protect the privacy of your PHI for health care operations purposes. A "business associate" is a person or entity who performs or assists the Plan with an activity involving the use or disclosure of medical information that is protected under the federal privacy regulations.

We may disclose your PHI to another entity that is subject to the federal privacy regulations and that has a relationship with you for its health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, or detecting or preventing health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your PHI or to disclose it to another person for the purpose you designate. If you give us an authorization, you may withdraw or revoke it in writing at any time. Your withdrawal will not affect any use or disclosure permitted by

your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

We will make disclosures of any psychotherapy notes we may have only if you provide us with a specific written authorization or when disclosure is required by law.

Personal Representatives: We will disclose your PHI to your personal representative through a written authorization when the personal representative has been properly designated by you in writing, along with proof of the personal representative's legal authority to act on your behalf (e. g., power of attorney, court order).

Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services: We may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate to assist us in these activities.

Marketing: Without your written authorization, we may use or disclose your PHI to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Legal Requirements: We may use or disclose your PHI as authorized or required by law for one or more of the following purposes:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, certain Food and Drug Administration (FDA) oversight purposes with respect to an FDA regulated product or activity, and to employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to avert a serious threat to health or safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to respond to a lawful subpoena in a legal or administrative proceeding;

- to correctional institutions regarding inmates;
- as authorized by and to the extent necessary to comply with state worker's compensation laws;
- to coroners, medical examiners, and funeral directors;
- to an organ procurement organization; and
- in connection with certain research activities.

We will not disclose your PHI to your family members, other relatives, or your close personal friends unless the PHI is directly relevant to such individual's involvement with your care or payment for that care and you have either agreed to the disclosure in writing or we have given you an opportunity to object and you have not objected.

State Privacy Laws

Some of the uses or disclosures described in this Notice may be prohibited or materially limited by other applicable state laws to the extent such laws are more stringent than the Privacy Regulations. The Plan shall comply with any applicable state laws that are more stringent when using or disclosing your PHI for any purposes described by this Notice.

Residents of Texas:

- **Communicable Disease Test Results.** We may not disclose the result of any communicable disease test, unless the

disclosure is required by law or the disclosure is to you, your personal representative, a physician or other person who ordered the test, or a health care worker who has a legitimate need to know the results of the test for safety purposes, or pursuant to an authorization signed by you.

- **HIV Test Results.** We may not disclose the result of any HIV test unless required by law or the disclosure is to you, your personal representative, a physician or other person who ordered the test, or a health care worker who has a legitimate need to know the results of the test for safety purposes; or pursuant to an authorization signed by you providing us permission to disclose to an insurance medical information exchange, a reinsurer, or to our attorneys.

- **Genetic Information.** We may not disclose genetic information unless the disclosure is authorized under state or federal criminal law and the disclosure relates to identifying an individual in the course of a criminal or judicial proceeding; is required under specific order of a state or federal court; is authorized under state or federal law to establish paternity; is made to a blood relative of a decedent for purposes of medical diagnosis; or is made to identify a decedent.

- **Status as Victim of Family Violence.** We may not disclose your status as a victim of family violence unless the disclosure is to you; to a physician or health care provider for the provision of health care services; to a licensed physician designated by you; as required by law or pursuant to an order of the Texas Insurance Commissioner or a court

order; to our attorneys; or when necessary for our payment and health care operations if to a reinsurer, a party to a sale of all or part of our business or to medical and claims personnel we contract with, providing we cannot without undue hardship first segregate the medical information in a way that does not disclose your status as a victim of family violence.

- **Mental Health Information.** We may not disclose your mental health information except for the same purposes for which we received the information or as may be required by law.

- **Confidential Communications from a Physician.** We may not disclose confidential information about you that we receive from a physician for any purpose other than for which we received the information or as may be required by law.

- **Medical Information We Receive While Performing Utilization Review.** If we collect or receive your medical information while performing utilization review activities, we may not disclose that information unless the disclosure is required by law or to an individual or entity that we have contracted with to aid us in performing utilization review.

Your Rights

You may contact us using the information at the end of this Notice to obtain the forms described here, explanations on how to submit a request, or other additional information.

Inspection and Copying: You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated

record set. A "designated record set" contains records we maintain such as enrollment, claims processing, and case management records. You must make a request in writing to obtain access to your PHI and may obtain a request form from us. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Disclosure Accounting: You have the right to receive a list of instances since April 14, 2004 in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, health care operations, or as authorized by you, and for other purposes required by law. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fee structure at your request.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing.

Confidential Communication: You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the basis for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: If you feel that medical information we have is incomplete or incorrect, you can make a written request to amend or correct that information. We can deny your request for certain limited reasons, but we must give you a written basis for the denial.

File a Complaint: You may complain to the Privacy Officer at the address listed below if you believe that your privacy rights have been violated. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201, or at the appropriate regional office of the Office of Civil Rights of the U.S. Department of Health and Human Services.

Contact Information: You may contact us to exercise your rights or if you would like to receive additional information regarding privacy of your PHI at:

**Privacy Officer
Suzanne Allmon
213 Hardin Administration Building
ACU Box 29106
Abilene, Texas 79699-9106**