

## **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.**

**Please share this Notice with your covered spouse or same sex domestic partner, as well as any other covered dependents. This Notice also applies to their medical information.**

### **A. University of Minnesota Sponsored Health Plans and Organizations Covered by this Notice**

This notice of privacy practices (“Notice”) applies to the health plans sponsored by the University of Minnesota (“Group Health Plan”). The Group Health Plan includes the following components of UPlan benefits:

- UPlan Medical Plan, administered by Medica
- UPlan Pharmacy Program, administered by Prime Therapeutics and Fairview Specialty Pharmacy
- UPlan Medication Therapy Management, administered by the UPlan MTM Network and Network Pharmacies
- UPlan Dental Plans, administered by Delta Dental and HealthPartners
- HealthCare Flexible Spending Accounts, administered by ADP Benefit Solutions
- Emergency Medical Assistance Program, administered by FrontierMEDEX
- Wellness Program, administered by StayWell, Medica, Optum Health, and the University of Minnesota
- University of Minnesota Employee Assistance Program, provided by University of Minnesota, Sand Creek Group, St. Luke’s Employee Assistance Program, and Stevens Community Medical Center

### **B. Your Protected Health Information**

This Notice describes your rights concerning your protected health information (“PHI”) and how the Group Health Plan may use and disclose that information. Your PHI is individually identifiable information about your past, present or future health or medical condition, health care services provided to you, or the payment for healthcare services. Federal law including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA) requires the Group Health Plan to provide you with this Notice. If you would like to receive this Notice in another language or format, please use the Contact Information at the end of this Notice to contact us for assistance.

### **C. How the Group Health Plan Uses and Discloses your PHI**

The Group Health Plan may use and disclose your PHI:

- **For Treatment** or the coordination of your care. For example, we may disclose information about your medical providers to emergency physicians to help them obtain information that will help in providing medical care to you.
- **For Payment** purposes, such as determining your eligibility for benefits, facilitating payment for services you receive, and coordinating benefits with other plans you may have. For example, we may share your PHI with third party administrators we hire to process claims and provide other administrative services.
- **For Health Care Operations** necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, the Group Health Plan might suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how to improve services.
- **To the Plan Sponsor**, the University of Minnesota, in order to provide summary health information and enrollment and disenrollment information. In addition, provided that the University of Minnesota as the Plan Sponsor agrees, as required by federal law, to certain restrictions on its use and disclosure of any information we share, we may share other health information with the Plan Sponsor for purposes of plan administration.
- **To the Health Plan Components within the Group Health Plan** in order to facilitate claims payment and certain health care operations of the other plans.
- **To Persons Involved With Your Care** or those who help pay for your care (such as a family member) when you are incapacitated, in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interest.
- **To Organizations Referred to as Business Associates** that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. For example, we periodically retain an organization to audit our UPlan administrators, to assure we are receiving high quality services. Such an auditing organization and any of our other business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Plan Evaluation**, determining plan rates, underwriting, or making decisions about enhancements and modifications for future plans and coverage. We do not use and are not permitted to use any PHI that is genetic information for underwriting purposes.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, subpoena, discovery request or other lawful process.

- **For Law Enforcement Purposes** such as responding to requests from administrative agencies, responding to requests to locate missing persons, reporting criminal activity or providing information about victims of crime.
- **To Provide Information Regarding Decedents** to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes** to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets applicable privacy law requirements.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public. For example, we may disclose information to public health agencies or law enforcement authorities in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as national security and intelligence activities, protective services for the President of the United States and others, and military and veteran activities (if you are a member of the Armed Forces). If you are an inmate at a correctional institution, we may use or disclose your PHI to provide health care to you or to protect your health and safety or that of others or the security of the correctional institution.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.

The Group Health Plan will not use or disclose your PHI without your written authorization:

- **For marketing purposes**, unless the marketing is in the form of a face to face interaction with you (such as at a University health and benefits fair) or involves providing you with a gift of nominal value (such as mailing you a calendar highlighting certain dates related to your Wellness Program or health plan coverage).
- **As part of a sale to a third party**, unless the transaction is specifically permitted under HIPAA, such as the sale of an entire business operation.
- **Where your PHI is psychotherapy notes**, unless the use and disclosure is required by law, is at issue in a legal action brought by you, is related to treatment, payment, or healthcare operations, or certain other limited circumstances such as oversight of the provider who treated you.
- **For any other purpose** not identified in this Notice.

If you give us authorization to release your PHI, we 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 at any time in writing, except if we have already acted based on your authorization. To revoke your authorization, send a written request to the address listed in the Contact Information section included in this Notice.

#### **D. Your Rights Concerning your PHI:**

- **You have the right to ask to restrict** uses or disclosures of your PHI 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. Any such requests must be in writing and must state the specific restriction you are requesting. Submit your request in writing to the address listed in the Contact Information section of this Notice. Please note that while we will try to honor your request, we are not required to agree to any restriction.
- **You have the right to ask to receive confidential communications** of your PHI in a certain manner or at a certain place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where you indicate that a disclosure of all or part of your PHI could endanger you. Your request must be made in writing or via e-mail using the information listed in the Contact Information section of this Notice.
- **You have the right to inspect and obtain a copy** of your PHI that is maintained in a “designated record set.” The designated record set consists of records used in making payment, claims determinations, medical management and other decisions. You must make a written request to inspect and copy your PHI. Mail your request to the address listed in the Contact Information section included in this Notice. We may charge a reasonable fee for any copies. In certain limited circumstances, we may deny your request to inspect and copy your PHI. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** PHI we maintain about you if you believe the information is wrong or incomplete. Your request must be in writing and must provide the reasons for the requested amendment. Mail your request to the address listed in the Contact Information section of this Notice. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your PHI made by the Group Health Plan during the six years prior to your request. This accounting will not include disclosures of information made: (a) for treatment, payment, and health care operations purposes; (b) to you or pursuant to your authorization; (c) to correctional institutions or law enforcement officials; and (d) certain other disclosures for which federal law does not require us to provide an accounting. Your request must be in writing and mailed to the address listed in the Contact Information section of this Notice. If you make multiple requests for an accounting of disclosures in any 12 month period, we may charge you a reasonable fee to provide the 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. Submit your request in writing by mail or e-mail

using the information listed in the Contact Information section of this Notice. You also may also obtain a copy of this Notice on our website at: [www1.umn.edu/ohr/benefits](http://www1.umn.edu/ohr/benefits).

## **E. Complaints**

You may file a complaint if you believe your privacy rights have been violated. Use the mailing address, e-mail address or phone number listed in the Contact Information section of this Notice to file your complaint with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

## **F. The Group Health Plan’s Duties Concerning your PHI**

The Group Health Plan is required to maintain the privacy of your protected health information, provide you this Notice of its legal duties and privacy practices, follow the terms of the Notice currently in effect and provide you with notice in the event of a breach of any of your unsecured PHI. The Group Health Plan reserves the right to change the terms of this Notice at any time. Any new Notice will be effective for all PHI that the Group Health Plan then maintains, as well as any PHI the Group Health Plan later receives or creates. Unless otherwise required by law, any new Notice will be effective as of its effective date. Any new Notice will be posted electronically at: [www.umn.edu/ohr/benefits](http://www.umn.edu/ohr/benefits).

## **G. Contact Information**

If you have questions or need further information, please contact:

**University of Minnesota Privacy Office**  
**Mayo Mail Code 501**  
**420 Delaware Street SE**  
**Minneapolis, MN 55455**

[privacy@umn.edu](mailto:privacy@umn.edu)  
**612-624-7447**

**Effective Date of this Notice: September 23, 2013**

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