

**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 Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires a health plan to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This Notice of Privacy Practices applies to the following components of the Comprehensive Health Plans for Valparaiso University Employees and Retirees (the "Plan"). If you receive benefits through other components of the Plan, you may receive a separate notice.

Health, Dental and Vision Benefits  
Health Care Reimbursement Account

The Notice describes how the Plan may use and disclose your protected health information. This Notice also sets out the Plan's legal obligations concerning your protected health information and describes your rights to control and access your health information. The Plan will abide by the terms of this Notice. This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the Plan.

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice explains how the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. It does not address the health information policies or practices of your health care providers.

If you have questions about any part of this notice or if you want more information about the policies and procedures described in this notice, please contact:

Employee Benefits Administrator  
Valparaiso University  
Kretzmann Hall  
Valparaiso, IN 46383  
(219) 464-5338

**Valparaiso University's Pledge Regarding Privacy**

Protected health information ("PHI") is individually identifiable health information, including

demographic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the Plan), or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you. The privacy policy and practices of the Plan protect your PHI. Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

### **Privacy Obligations of the Plan**

The Plan will:

- protect and maintain the privacy of health information that identifies you;
- provide you with a copy of this notice of the Plan's legal duties and privacy practices with respect to protected health information; and
- abide by the terms of the notice that is currently in effect.

### **How the Plan May Use or Disclose Your Health Information**

The following categories describe the ways that the Plan may use and disclose your PHI:

- **Payment Functions.** The Plan may use and/or disclose your PHI to facilitate payment for treatment and services you receive from health care providers, determine eligibility for benefits, obtain premiums, obtain stop-loss reimbursements, determine plan responsibility for benefits, to coordinate benefits or to otherwise fulfill the Plan's responsibilities for coverage and providing benefits. For example, the Plan may receive and maintain information about medical care you received so that the Plan can process the physician's claim for payment of medical care provided to you..
- **Treatment.** The Plan may disclose your PHI to a health care provider who provides treatment to you. For example, the Plan may advise a physician about the types of prescription drugs you currently take., if appropriate and necessary.
- **Health Care Operations.** The Plan may use and disclose your PHI to carry out its business functions and to enable it operate or to make sure that the plan's participants receive their health care benefits. For example, the Plan may use your PHI to: (i) provide you with information about a disease management program; (ii) respond to a customer service inquiry from you; or (iii) to conduct fraud and abuse detection and compliance programs.
- **To the Employer.** The Plan may disclose your PHI to designated personnel of the Employer so they can carry out necessary administrative functions of Plan, including the uses and disclosures described in this Notice. Such disclosures will be made to the Employer's Employee Benefits Administration department ("Administrator"), or others specifically involved in plan administration. Your PHI may not be disclosed by the Plan to other

employees and will not be used by the Employer for employment-related decisions without your authorization.

- **Business Associates.** The Plan contracts with individuals and entities ("Business Associates"), including third party administrators and consultants, to perform various functions on our behalf or to provide certain types of services. For example, the Plan may put your health care treatment information into an electronic system used by the Plan's Business Associate so your claim can be processed. The Plan will disclose your PHI to its Business Associate to perform the claims payment function. The Plan will require its Business Associates to agree, in writing, to safeguard your PHI in accordance with the Privacy Rule.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to inform you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your care. The Plan may also advise a family member or close friend about your condition, your location, or death.
- **Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law.

### **Other Possible Uses and Disclosures**

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** The Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other similar lawful requests. For example, we may disclose medical information when required by a court order in a lawsuit filed by you such as a personal injury action.
- **Law Enforcement.** The Plan may disclose your PHI to a law enforcement officer for purposes such as: (i) identifying or locating a suspect, fugitive, or missing person; (ii) complying with a court order or subpoena; and (iii) providing evidence of a crime that occurred on the Plan's or Company's premises.
- **Worker's Compensation.** The Plan may disclose your PHI health information as necessary to comply with worker's compensation or similar laws.
- **Military Activity, National Security, and Protective Services.** The Plan may, under certain circumstances, disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, the Plan may, under certain circumstances, disclose your PHI to the foreign military authority. The Plan may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law and

to provide protection to the members of the U.S. government or heads of state, or to conduct investigations.

- **To Avert Serious Threat or Safety.** The Plan may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to your health or safety and to the health and safety of the general public or another person
- **Abuse or Neglect.** The Plan may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, the Plan may disclose your PHI to a governmental entity authorized to receive such information if it believes that you have been a victim of abuse, neglect, or domestic violence.
- **Public Health.** The Plan may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency related to oversight of the health care system.
- **Research.** The Plan may, under certain circumstances set forth in the HIPAA privacy regulations, use or disclose your PHI for research activities.
- **Coroners, Medical Examiners and Funeral Directors.** The Plan may disclose your PHI to coroners, medical examiners and funeral directors. For example, this may be necessary to allow the coroner to determine the cause of death.
- **Organ and Tissue Donation.** The Plan may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.

