

## Emory University Group Health Plan HIPAA Notice of Privacy Rights & Practices

**THIS NOTICE DESCRIBES HOW CERTAIN MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Emory University Group Health Plan HIPAA Privacy Officer at 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613.

This notice describes the practices with respect to your PHI of Emory University HealthCare Plan ("Plan"). For purposes of this Notice, PHI shall mean information (i) which identifies you (or can reasonably be used to identify you) and (ii) relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

### **Our Responsibilities Regarding PHI**

The Plan understands that PHI is personal and the Plan is committed to protecting it as required by law and this Notice. The Plan creates a record of the health care claims submitted under the Plan for Plan administration purposes. This notice applies to all of the PHI the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your PHI created in the doctor's office or clinic. This notice does not apply to PHI relating to disability benefits, worker's compensation, life insurance or other information not created or received by the Plan or to health information maintained by Emory in its capacity as an employer, such as for processing FMLA requests, sick leave requests or drug testing results.

This notice will tell you about the ways in which the Plan may use and disclose PHI. It also describes our obligations and your rights regarding the use and disclosure of PHI.

The Plan is required by law to make sure that PHI that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to PHI and follow the terms of the current notice.

### **Use and Disclosure of Your PHI**

The following categories describe different ways that the Plan may use and disclose PHI without your specific authorization. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

**For Treatment (as described in applicable regulations).** The Plan may use or disclose PHI to facilitate medical treatment or services by providers. The Plan may disclose PHI to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions. We may also use or disclose your PHI to send you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**For Payment (as described in applicable regulations).** The Plan may use and disclose PHI to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. The Plan may also share PHI with a utilization review or precertification service provider. Likewise, the Plan may share PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations (as described in applicable regulations).** The Plan may use and disclose PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Plan may use PHI in connection with: conducting quality assessment and improvement activities; underwriting, premium rating (we do not use or disclose genetic information for underwriting purposes), and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services,

## Emory University Group Health Plan HIPAA Notice of Privacy Rights & Practices

audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**As Required By Law.** The Plan will disclose PHI when required to do so by federal, state or local law. For example, the Plan may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Disclosure to Health Plan Sponsor.** Emory University is the sponsor of the Plan. PHI may be disclosed to Emory University personnel solely for purposes of administering the Plan. Your PHI cannot be used for employment purposes without your authorization.

**Disclosure to a Business Associate.** Certain services are provided to the Plan by third party administrators known as business associates. The Plan may disclose PHI to business associates, but it will require them, through contract, to appropriately safeguard your information as required under HIPAA.

**Disclosure to You or Your Personal Representative.** The Plan may disclose your PHI to you or your personal representative.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release PHI to organizations that handle procurement, transplantation or donation of organs, eyes or tissues, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release PHI as required by military command authorities. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plan may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan may disclose PHI for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** The Plan may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose PHI in response to a court or administrative order. The Plan may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plan may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;

## Emory University Group Health Plan HIPAA Notice of Privacy Rights & Practices

- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the known or suspected victim of a crime if, under certain circumstances, the Plan is unable to obtain the person's agreement;
- about a death The Plan believes may be the result of criminal conduct;

**Coroners, Medical Examiners and Funeral Directors.** The Plan may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release PHI about participants to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plan may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, The Plan may release PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the provision of health care to you; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### Your Rights

You have the following rights regarding PHI the Plan maintains about you:

**Right to Inspect and Copy.** You have the right to request access to inspect and copy certain PHI that may be used to make decisions about your Plan benefits for as long as such information is maintained by or for the Plan. To request access to inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Privacy Officer; 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or certain other supplies or labor associated with your request.

The Plan must provide you with access to the PHI in a designated record set in the form and format you request. However, if the PHI cannot readily be produced in that form, it must be produced in a readable hard copy or in such other form agreed to by the Plan and you. If the PHI is maintained in an electronic designated record set, you may request an electronic copy of the PHI in an electronic form or format. However, if the PHI cannot readily be produced in that form, the Plan and you must agree on the format in which it will be produced.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

**Right to Amend.** If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask us to amend the information. 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, your request must be made in writing and submitted to Privacy Officer; 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613.

In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask us to amend information that:

- is not part of the PHI kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" where such disclosure was not made to you or authorized by you or was made for any purpose other than treatment, payment, or health care operations or certain other limited purposes.

## Emory University Group Health Plan HIPAA Notice of Privacy Rights & Practices

To request this list or accounting of disclosures, you must submit your request in writing to Privacy Officer; 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613.

Your request must state a time period which may not be longer than six years prior to your request for disclosure. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists requested within the same 12-month period, the Plan may charge you for the cost of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## Emory University Group Health Plan HIPAA Notice of Privacy Rights & Practices

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI 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 PHI 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. The Plan is not required to agree to your request.

To request restrictions, you must make your request in writing to Privacy Officer; 1599 Clifton Road; Atlanta, GA 30322. 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 the limits to apply, for example, disclosures to your spouse.

With respect to a health care provider, you have a right to request that the provider restrict disclosure of your PHI and not disclose such PHI and related claim information to the Plan, if the PHI pertains solely to an item or service fee which you (or another person acting on your behalf) has paid the health care provider in full outside of the Plan.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicates with you about medical matters in a certain way at a certain location. For example, you can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Privacy Officer; 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613.

You may be required to provide a reason for your request. The Plan will make reasonable efforts to accommodate your 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 ask us to give you 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 copy of this notice at the website, <http://www.hr.emory.edu/benefits>. To obtain a paper copy of this notice, contact Privacy Officer; 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613.

**Personal Representatives.** You may exercise your HIPAA rights through a personal representative. The representative must produce appropriate evidence of his or her authority to act on your behalf, such as a power of attorney, a court order of appointment as a conservator or guardian, or a parent of an unemancipated minor.

### Notice of Breach of Unsecured PHI

Under HIPAA, the Plan and its business associates are required to maintain the privacy and security of your PHI. The goal of the Plan and its business associates is to not allow any unauthorized uses or disclosures of your PHI. However, regrettably, an unauthorized use or disclosure of your PHI could occur. These incidents are referred to as "breaches." If a breach affects you and is related to unsecured PHI, the Plan or its business associate will notify you of the breach and the actions taken by the Plan or business associate to mitigate or eliminate the exposure to you.

### Changes to This Notice

The Plan reserves the right to change this notice. The Plan reserves the right to make the revised or changed notice effective for PHI the Plan already has about you as well as any information the Plan receives in the future. The Plan will distribute and post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Service. To submit a complaint to the U.S. Department of Health and Human Services, you should follow the procedures described on its website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints> or by writing to: 200 Independence Avenue, S.W.; Washington, D.C. 20201 or calling (202) 619-0257; Toll Free: 1-877-696-6775..

To file a complaint with the Plan, contact Complaint Officer; 1599 Clifton Road; Atlanta, GA 30322; 404-727-7613. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

## Emory University Group Health Plan HIPAA Notice of Privacy Rights & Practices

### **Other Uses of PHI**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization, if such permission is required by law. For example, in certain situations, the Plan must obtain your authorization to market (or allow other parties to market) products or services to you, to sell your PHI to a third party and to use or disclose psychotherapy notes about you. If you provide the Plan permission to use or disclose PHI, you may revoke that permission, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose PHI for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures the Plan has already made with your permission, and that the Plan is required to retain our records of the care that the Plan provided to you.