

Self-Funded Plan Notice of Privacy Practices

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

The notice describes how medical information about you may be used and disclosed and how you can get access to this information (effective 04/14/03). The Department of Health and Human Services and the Colorado State University's Self-funded Plan ("The Plan") are committed to protecting your health information. The Plan is required by HIPAA law to maintain the privacy of your medical information by the terms of the most current Notice of Privacy Practices, and to provide you with this notice of its legal duties and privacy practices with respect to your health information. The Plan reserves the right to change the terms of this Notice of Privacy and to make any new Notice provisions effective for all Protected Health information (known as "PHI"). The Plan will inform all participants of changes to this Notice and provide a new and update Notice of Privacy each time a change in content occurs.

I. Confidentiality Practices and Uses

The Plan may access, use or share medical information:

- 1. Treatment.** During the course of your care, Protected Health Information (known as "PHI") may be disclosed to treatment providers as appropriate/necessary to ensure the quality and continuity of your care. The treatment exception allows doctors to share health information about a patient in order to assure that the patient receives proper care.
- 2. Payment.** We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. The Privacy Rule permits The Plan to disclose health information without individual authorization for the purpose of paying a claim.
- 3. Regular Health Care Operations.** To maintain efficient, quality and cost effective medical care, PHI is routinely reviewed by authorized personnel to ensure that the highest quality standards of patient care are consistently being practiced. For example, PHI may be seen by regulatory agencies that oversee clinical laboratories during routine quality assurance procedures. We may also use PHI for underwriting, premium rating, and other activities relating to Plan coverage such as: submitting claims for stop-loss coverage; conducting or arranging for Medical review, legal services, audit services and fraud and abuse detection programs. We will not use your genetic information for underwriting purposes.
- 4. Information Provided Directly to You or Mailed to You.** For example, your medical provider may give you a copy of your lab results or you may receive a bill sent to your address on file for any outstanding balances.
- 5. Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your PHI to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate contracts with us.

II. Disclosures Not Requiring Your Permission

- 1. Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your emergency contact or another person responsible for your care about your location, general condition or in the event of your death. However, if you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- 2. Required by Law.** As required by law, we may use and disclose your health information.
- 3. Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.
- 4. Health Oversight Activities.** We may disclose your health information to business associates, the plan sponsor, health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
- 5. Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
- 6. Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
- 7. Deceased Person Information.** We may disclose your health information to coroners, medical examiners or funeral directors.
- 8. Organ Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
- 9. Research.** We may disclose your health information to researchers conducting research that has been approved.
- 10. Public Safety.** We may disclose your health information to appropriate persons in order to prevent, lessen or coordinate a response to a serious and imminent threat to the health/safety of a particular person, the campus community or the general public.



11. **Specialized Government Functions.** We may disclose your health information for military, national security, intelligence and/or protective services for the President, prisoner and government benefits required by law.
12. **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws.
13. **Marketing.** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

III. Your Rights to Privacy

Except as described in this Notice of Privacy Practices, The Plan will not use or disclose your health information without your written authorization. If you do authorize The Plan to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. Human Resources has procedures to assist you with your rights to your medical information. You may ask Human Resources staff for a hard copy of this notice at any time. An electronic copy of this notice is also available on our web site at www.hrs.colostate.edu.

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- 1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or 2) treating such person as your personal representative could endanger you; and 3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under The Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under The Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes*; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

*Use or disclosure of Psychotherapy Notes. Use or disclosure of psychotherapy notices includes all activities utilizing the notes, including but not limited to research activities.

Any request you may have of The Plan must be submitted in writing, including complaints. All required forms are available at Human Resources. You have the right to:

1. Request restrictions on certain uses and disclosures of your health information. The Plan is not required to agree to the restriction that you requested. Except as provided in the next paragraph, we will honor the restriction until you revoke it or we notify you.
 - Effective February 17, 2010, we will comply with your restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want to the limits to apply – for example, disclosures to your spouse.
2. Request the Plan to communicate with you in a certain way or at a certain location. For example, you may ask to be contacted only while at work or by email.
3. Right to be notified if we (or a Business Associate) discover a breach of unsecured protected health information.
4. Inspect and receive a copy of certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.
5. Change or add information to your designated records; however, The Plan may not change the "original" documents.
6. An accounting of disclosures of your protected health information made by The Plan. However, The Plan does not have to account for disclosures related to treatment, payment, health care operations, information provided to the patient, specialized government functions, and disclosures authorized by the patient.
7. Right to receive a paper copy of this Notice even if you receive this electronically.

IV. Complaints

1. If you need more information, have complaints, or feel that your privacy rights have been violated, contact us by phone at **(970) 491-6947** or by mail at:
Colorado State University - Human Resources
6004 Campus Delivery
Fort Collins, CO 80523-6004
 Remember, any request you may have of The Plan must be submitted in writing, including complaints, to the above address.
2. If you are not satisfied with how Human Resources handles your concern, you may submit a formal complaint to:
Dept. of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

If you file a complaint, we will not take any action against you or change your treatment in any way.