### **Required Disclosures**

- **To You.** The Business Associates to the Plan are required to disclose most of your PHI in a "designated record set" when you request access to this information. The designated record set includes information about your plan eligibility, claim and appeal records, medical and billing records. More detailed information about your rights regarding your health information is set forth below.
- **To the Secretary of the U.S. Department of Health and Human Services.** The Plan is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining compliance with the HIPAA privacy rule.

### **Your Rights**

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI contained in a designated record set. The designated record set includes information about your plan eligibility, claim and appeal records, medical and billing records. You may not inspect or copy peer review information or certain other information that may be contained in a designated record set. To inspect and copy such information, you must submit your written request to the relevant Business Associate. You may be charged a reasonable fee to cover expenses associated with your request. The Business Associate that maintains the relevant record may deny your request to inspect or copy in certain circumstances. If you are denied access to your information, you may be able to request a review of the denial. Your information will be provided in a format determined by the Business Associate except that if your information is maintained in an electronic format your request to receive it electronically will be honored. Also, you can have your electronic information forwarded to a third party you designate.
- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. For example, you could ask that the Business Associates of the Plan not use or disclose information about you to your spouse. Requests for restrictions must be made in writing. You must include: (i) what information you want to limit; (ii) whether you want to limit the Plan's use, disclosure, or both; and (iii) to whom you want the limitation to apply.

Generally, the Business Associate is not required to agree to the restrictions that you request. However, it will grant your request if the relevant disclosure would be to a health plan for the purpose of carrying out payment or health care operations (not treatment) and the information relates to a service for which the provider has been paid in full.

- **Right to Request Alternative Form of Communications.** You have the right to request that the Business Associates of the Plan receive your health information through a reasonable alternative means or at a different location. For example, you may ask that we only contact you at your work address or via e-mail.

To request an alternative form of communications, make your written request to the Business Associate, which will attempt to accommodate reasonable requests. The request must also indicate how or where you wish to be contacted.

- **Right to Request Amendment.** You have a right to request that the Business Associates to the Plan amend your PHI that you believe is incorrect or incomplete. You may request an amendment for as long as the information is kept by or on behalf of the Plan. Requests for amendments should be detailed and in writing to the Business Associate. You must also provide the reason for your request. The Business Associate may deny your request under certain circumstances, including amendments requested regarding health information that was: (i) accurate and complete; (ii) not created by the Plan; (iii) not part of the health information kept by the Plan; or (iv) not information that you would be permitted to access.
- **Right to Accounting of Disclosures.** You have the right to receive a list of disclosures of your PHI by the Business Associates to the Plan. No accounting will be provided of

disclosures made to carry out health care treatment, payment or operations, disclosures to you, disclosures made pursuant to an authorization, and in certain other situations.

- **Requests for a list of disclosures must be made in writing to the Business Associate.** Your request must include the requested time period, up to six years, prior to the date the accounting was requested. The time period for the accounting may not include dates before April 14, 2004. The Plan will provide one list per 12 month period free of charge. Plan may charge you for additional lists.
- **Right to Paper Copy.** You have a right to receive a copy of this Notice at any time. To obtain a copy of this Notice, send your written request to the Administrator.
- **Notice in Event of Breach.** In the event that any electronic protected health information concerning you is unsecured by a Business Associate and is improperly used or disclosed in violation of federal law, you will be notified of such breach. This notice will describe what happened and what sort of information might have been disclosed. It will also explain steps you should take to protect yourself from harm related to the disclosure, briefly describe what the relevant Business Associate or other entity is doing to investigate the breach and protect against any further harm or breaches, and provide contact procedures that you can use to ask questions or learn more information.

## **Changes**

The Plan has the right to change or amend this Notice and its Policies and Procedures at any time in the future and to make the new notice provisions effective for all health information that it maintains. A copy of the current Notice will be posted in the Company's Employee Benefits department at all times.

## **Complaints**

You may complain to us if you believe that we have violated your privacy rights. You may file the written complaint with the Administrator at the address herein. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of the time you became aware or should have become aware of the problem.

**You will not be penalized or retaliated against for filing a complaint**

## **Other Uses and Disclosures**

Other uses and disclosures of PHI not set forth in this Notice or by the laws and regulations that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization at any time if the revocation is made in writing. If you revoke your authorization, the Plan will no longer use or disclose your PHI pursuant to your written authorization, but the Plan will not reverse any uses or disclosures already made pursuant to your prior authorization.

## **State Law**

The HIPAA privacy regulations generally do not preempt or take precedence over state laws that provide individuals greater privacy protections. To the extent that state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA privacy regulations, might impose a privacy standard under which the Plan will be required to operate.

**Effective Date of This Notice: February 17, 2010**

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