University of Hartford Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) governs the way the University, its health plans and health care providers handle protected health information (PHI). Specifically, these regulations define (1) what health information must be kept private, (2) how your health information can be used and/or disclosed, and (3) how you can access your records. Be assured that the University of Hartford is committed to safeguarding you and your covered dependents' PHI as well as ensuring that our health care plans and health care providers do the same.

The University of Hartford adheres to policies and procedures which ensure the privacy of PHI as well as appointed a Privacy Officer to ensure the University's on-going compliance with HIPAA guidelines. To that extent, included you will find the University’s Notice of Privacy Practices, outlining your rights and the University’s responsibilities as they relate to these HIPAA regulations.

Please be reminded that written authorization from the employee must be obtained for another employee to access PHI, or use and/or disclose PHI for reasons other than indicated as permissible under HIPAA regulations. An Individual Authorization for Release of Information form has been included with this material for your convenience.

If an employee believes that his/her PHI has been used and/or disclosed in violation of the University’s Privacy Policy or HIPAA, he/she has the right to file a complaint in writing by utilizing the steps outlined below.

a. Step One: Submit Complaint to Privacy Officer

The employee should submit a complaint in writing directly to the University’s Privacy Officer, CC327. The complaint should include a detailed description of how the employee believes his/her PHI was used and/or disclosed in violation of the University’s Privacy Policy or HIPAA.

The Privacy Officer will investigate the details of the complaint and respond in writing to the employee within 15 business days. If the Privacy Officer determines that a violation has occurred, the employee(s) who participated in the violation may be subject to disciplinary action.

If the Privacy Officer determines that no violation has occurred, and if the employee submitting the complaint is not satisfied that the complaint has been resolved satisfactorily, the employee may file a request for additional review to Step Two of this process.

b. Step Two: Submit Complaint Appeal to Vice President of Finance and Administration

At the employee's request, the Privacy Officer will provide the background information concerning the complaint as well as the results of the Step One investigation to the Vice President of Finance and Administration. If the Vice President of Finance and Administration determines that a violation has occurred, the employee(s) who participated in the violation may be subject to disciplinary action.

If the Vice President of Finance and Administration determines that no violation has occurred, and if the employee submitting the complaint is not satisfied with the results of the second investigation, the employee may file a complaint to Step Three of this process.
c. Step Three: Submit Complaint to Department of Health and Human Services

Employees may file a complaint with the Department of Health and Human Services at the following address:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
Phone Number: (202) 619-0257
Toll Free: (877) 896-5775
Fax Number: (800) 223-8164
TDD: (866) 866-5433

Employees are entitled to file a complaint with the Secretary of the Department of Health and Human Services at any time. All complaints must be submitted in writing. No employee may be penalized or otherwise retaliated against for filing a complaint for this purpose.

If you have any questions regarding the University’s Privacy Policy or the Notice of Privacy Practices, please contact your HR Manager.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO DESCRIBES THE UNIVERSITY OF HARTFORD'S OBLIGATIONS AND YOUR RIGHTS REGARDING THE USE AND DISCLOSURE OF MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Privacy Pledge and Your Rights under HIPAA

The University of Hartford understands that your protected health information (PHI) is personal, and we are committed to protecting its confidentiality. In the course of administering your health care benefits, the University creates records for administrative purposes. This notice applies to all of the PHI that the University maintains as well as describes the practices that any third party is held accountable for that assist in the administration of these plans.

How We May Use and Disclose Your PHI

The University is permitted to use and/or disclose PHI in several different ways as follows:

- **For Treatment.** We may use and/or disclose your PHI to providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, your physician may use your PHI to consult with a specialist regarding your medical condition.

- **For Payment.** We may use and/or disclose your 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. We may share PHI with a utilization review or pre-certification service provider as well as with any other entity to assist with the adjudication or subrogation of health claims or to coordinate benefit payments.

- **For Health Care Operations.** We may use and/or disclose your PHI for other plan operations that are necessary to operate the plan. Permissible uses of medical information include:
  - Conducting quality assessment and improvement activities;
  - Underwriting, premium rating, and other activities relating to plan coverage;
  - Submitting claims for stop-loss (or excess loss) coverage;
  - Conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs;
  - Business planning and development such as cost management; and
  - Business management and general plan administrative activities.

For example, the plan may use and/or disclose your PHI to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

- **As Required by Law.** We will use and/or disclose your PHI when required to do so by federal, state or local law. For example, we may use and/or disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.

- **To Avert a Serious Threat to Public Health or Safety.** We may use and/or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public. However, any use and/or disclosure would be made only to someone able to help prevent the threat. For example, we may use and/or disclose your PHI in a proceeding regarding the licensure of a physician.
Special Situations

Disclosure to Health Plan Sponsor. PHI may be used and/or disclosed to another health plan maintained by the University of Hartford for purposes of facilitating claims payments under that plan as well as for purposes of administering benefits under the plan.

Workers' Compensation. We may use and/or disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may use and/or disclose your PHI for public health activities which may 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 we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.

Health Oversight Activities. We may use and/or disclose your PHI to a health oversight agency for activities authorized by law and are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. Examples of these oversight activities include, but are not limited to, audits; civil, administrative or criminal investigations; inspections; licensure and disciplinary actions (for example, to investigate complaints against providers).

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may use and/or disclose your PHI in response to a court or administrative order. We also may use and/or disclose your 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 inform you about the request or to obtain an order protecting the information requested.

Law Enforcement. In the following situations, we may use and/or disclose your PHI if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may use and/or disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also use and/or disclose your PHI to funeral directors as permitted and consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

Organ and Tissue Donation. If you are an organ donor, we may use and/or disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation or transplantation.

