



SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

This summary briefly describes how we, the Pennsylvania State System of Higher Education (System), may use and disclose your Protected Health Information (PHI) to carry out payment activities, health care operations, and for other purposes that are permitted or required by law, and your rights to access and control your PHI. *For a more complete description of how we may use and disclose your PHI, please refer to the attached Notice of Privacy Practices.*

This Notice of Privacy Practices becomes effective on April 14, 2004.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your PHI. In accordance with the HIPAA Privacy Regulations, we have the right to use and disclose your PHI for payment activities and health care operations as explained in the following Notice of Privacy Practices.

Additionally, we may use or disclose your PHI as permitted and required by law. For example, we may use or disclose your PHI for public health activities, legal proceedings, or law enforcement purposes.

YOUR RIGHTS

You have the following rights regarding your PHI:

- You have the right to request that we restrict the PHI we use or disclose about you for payment or health care operations.
- If you believe that a disclosure or all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location.
- Generally, you have the right to inspect and copy your PHI that is contained in a designated record set.
- If you believe that your PHI is incorrect or incomplete, you may request that we amend your information.
- You have a right to an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment, or health care operations.

COMPLAINTS

You may complain to us if you believe that we have violated your privacy rights. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

Please refer to the following information to inquire about the use of your PHI, to exercise your rights about your PHI, or to register a complaint:

Privacy Office Pennsylvania State System of Higher Education - Dixon University Center
2986 N Second Street, Harrisburg, PA 17109
Phone: (717) 720-4190

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.

THE LEGAL DUTY OF THE SYSTEM

The State System of Higher Education (System) is required by applicable federal and state laws to maintain the privacy of your medical information and other personal information in its possession, otherwise known as “protected health information.” The System is also required to give each subscriber a copy of this notice about its privacy practices, its legal duties, your rights and the rights of your dependents concerning protected health information. You, and each of your covered dependents, are also sometimes referred to herein as a “Member.” The System must follow the privacy practices that are described in this notice while it is in effect. For the System’s prescription drug, vision, and flexible spending account plans, this notice takes effect April 14, 2004. This notice will remain in effect until replaced.

The System reserves the right to change its privacy practices, and the terms of this notice, at any time, according to applicable law. Before a material change is made in the System’s privacy practices, the notice will be changed to reflect the new practices and sent to all health plan subscribers who are enrolled at the time of the change. You may request a copy of the current notice at any time. It is also available on the System website. For more information about our privacy practices, or to request an additional copy of this notice, please contact your human resource office.

PHI

Protected Health Information (PHI) is a special term created by the federal government. It is defined as “any information that is created or maintained by the System, or on behalf of the System, that relates to the past, present or future physical or mental health or condition of an individual or the provision of and/or payment for the provision of health care to an individual and which identifies the individual, or with which

there is a reasonable basis to believe the information can be used to identify the individual.” PHI includes information received or maintained in any form, including oral statements. Examples of PHI are your name, address, Social Security number, birth date, dates of service, telephone number, fax number, account number, diagnosis code, and procedure code.

The System and its Business Associates may receive PHI about you from various sources, such as from enrollment or other forms, which includes your name, address, Social Security number, birth date, telephone number, health care provider, other health insurance coverage, and information about others in your household. It may also receive PHI about you from outside sources, such as employers, health care providers, federal and state agencies, or third-party vendors.

Except as described below, unless you specifically authorize us to do so, the System will provide access to your PHI only to you, your authorized representative, and those persons who need the information to aid the System in the conduct of its business (our “Business Associates”). You have the right to revoke an authorization, and we have described how to do so in this notice.

When using or disclosing PHI, the System will make every reasonable effort to limit the use or disclosure of that information to the minimum extent necessary to accomplish the intended purpose. The System maintains physical, technical, and procedural safeguards that comply with federal law and its Business Associates are limited by contract or other agreement to using or disclosing PHI that the System provides or otherwise becomes available to them only for those purposes for which the information was obtained.

OUR USES AND DISCLOSURES OF PHI

The System and its Business Associates are permitted to use and to disclose PHI in order to aid in your treatment, obtain payment for health care services provided to you and conduct “health care operations.” That is, your PHI may be used for purposes of treatment, payment and health care operations without your authorization. Under limited circumstances, the System may also provide your PHI for the health care operations of other providers and health plans. At times it will be necessary for the System to share PHI with its Business Associates so that they may assist with its health care operations. Specific examples of the ways in which PHI may be used and disclosed are provided below. This list is representative only and not every use and disclosure in a category will be listed.

