

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 Commitment to Protect Your Health Information

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the CU GME Health Benefits Plan (the “Plan” for purposes of this notice) must take steps to protect the privacy of your “protected health information” (“information”). This information includes all individually identifiable health information created, received, transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

Under federal law, the Plan is required to:

- Protect the privacy of your information;
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your information; and
- Follow the terms of our Notice that is currently in effect.

How the Plan will provide you with a revised notice

The Plan reserves the right to change our privacy practices and update this notice accordingly.

The most current edition of this notice will be posted on the website at

www.uchsc.edu/gme/medins.htm and is available at your request by contacting:

Office of Graduate Medical Education Benefits

Mailstop C293

13001 East 17th Place, Room N4223

Aurora, CO 80045.

Phone: 303-724-6024.

The revised or changed notice may be effective for information we already have as well as any we receive in the future.

Right to receive a paper copy of the current Notice of Privacy Practices

In addition to viewing the most current Notice of Privacy Practices at

www.uchsc.edu/gme/medins.htm, you may request a paper copy by contacting:

Office of Graduate Medical Education Benefits

Mailstop C293

13001 East 17th Place, Room N4223

Aurora, CO 80045.

Phone: 303-724-6024.

How the Plan may use and disclose medical information about you.

The following section describes different ways that the Plan may use and disclose your information. We will try to limit the amount of information that we use or disclose to that which is the “minimum necessary” to accomplish the purpose of the use or disclosure. The Plan may generally use or disclose information without your permission for the purposes under this section.

CU GME Health/Dental Benefits Plan

Notice of Privacy Practices

The most common uses and disclosures of your information will be for treatment, payment and health care operations. The majority of Plan functions are actually conducted by **business associates** of the Plan. A Business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of information on behalf of, or provides services to, the Plan. Examples of business associates that work with the Plan include a third party administrator (claims processor), a medical management company, a prescription drug plan company, consultants and accountants. The Plan will have a written contract in place with each business associate that requires the use of appropriate safeguards of your information.

- **Treatment** generally means 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 providers. For example, to facilitate an appointment, the Plan representative may share information with a physician's office about an injury you received or assist an emergency room physician in locating the name of your family physician so the emergency room physician can contact your family physician regarding your treatment.
- **Payment** includes, but is not limited to, activities of health care providers to be reimbursed for their services and of the health plan to make coverage and benefit determinations, fulfill coverage responsibilities and to provide reimbursement for the provision of health care. For example, the Plan may tell a health care provider if you are eligible for coverage or what percentage of the bill will be paid by the Plan, or request information from your spouse's employer to determine if your dependent is eligible for Plan coverage.
- **Health care operations** include but are not limited to certain administrative, financial, legal and quality improvement activities of the Plan that are necessary to run its business and facilitate treatment and payment. For example, the Plan may use and disclose information to assist with customer service, claim adjudication and grievances or to audit the accuracy of the claims processing entity.

Overall, this information is used or disclosed to allow the Plan to continue its primary function, which is to assist in the delivery of treatment and payment of health care benefits for you.

The Plan is also permitted or required to use and disclose your information without your permission for legal, governmental and other purposes, as in the following circumstances:

- Required by law-When we are required to do so by local, state or federal law.
- Public health and safety-To an authorized public health authority or individual.
- Abuse or neglect-To government entities authorized to receive reports regarding abuse, neglect or domestic violence.
- Oversight agencies-To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- Legal proceedings-In the course of any legal proceeding in response to an order of a court or administrative agency
- Law enforcement-To law enforcement officials in limited circumstances for law enforcement purposes.
- Military activity and national security-To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the president of the United States.

CU GME Health/Dental Benefits Plan
Notice of Privacy Practices

- When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- Family and friends-To a member of your family, a relative, a close friend, or other person you identify, who is directly involved in your health care when you are either not present or unable to make a health care decision for yourself and the Plan determines that disclosure is in your best interest to aid in your treatment or payment.

In some situations, federal and state laws provide special protections for specific kinds of information and require written permission from you before that information is disclosed. Except as otherwise indicated in this notice, uses and disclosures will generally be made only with your written permission and are subject to your right to cancel such permission. Cancellation of your written permission must be supplied in writing. This cancellation will not affect information disclosed before you cancelled the permission.

Your rights regarding information we maintain about you:

The following are your various rights under HIPAA concerning your information.

