



MICHIGAN TECHNOLOGICAL UNIVERSITY

NOTICE OF PRIVACY PRACTICES

January 1, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE PROVIDES YOU WITH INFORMATION TO PROTECT THE PRIVACY OF YOUR CONFIDENTIAL HEALTH CARE INFORMATION, HEREAFTER REFERRED TO AS PROTECTED HEALTH INFORMATION (PHI). THE NOTICE ALSO DESCRIBES THE PRIVACY RIGHTS YOU HAVE AND HOW YOU CAN EXERCISE THOSE RIGHTS. PLEASE REVIEW IT CAREFULLY.

Michigan Technological University's Pledge Regarding Health Information Privacy

Michigan Tech is committed to maintaining and protecting the confidentiality of our employees' personal information. This notice of Privacy Practices applies to Michigan Tech Group Health Benefit Plans, Flexible Spending Arrangement (FSA) and Employee Assistance Plans (collectively, the Plans). The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice.

The Plan's Obligations

The Plan is required by law to:

- Maintain the privacy of protected health information
- Provide notice of our privacy practices
- Notify affected individuals of any breach of unsecured PHI
- Abide by the terms of the Notice of Privacy Practices and provide notice of revisions

How the Plan May Use and Disclose PHI

The following categories describe different ways that the Plan uses and discloses health information. For each category of uses or disclosures, we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Use and disclosure of your PHI may be required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulation. The Plan and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and to operate health plans. The Plan also will disclose PHI to the Plan Sponsor for purposes related to treatment, payment and to operate health plans. The Plan Sponsor has amended its plan documents to protect your PHI as required by federal law.

For Treatment. The Plan may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example, the Plan may disclose to a treating surgeon the name of your treating physician so that the surgeon may request records from the treating physician.

For Payment. Payment includes, but is not limited to, actions to make coverage determinations and payments (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization to review and pre-authorizations). For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

To Operate Health Plans. Health Care Operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions. But please note that the Plan is prohibited from using or disclosing for underwriting purposes any PHI that is genetic information.

To The Company. The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Company's Manager of Benefits ("the Plan Administrator") and/or the members of the Company's Benefits Department. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.

Uses and Disclosures that Require Your Written Authorization

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of PHI
- Disclosures to family members, other relatives or close personal friends

Your Rights

You have the following rights regarding health information the Plan maintains:

Right to Inspect and Copy. You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial. The Benefits office my generally act on your written request within 60 days.

Right to Amend. If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan 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, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations. To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

Right to Request Restrictions. You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. Note: *The Plan is not required to agree to your request.*

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes to this Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Office at all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. *You will not be penalized or retaliated against for filing a complaint.*

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws 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, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclosure your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have questions about this notice, please contact Privacy Officer:

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