▪ **Treatment**

Although the System does not engage in treatment activities, your PHI may be disclosed to a doctor or a hospital that asks for it to assist them in providing you with treatment.

▪ **Payment**

The System and its Business Associates may use and disclose your PHI to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan.

♦ *Benefits and Claims*

The System and its Business Associates will use and disclose PHI for billing, claims management and medical necessity review in order to fulfill their responsibility to provide coverage and health care benefits as well as to provide payment for health care services. For example, the System or its Business Associates may use information received from a health care provider in order to process a claim. The subscriber may then be sent a statement that contains PHI about the

care provided. The System may also use and disclose PHI for billing and collection activities, including services provided by an outside billing agent or collection agency. In addition, the System may share PHI with a billing agent who is assisting a health care provider.

♦ *Enrollment and Eligibility*

Business Associates of the System may share PHI about you, including your name, address, Social Security number and birth date. This “enrollment information” may be used by a Business Associate to provide coverage for health care benefits and for eligibility determinations.

♦ *Coordination of Benefits, Adjudication, Subrogation*

The System and its Business Associates use and disclose PHI to determine eligibility for benefits and periods of coverage. For example, if you are covered under another health plan (e.g., Medicare or a spouse’s policy) it may be necessary for the System and its Business Associates to disclose PHI to the other plans in order to determine eligibility and pay claims correctly (coordination of benefits). Also, when processing a claim for health care benefits (adjudication), it may be necessary for the System and its Business Associates to request information from, or share information with, a health care provider. The System and its Business Associates may also share information with an automobile carrier or Workers’ Compensation carrier to determine third-party liability coverage (subrogation).

- **Health Care Operations**

The System may use and disclose your PHI to determine the cost and the premiums for the System, to conduct quality assessment and improvement activities, and to properly conduct its business.

- ♦ *Appeals and Complaints*

The System and its Business Associates may use and disclose PHI to investigate a complaint or process an appeal by a member. In order to do so, it may be necessary to gather information or documents, including medical records held both internally or externally by the System or others. The System or its Business Associates may share PHI with an independent medical reviewer to determine medical necessity and make recommendations for use in the System appeals process.

- ♦ *Customer Service*

The System or its Business Associates may provide PHI to a provider, a health care facility, or another health plan with questions regarding your health care coverage, including questions concerning eligibility, claim status, effective dates of coverage, or other issues.

- ♦ *Billing*

PHI such as your name, address, Social Security number, birth date and claim information from the Business Associates may be used to bill the subscriber for any inappropriate claims incurred.

- ♦ *Fraud and Abuse Detection and Compliance Programs*

The System and its Business Associates may use and disclose PHI for fraud and abuse detection and in activities required by its compliance program. PHI may also be shared with outside Health Oversight Agencies or other appropriate entities as required or allowed by law.

- ♦ *Litigation or When Required by Law*

In the event that you are involved in a lawsuit or other judicial proceeding, the System and its Business Associates may use and disclose PHI in response to a court or administrative order as provided by law. For example, the System may be required to disclose PHI in response to a subpoena, warrant, or other lawful process.

- ♦ *Quality Improvement*

The System and its Business Associates may use or disclose PHI to help evaluate the performance of the health plan. For example, the System may disclose names and addresses of members to a mailing house for use in mailing customer satisfaction surveys.

- ♦ *Research and Reporting*

The System or its Business Associates may use your PHI in order to conduct an analysis of data. This information may be shared with consulting actuaries.

- ♦ *Underwriting*

The System and its Business Associates may use and disclose PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of contracts for health insurance.

OTHER USES AND DISCLOSURES OF PHI

- **To You with Your Authorization**

The System and its Business Associates must disclose PHI to you, as described below in the Member's Rights section of this notice. You may, subject to the System's policy for authorizations, provide written authorization to use PHI or to disclose your PHI to anyone for any purpose. You may revoke an authorization in writing at any time; however, such revocation will not affect any use or disclosures that were made under the authorization while it was in effect. For

additional information regarding written revocation, use the contact information found at the end of this notice. Without a written authorization, neither the System nor its Business Associates may use or disclose PHI for any reason other than in the performance of treatment, payment, or health care operations, and except for those purposes described in this notice.

- **Personal Representatives**

The System and its Business Associates will treat your personal representative as if he/she were you for purposes of disclosing PHI. A “personal representative” is a parent of an unemancipated child, or a person who, as evidenced by a legal document according to state law, is designated to make medical decisions on behalf of an individual. Personal representatives include court-appointed guardians; persons appointed in “living wills” or medical directives; persons with powers of attorney; and/or executors / administrators of estates.

