



**HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT OF 1996  
(HIPAA) NOTICE**

**Effective Date of Notice: April 14, 2006**

**INDEPENDENT COLLEGES AND UNIVERSITIES BENEFITS ASSOCIATION,  
INC. (ICUBA)**

**NOTICE OF PRIVACY PRACTICES**

All Medical Plans (the "Plan") are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- the Plan's uses and disclosures of Protected Health Information (PHI);
- your privacy rights with respect to your PHI;
- your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the Plan's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, or electronic).

If you have any questions about this Notice, please contact the ICUBA Privacy Official and Contact Person:

Robin Long, Account Manager/Employee Benefits Specialist  
ICUBA  
4850 Millenia Blvd.  
Suite 329  
Orlando, FL 32839  
(407) 354-4664

**WHO WILL FOLLOW THIS NOTICE?**

This Notice describes the PHI practices of the Plan and that of any third party that assists in the administration of Plan claims.

**OUR PLEDGE REGARDING PHI**

We understand that your health information is personal, and we are committed to protecting your health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This Notice applies to all of

the medical records we maintain. Your personal doctor or health care provider (including your pharmacist) may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose your PHI. It also describes our obligations and your rights regarding the use and disclosure of your PHI.

We are required by law to:

- (1) Make sure that health information that identifies you is kept private;
- (2) Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- (3) Follow the terms of the Notice that are currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some 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. You may also wish to access the official web site of HIPAA at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

**For Treatment.** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may 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, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions. Likewise, we might disclose information about your prior treatment to your campus wellness program or health center if medical history is necessary to determine a course of treatment.

**For Payment.** We may use and disclose your PHI to determine your 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 the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information for utilization review, the adjudication or subrogation of health claims, or to another medical plan to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to run the Plan and 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; submitting claims for stop-loss (excess loss) coverage; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse compliance programs; business planning and development such as cost management; and business management and general Plan 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.

**To a Business Associate.** Certain services are provided by the Plan to third party administrators known as “business associates.” For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan’s business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claim paying function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

**Treatment Alternatives.** The Plan may use and disclose your PHI to tell 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.

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

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

## **SPECIAL SITUATIONS**

**Disclosure to College or University Member.** There are few limited situations where information may be disclosed to any of the college or university Members of ICUBA. First, information may be disclosed to another medical plan maintained by the Member for purposes of facilitating claims under that plan. Second, information may be disclosed to Member personnel solely for purposes of administering benefits under the Plan. Third, the Plan may disclose enrollment/disenrollment information to the Member for enrollment and disenrollment purposes only.

Information will only be disclosed to a Member if it has established certain safeguards and firewalls to limit the classes of employees who will have access to your PHI and to limit the use of your PHI to Plan purposes and not for non-permissible purposes.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information 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 and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries and illness.

**Public Health Risks.** We may disclose your PHI for public health activities. These activities generally include the following:

- (1) To prevent and control disease, injury, or disability;
- (2) To report births and deaths;
- (3) To report child abuse or neglect;
- (4) To report reactions to medications or problems with products;
- (5) To notify people of recalls of products they may be using;
- (6) 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.

**Important Note.** You may wish the Member/ Campus Human Resources office to assist you with a claim. We have provided a form to each Human Resource office for this purpose. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

- (7) To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law; these oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- (1) In response to a court order, subpoena, warrant, summons, or similar process;
- (2) To identify or locate a suspect, fugitive, material witness, or missing person;
- (3) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- (4) About a death we believe may be result of a criminal conduct;
- (5) About criminal conduct at the hospital; and
- (6) 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 release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause the death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary:

- (1) For the institution to provide you with medical care;
- (2) To protect your health and safety or the health and safety of others; or

(3) For the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI we maintain about you:

**Right to Inspect and Copy.** You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about your Plan benefits; provided, however, you submit your request in writing to the Privacy Official. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Official. In addition, you must provide a reason that supports your request.

We 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:

- (1) Is not part of the medical information kept by or for the Plan;
- (2) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- (3) Is not part of the information which you would be permitted to inspect and copy;  
or
- (4) Is accurate and complete.

**Right to Receive an Accounting of PHI Disclosures.** You have the right to request an “accounting of disclosures” by the Plan of your PHI during the six (6) year prior to the date of your request. However, such accounting need not include PHI disclosures made to carry out treatment, payment, or health care operations to you about your own PHI prior to April 14, 2003 or based on your written authorization. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period, which may not be longer than six years and may not include dates before April, 14 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. If you request more than one accounting within a 12-month period, we may charge you a reasonable, cost-based fee for each subsequent accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose 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 we not use or disclose information about a surgery that you had. We are not required to agree to your request.

To request restrictions, you must take your request in writing. In your request, you must tell us:

- (1) What information you want to limit;
- (2) Whether you want to limit our use, disclosure or both; and
- (3) 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 we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice upon request. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice on the Internet. In order to obtain a paper copy of this Notice, please contact the Privacy Official for further information.

### **CHANGES TO THIS NOTICE**

The Plan must abide by the terms of the Notice currently in effect. This Notice took effect on April 14, 2003. However, the Plan reserves the right to change the terms of its privacy policies as described in this Notice at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this Notice, you will be provided with a revised Privacy Notice. We will

post a copy of the current notice on the Plan website. The Notice will contain the effective date on the first page.

### **COMPLAINTS**

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

Robin Long, Account Manager/Employee Benefit Specialist  
ICUBA  
4850 Millenia Blvd.  
Suite 329  
Orlando, FL 32839  
(407) 354-4664.

In addition, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.

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

### **WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official:

Robin Long, Account Manager/Employee Benefit Specialist  
ICUBA  
4850 Millenia Blvd.  
Suite 329  
Orlando, FL 32839  
(407) 354-4664.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission.

### **CONCLUSION**

PHI 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 these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.