Military and Veterans. If you are a member of the armed forces, we may use and/or disclose your PHI as required by military command authorities. We may also use and/or disclose your PHI as required by military command authority.
National Security and Intelligence Activities. We may use and/or disclose your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Your Rights Regarding Medical Information About You

You have the following rights regarding PHI that the University maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and/or copy your PHI that may be used to make decisions about your plan benefits by submitting your request in writing to the Privacy Officer at the address noted below. The University may charge a nominal fee for copying, mailing or supplies associated with your request. The requested information will be provided within 30 days if the information is maintained onsite and 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. The University may deny your request to inspect and/or copy in certain very limited circumstances. If you are denied access to your PHI, you may request that denial be reviewed by the Privacy Officer.

- **Right to Amend.** If you feel that the PHI the University has about you is incorrect or incomplete, you may ask to amend it. 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 include a reason that supports your request. Requests for amendment must be submitted to the Privacy Officer at the address noted below.

  The University 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, we 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 the University, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the information you would be permitted to inspect and/or copy; or
  - Is accurate and complete.

  The plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the plan is unable to comply with the deadline. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

- **Right to an Accounting of Disclosures.** You have the right to request a list of when the University has used and/or disclosed your PHI for any purpose other than for treatment, payment or health care operations. To request this list of disclosures, you must submit your request in writing to the Privacy Officer at the address noted below. Your request must state a time period (which may not be longer than six years) and may not include dates before April 2003. 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. You may be charged for the costs associated with providing any additional lists. The University will notify you of the cost involved. You may withdraw or modify your request before any costs are incurred. If the list of uses and/or disclosures cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI the University uses and/or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we use and/or disclose about you to someone who is involved in your care (such as a family member or friend) or the payment for your care. For example, you could ask that the University not use and/or disclose PHI about a surgery you had. However, the University is not required to agree to your request. To request restrictions, you must make your request in writing to the Privacy Officer at the address noted below. Your request must include:
  - What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply (for example, disclosures to your spouse).

- **Right to Request Confidential Communications.** You have the right to request that the University communicate with you about medical matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. For example, you may ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address noted below. You are not required to provide a reason for your request. The University will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. To obtain a copy of this notice, contact HRD or the Privacy Officer at the address noted below.

**Changes to This Notice**

The University reserves the right to change this notice and to make the revised or changed notice effective for PHI we already have about you, as well as any information we receive in the future. The University will post a copy of the current notice on the HRD website, located at [http://www.hartford.edu/hrd/benefits](http://www.hartford.edu/hrd/benefits) under the Medical Insurance option. 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 Office of Civil Rights at the following address:

Office of Civil Rights  
U.S. Department of Health and Human Services  
Government Center  
J.F. Kennedy Federal Building – Room 1875  
Boston, MA  02203  
Phone Number: (617)565-1340  
Fax Number: (617)565-3809  
TDD: (617)565-1343

To file a complaint with the plan, contact the Privacy Officer at the address noted below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other Uses of Medical Information**

Other uses and/or disclosures of PHI not covered by this notice or the laws that apply to the University of Hartford will be made only with your written permission. If you provide the University with permission to use and/or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the University will no longer use and/or disclose your PHI for the reasons covered by your written authorization. It is important to note that the University is unable to revoke any disclosures that have already been made with your permission, and that we are required to retain your PHI for our records.

**Privacy Officer**

Cathy Seekins  
Privacy Officer  
CC327  
University of Hartford  
200 Bloomfield Avenue  
West Hartford, CT 06117  
(860)768-4209
Individual Authorization for Release of Information

Note: This form cannot be used for the authorization to release psychotherapy notes.

Authorization Form to Use and/or Disclose Protected Health Information (PHI)

PLEASE READ THIS DOCUMENT CAREFULLY

This authorization form permits the University of Hartford Welfare Benefit Plan (the Plan) to use and/or disclose my PHI as noted below. The Plan will not condition my enrollment, eligibility or payment of benefits as a result of this signed authorization. I understand that I retain the right to revoke this authorization at any time by sending a written revocation to the Privacy Officer at the address shown. My revocation will not apply, however, to uses and/or disclosures the Plan has already made in reliance on this authorization. Additionally, I retain the right to inspect and/or copy the PHI I have authorized to be used and/or disclosed by contacting the Privacy Officer at the address shown below.

I authorize the Plan to use and/or disclose the following PHI (describe information below):


I authorize the Plan to use and/or disclose the PHI identified above to the following entity or persons (describe to whom PHI will be released below):


I authorize the Plan to use and/or disclose the PHI identified above for the following purpose or purposes (describe the purpose of the use and/or disclosure and whether it is at the request of the participant or beneficiary):

This authorization is valid until: ________________________________
Please provide the following information if you are a representative of a participant or beneficiary enrolled in the Plan:

1. Name of participant or beneficiary:__________________________________________

2. Describe relationship with individual or nature of authority:_____________________

3. Your address:________________________________________________________________

4. Your home telephone number:__________________________________________________

5. Your work telephone number:__________________________________________________

Please note that you must provide valid and current proof of your legal relationship as a personal representative.

Please Read Carefully and Sign

I understand that the Plan may use and/or disclose my PHI as described above until this authorization expires. I understand that I will receive a copy of this signed authorization for my records if requested. I also understand that any PHI released pursuant to this authorization may be re-disclosed by the recipient, and that any such re-disclosure may not be protected by law.

__________________________________________
Print Name

__________________________________________
Signature

__________________________________________
Social Security Number/Member ID Number

__________________________________________
Phone Number or Extension

Privacy Officer:  Cathy Seekins
CC327
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117
(860)768-4209