



**UNIVERSITY OF UTAH
EMPLOYEE HEALTH CARE PLAN AND FLEXIBLE BENEFIT PLAN
NOTICE OF PRIVACY PRACTICES**

This Notice describes how your personal medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Para la información en el español, llame 587-9241.

The University of Utah Employee Health Care Plan and the University of Utah Flexible Benefit Plan and the Plan Administrator¹ of both Plans (collectively the “Plans”) understand that your health information is personal and are committed to protecting that information. In addition, the Plans are required to follow strict federal and state laws regarding the confidentiality of your protected health information (“PHI”). This Notice describes the Plans’ privacy practices relating to PHI, including how the Plans may use your PHI within the Plans and the certain circumstances under which the Plans may disclose it to others outside the Plans. This Notice also describes the rights you have concerning your PHI.

The Plans treat information that is identifiable to you as your PHI, including information regarding your health care and treatment.

The Plans will not disclose your PHI unless such disclosure is allowed or required by law, or you or your authorized representative² have given written authorization. Your PHI may be used and disclosed by the Plans without your written authorization only for the following purposes:

- Treatment – The Plans may use and disclose your PHI for the Plans’ treatment activities, if any, or for the treatment activities of a health care provider. For example, if your health care provider refers you to a specialist for treatment, the Plans can disclose your PHI so the specialist can become familiar with those records.
- Payment – The Plans may use and disclose your PHI for payment activities, including but not limited to determining your eligibility for coverage; obtaining reimbursement for benefits paid while you were ineligible; determining whether particular expenses are covered under the Plans; coordinating benefits (e.g., collection from another plan); and sharing information with third parties who assist us with treatment, payment, and health care operations (such third parties must follow our privacy practices). For example, the Plans may communicate with insurance companies to help you resolve problems relating to payment of claims.

¹ The Plan Administrator includes the University of Utah Vice President for Human Resources and employees in the Benefits Department.

² Authorized Representative includes the parent or legal guardian of a minor child, the legal guardian of an incapacitated adult or emancipated child, or the personal representative of a deceased individual.

- Plan Operations – The Plans may use and disclose your PHI for internal operations, including providing customer service to you; conducting quality assessment and improvement activities; conducting fraud and abuse detection; reviewing claims for medical necessity; confirming compliance with applicable laws; administering business planning and development; underwriting and rate setting; administration of reinsurance and excess or stop loss insurance and coordination with those insurers; conducting or arranging medical review, legal services, and auditing functions; directing activities to improve health or reduce costs; providing care coordination and education about alternative treatments; and informing you of health services and products that may benefit you. For example, the Plans may use your PHI to audit claim processing accuracy.
- Business Associates – The Plans may disclose your PHI to third parties (“Business Associates”) who perform certain activities for the Plans. The Plans requires those Business Associates receiving PHI to agree to restrictions on the use and disclosure of your PHI equivalent to those that apply to the Plans.
- Family Members and Others Involved in Your Care – The Plans may disclose your PHI to your family member, relative, or close friend, or any other person you identify for purposes of assisting in your care or payment for your care. For example, if your spouse calls the University Benefits Department to get information about the processing of a claim for your care, they may talk with your spouse to assist you in resolving a problem. If you do not want the Plans to discuss your PHI with your family members or others involved in your care, please contact the University Benefits Department.
- Research – The Plans may use and disclose your PHI for research projects, such as studying the effectiveness of a treatment you received, if an Institutional Review Board approves a waiver of authorization for disclosure. These research projects must go through a special process that protects the confidentiality of your medical information.
- As Required by Law – Federal, state or local laws sometimes require the Plans to disclose PHI. For example, the Plans may be required to release information for a worker’s compensation claim.
- Law Enforcement – The Plans may disclose PHI to law enforcement officials as required by law or in compliance with a search warrant, subpoena, or court order. The Plans may also disclose PHI to law enforcement officials in certain circumstances, including, but not limited to the following: to help in locating or identifying a person; to prosecute a violent crime; to report a death that may have resulted from criminal conduct; to report criminal conduct at the offices of the Plans; and to give certain information in domestic violence cases. For example, the Plans may disclose your PHI to a third party if ordered to do so by a court of law or if the Plans receive a subpoena or search warrant.
- Public Health Activities or Public Safety – The Plans may use and disclose certain PHI for public health purposes such as preventing or lessening a serious and/or imminent threat to an individual or the public.
- Military, Veteran, National Security and Other Governmental Purposes – If you are a member of the armed forces, the Plans may release your PHI as required by military command authorities or to the Department of Veterans Affairs. The Plans may also disclose PHI to federal officials for intelligence and national security purposes, or for Presidential Protective Services.
- Health Oversight Activities – The Plans may disclose PHI to a government agency that oversees the Plans or their personnel, such as the United States Department of Labor, to ensure compliance with state and federal laws.