- **Parents and Minors**

As a general rule, parents or other legal guardians (persons acting *in loco parentis*) have the right to access the PHI of an otherwise unemancipated minor child (defined by Pennsylvania law as a person under the age of twenty-one). However, Pennsylvania law allows a minor to obtain contraception, pregnancy testing and treatment, prenatal care, and testing and treatment for reportable diseases, sexually transmitted diseases, and HIV/AIDS without parental consent. Pennsylvania law also gives a minor the authority to control parental or other access to the PHI pertaining to such health care services. Therefore, a parent will need to obtain authorization from the minor before the System or its Business Associates will release this type of information.

- **Health Oversight Activities**

The System or its Business Associates may share PHI as provided by law with Health

Oversight Agencies, regulatory authorities or their appointed designees and reporting agencies. Examples of such “Health Oversight Agencies” include, but are not limited to, Centers for Medicare and Medicaid Services, the Pennsylvania Department of Health, Insurance Department, Attorney General, and the Auditor General.

- **Business Associates**

The System works with many entities that perform a wide variety of services on its behalf. The System will ensure that appropriate agreements are in place to govern the permitted and required uses and disclosures of Member information by its Business Associates, to ensure its Business Associates’ compliance with state and federal privacy laws, and to ensure that its Business Associates will make reasonable efforts to safeguard your PHI.

- **To Individuals Involved in Your Care or Payment for Your Care**

Neither the System nor its Business Associates will disclose PHI to your family members, close friends or others without your written authorization.

However, the System or its Business Associates may disclose PHI to your family members, close friends or others in a medical emergency, when you are unable to provide authorization. In such cases, the System or its Business Associates will disclose PHI if we determine, using the best professional judgment, that the disclosure would be in your best interest. In such cases, we will disclose only the PHI that is directly relevant to the person’s involvement with your health care.

- **Disaster Relief**

The System or its Business Associates may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts, such as the American Red Cross.

- **Public Health and Communicable Disease Reporting**

Your PHI may be disclosed to a public health authority that is permitted by law to collect or receive the information. Such reporting may be made in order to prevent or control disease, injury or disability, report child abuse or neglect, notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition or notifying the appropriate government authority if we believe a member has been the victim of abuse, neglect or domestic violence, to name a few.

- **Research, Death, Organ Donation**

Your PHI may be disclosed for research purposes, in limited circumstances and with certain safeguards. The PHI of a deceased person may be disclosed to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

- **To Law Enforcement and For Public Safety**

Under certain circumstances, the System or its Business Associates may disclose your PHI to law enforcement personnel in response to court orders, warrants, or grand jury or other lawfully executed subpoenas. PHI may also be provided in response to requests by law enforcement officials for identification and/or location of individuals or in relation to victims of crime. In addition, under some circumstances, the System or its Business Associates may disclose your PHI in order to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Examples include providing information to law enforcement authorities in their effort to apprehend a suspect or fugitive or advising an individual about threats made against them. The latter communications will be governed by Pennsylvania law. Finally, the System or its Business Associates may disclose your PHI if you are (or become) an inmate or other person

in lawful custody and it is requested to do so by an appropriate law enforcement official or correctional institution.

- **Military and National Security**

Under certain circumstances, the System or its Business Associates may disclose the PHI of armed forces personnel to military authorities. The System or its Business Associates may also disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

MEMBER RIGHTS

As a member of the System, you have the following rights regarding your PHI:

- **Right to Inspect and Copy**

With limited exceptions, you have the right to inspect and/or obtain a copy of your PHI that the System or its Business Associates maintains in a designated record set. A “designated record set” consists of all documentation relating to your enrollment and the System’s and its Business Associates use of your PHI including, for example, payment, and claims adjudication. You may request that the System provide copies of your PHI to you in a format other than photocopies, such as CD or diskette. The System will use the format you request unless it cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information found at the end of this notice.

If the designated record set is located on-site, the System will act upon your written request within 30 days after receipt. If the PHI is not maintained by, or accessible to, the System on-site, then it will respond to you no later than 60 days after receipt of the request. If these time frames cannot be met, the System is entitled to a 30-day extension and you will be so notified. The System may charge you a reasonable cost-based fee to process and fulfill your request. If you prefer, you may request that the System prepare a summary or an explanation of your PHI for a fee. Contact

the System using the information listed at the end of this notice for a full explanation of its fee structure. If your request for access is denied, the System will provide a written explanation of the denial and your rights regarding the denial.