- You may request the Plan to restrict uses and disclosures of your information to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to the requested restriction.
- The Plan will accommodate your reasonable request to receive communications of information by alternative means or at alternative locations.
- You or your personal representative will be required to request any restrictions on uses and disclosures of your information in writing.
- Questions or requests should be made to: Office of Graduate Medical Education Benefits
Mailstop C293
13001 East 17th Place Room N4223
Aurora, CO 80045
Phone: 303-724-6024

Right to request to inspect, obtain a copy or amend your information:

You have a right to request to inspect, obtain a copy of or amend the information contained in the Plan's "designated record set" for as long as the Plan maintains the information. Since core Plan functions are conducted by business associates, the Plan's designated record set is limited. In some cases, it may include annual enrollment forms, eligibility information and verification, claim payment and processing information, audit and accounting activities or other information used in whole or in part by the plan to oversee decisions relating to Plan functions. Information used for Plan functions that is not used to make decisions about individuals is not in the designated record set. This information includes, but is not limited to, the information used in quality control, insurance bids, peer review, utilization or other analyses, or to accomplish audit and accounting functions.

CU GME Health/Dental Benefits Plan

Notice of Privacy Practices

Under particular circumstances, if you, a health care provider, or another entity covered by HIPAA requests assistance in oversight or resolution of a claim processing or benefit issue, the designated record set may contain information related to this particular circumstance.

In general, the request to inspect, obtain a copy of or amend your information should be directed to the entity with the original information. For example, medical records and claim forms are excluded from the Plan's designated record set. Requests to inspect, obtain a copy of or amend a medical record or claim form should therefore be directed to the provider who performed the services.

To inspect, obtain a copy of or amend your information contained in the Plan's designated record set, you or your personal representative will be required to complete a form to request this access. Make requests to:

Office of Graduate Medical Education Benefits
Mailstop C293
13001 East 17th Place Room N4223
Aurora CO 80045
Phone: 303-724-6024

If a request is denied, you or our personal representative will be provided with a written statement of why we are denying the request. In some cases, you may have the right to ask for a review of our denial. We will also supply information on how you may complain to this office, the UC Denver HIPAA Privacy Officer and/or the Secretary of the U.S. Department of Health and Human Services.

Right to receive an accounting of information disclosures

At your request, the Plan will provide you with an accounting of disclosures of the Plan's designated records concerning your information prior to the date of your request, but not prior to April 14, 2003. You may request that we provide an accounting for any length of time up to six years. However, such accounting need not include information disclosures made:

1. To carry out treatment, payment or health care operations;
2. To individuals about their own information; or,
3. Prior to the compliance date (April 14, 2003).

Direct requests to: Office of Graduate Medical Education Benefits

Mailstop C293
13001 East 17th Place Room N4223
Aurora, CO 80045
Phone: 303-724-6024

Minimum necessary standard

When using or disclosing information or when requesting information from another entity covered by HIPAA, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of information necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;

CU GME Health/Dental Benefits Plan

Notice of Privacy Practices

- Uses or disclosures that are required by law; and,
- Uses or disclosures that are required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Plan may use or disclose "summary health information" to specified business associates for obtaining premium bids or modifying, amending or terminating the Plan, which summarizes the claims history, claims expenses or types of claims experienced by individuals for whom the Plan has provided health benefits, and from which identifying information has been deleted in accordance with HIPAA. This information does not identify you and is not subject to this notice.

Your right to file a complaint with the Plan, the UCDenver HIPAA Project Manager & Privacy Officer and/or the HHS Secretary:

If you believe that your privacy rights have been violated, you may complain to the Plan in care of:

Office of Graduate Medical Education Benefits
Mailstop C293
13001 East 17th Place Room N4223
Aurora CO 80045;

To the UCDenver HIPAA Project Manager & Privacy Officer at:

UCDenver HIPAA Project Manager & Privacy Officer F497
Building 500
13001 East 17th Place Room #W1124
Aurora CO 80045
Email: HIPAA@UCHSC.EDU

And/or you may file a complaint with:

Secretary of the U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201.

UCDenver and The Plan will not retaliate against you for filing a complaint.

Whom to contact at the Plan for more information:

If you have questions regarding this notice or the subjects addressed in it, you may contact:

Office of Graduate Medical Education Benefits
Mailstop C293
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Conclusion:

Information use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find the text of HIPAA at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the HIPAA regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.