- Complaint Resolution – The Plans may disclose PHI to the UUHSC Privacy Office if you contact that office or file a complaint with that office regarding your PHI, your rights, and/or the Plans’ obligations under this Notice.

The Plans will not disclose your PHI to any non-affiliated company for that company’s marketing purposes. Your PHI will not be used by the Plans for any employment-related actions or decisions, or for other benefits or plans of the Employer.

The Plans cannot use or disclose your PHI for any reason other than the reasons mentioned above, without your signed “Authorization”. An Authorization is a written document signed by you giving permission to use or disclose your PHI for the purposes you specifically set forth in the Authorization. You may revoke the Authorization, at any time, by delivering a written statement to the Plans. If you revoke your Authorization, the Plans will no longer use or disclose your PHI as permitted by your Authorization. However, your revocation of Authorization will not reverse the use or disclosure of your PHI made while your Authorization was in effect.

The Plans protect your PHI by:

- Treating all of your PHI as confidential;
- Stating confidentiality policies and practices, as well as disciplinary measures for privacy violations in their policies and procedures;
- Restricting access to your PHI to only those employees who need to know your PHI in order to provide services to you, such as paying a claim for a covered benefit;
- Disclosing only the PHI necessary to perform a function on the Plans’ behalf; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

Any impermissible use or disclosure of PHI must be reported to the Plans. The Plans will take action to mitigate harm to you as a result of the impermissible use or disclosure and take reasonable steps to compel future compliance.

You (or your authorized representative) will be provided access to inspect and copy your PHI. You have the right to request an amendment to your PHI and the Plans will make appropriate amendments to such information as required by law. You have the right to request restrictions on certain uses and disclosures of PHI, however the Plans are not required to agree to such requested restriction. You have the right to request to receive communications of PHI by alternative means or at an alternative location. If you advise the University Benefits Department that disclosure of all or any part of your PHI could endanger you, the Plans will comply with any reasonable request.

The Plans will provide an accounting of certain disclosures to you or your authorized representative upon request, as required by law. Your request must state a time period desired for the accounting, which time period must be within six years prior to the date of your request, and may not include dates before April 14, 2003. The Plans will make their internal practices, records, books, etc., relating to the use and disclosure of PHI, available to the Department of Health and Human Services as required by law.

If feasible, the Plans will return or destroy all PHI when no longer needed.

The Plans are required to abide by the terms of the Notice of Privacy Practices currently in effect. The Plans reserve the right to make changes to privacy practices at any time and make the new privacy practices effective for all PHI maintained. All individuals covered by the Plans will be notified of any

material revisions to the privacy practices. The current Notice of Privacy Practices is available in the Plans' business offices and will be posted on the internet at www.hr.utah.edu/ben/privacy. You may request a copy of the current Notice of Privacy Practices at any time by contacting the University Benefits Department. For more information about the Plans' privacy practices and/or your rights, contact:

University of Utah Benefits Department
420 Wakara Way, Suite 105
Salt Lake City, UT 84108
(801) 581-7447

If you are concerned that your privacy rights have been violated, or disagree with a decision that has been made about access to your PHI, contact:

UUHSC Privacy Office
421 Wakara Way, Suite 204
Salt Lake City, UT 84108
(801) 587-9241

The UUHSC Privacy Office will investigate all complaints. The Plans will cooperate with the UUHSC Privacy Office in the investigation of complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

Privacy Notice effective date: April 14, 2003