Neither the System nor its Business Associates receives or maintains a file of your treatment records. You have a right to access these records through the treating physician, facility, or other provider that created and/or maintains the records. If you have difficulty accessing your treatment records through these sources, contact the System using the information listed at the end of this notice for assistance.

▪ **Right to Amend**

You have the right to request that the System or its Business Associates amend the PHI that is maintained in the designated record set(s) under the control of the System or its Business Associates. Your request must be in writing, and it must explain why the information should be amended. You may obtain a form to request an amendment by using the contact information found at the end of this notice.

The System can amend demographic information. However, the System or its Business Associates cannot amend treatment records or any other information created by others. If you would like to amend your treatment records, you must contact the treating physician, facility or other provider that created these records.

The System will act on a request for amendment within 60 days of receipt, or provide a written statement of the reason why it cannot do so and the date by which it will complete action on the request. If the System agrees to the amendment, you will be advised. The System will also make reasonable efforts to inform others, including Business Associates and people you name, of the amendment and to include the changes in any future

disclosures of that information.

The System may deny your request if: 1) the System did not create the information you want amended; 2) the information is not part of the designated record set maintained by the System or its Business Associates; 3) you do not have access rights to the information; or 4) the System believes the current information is accurate and complete. If the System denies your request, you will be provided a written explanation for the denial and your rights regarding the denial.

▪ **Right to Accounting of Disclosures**

You have the right to receive an accounting of the instances in which the System or its Business Associates have disclosed your PHI. The accounting will review disclosures made over the past six years or back to the effective date of this notice, whichever period is shorter. The System or its Business Associates will provide you with the date of a disclosure, the name of the person or entity to which it disclosed your PHI, a description of the information disclosed, the reason for the disclosure, and certain other information. Certain disclosures are exempt from this requirement (e.g., those made for treatment, payment or health care operations purposes or made directly to the Member or in accordance with an Authorization) and will not appear on the accounting unless the System or its Business Associates elects, at its option, to include an accounting of such disclosures, in whole or in part.

Your request for an accounting must be made in writing. You may obtain a form to request an accounting by using the contact information found at the end of this notice. The System will act on your request within 60 days of receipt, or you will be provided with a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request an accounting more than once in a 12-month period, the System may charge you a reasonable, cost-based fee for responding to these additional requests. You will have the opportunity, in writing, to withdraw or modify your request for any subsequent accounting in order to avoid or reduce the fee. You may contact us using the information listed at the end of this notice for a full explanation of the System's fee structure.

▪ **Right to Request Restrictions**

You have the right to request that the System place additional restrictions on the use or disclosure of your PHI for treatment, payment, health care operations purposes, and for disclosures made to persons involved in your care. The System is not required to agree to these additional restrictions and in some cases will be prohibited from agreeing to them. However, if the System does agree, the agreement will be binding (except in an emergency). Generally, the System will not agree to requests for restrictions on uses and disclosures of PHI for treatment, payment or health care operations. It is necessary for the System and its Business Associates to use and disclose PHI for these purposes in order to provide the benefits that are afforded to you. If the System does agree to a restriction, the agreement will always be in writing and signed by the System's Privacy Officer.

Your request for restrictions must be in writing. You may obtain a form to request such restrictions, or additional information about your rights to request restrictions, by using the contact information found at the end of this notice.

▪ **Right to Request Confidential Communications**

You have the right to request that the System and its Business Associates communicate with you in confidence about your PHI by using "alternative means" or an "alternative location" if you are concerned that the disclosure of all or part

of that information to another person could endanger you. The System and its Business Associates will accommodate such a request if it is reasonable, if the request specifies the alternative means or locations, and if it continues to permit the System to collect premiums and pay claims under the health plan.

To request confidential communication changes, you must make your request in writing, and you must clearly state that the information could endanger you if it is not communicated in confidence as you request. To obtain a form to request confidential communications, use the contact information found at the end of this notice.

RIGHTS TO RECEIVE A PAPER COPY OF THIS NOTICE

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact your university human resources office to obtain this notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about the System privacy practices or have questions or concerns, please contact the System using the information listed at the end of this notice.

If you are concerned that the System may have violated your rights, or you disagree with a decision the System made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your information or to have the System communicate with you in confidence by alternative means or at an alternative location, you must submit your complaint in writing. To obtain a form for submitting your complaint, use the contact information found at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services (HHS). The System will provide you with the address to file your complaint with the HHS upon request.

The System supports your right to protect the privacy of your PHI. The System will not retaliate in any way if you choose to file a complaint with it or with the U.S. Department of Health and Human Services.

Contact Office:

Privacy Office
Pennsylvania State System of Higher Education

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