

**Indiana State University  
Employee Health Benefit Plan**

**NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

This notice applies to the self-funded welfare benefit plan providing medical benefits which is maintained by Indiana State University. This plan is referenced by this notice as Indiana State University's Employee Health Benefit Plan or the Plan.

Federal law regulates the ways in which an employee health plan such as the Indiana State University's Employee Health Benefit Plan can use and disclose health information about you.

This Notice is intended to inform you about the uses and disclosures of your health information that may be made by the Indiana State University's Employee Health Benefit Plan and about your rights and the Plan's legal duties with respect to your health information.

As used in this Notice, the term "health information" means information about you that the Plan creates, receives or maintains; and that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you.

**Uses and Disclosures**

The law permits the Plan to use and disclose your health information for purposes of treatment, payment and health care operations.

***Treatment:*** The term "treatment" means the provision, coordination or management of health care by one or more health care providers, including consultations, referrals and coordination with a third party. The Plan is not a health care provider and does not render health care; however, the Plan may disclose your health information to a health care provider, for example, to assist that provider with respect to your treatment. The Plan may use and disclose your health information for these purposes without your consent or permission.

***Payment:*** The term "payment" includes the activities undertaken by a health care provider to obtain payment and the activities undertaken by a plan to determine eligibility and benefits; to conduct utilization review, pre-certification, concurrent care and retrospective review activities; to bill and collect premiums; to coordinate benefits and enforce its reimbursement and subrogation rights; and to obtain payment from stop-loss insurance. For example, the Plan may disclose your health information to its claims administrator, or to someone who provides utilization review services to the Plan, so that it can determine the amount of benefits that may be payable by the Plan. The Plan may use and disclose your health information for these purposes without your consent or permission.

***Health Care Operations:*** The term "health care operations" includes underwriting, premium rating, and other activities relating to the creation or maintenance of a health plan; the acquisition and maintenance of stop-loss insurance; conducting or arranging for medical review, legal services and auditing; business planning and development relating to the management and operation of a health plan; and conducting the general business activities of a plan. For example, the Plan may disclose your health information in order to obtain or renew stop loss insurance coverage. The Plan may use and disclose your health information for these purposes without your consent or permission.

**Plan Sponsor:** The activities and functions listed above may actually be performed by Indiana State University, the sponsor of the Plan, on the Plan's behalf. The Plan may disclose your health information to Indiana State University to the extent necessary for it to perform those activities and functions.

**Business Associates:** The activities and functions listed above may also be performed by third parties, called business associates. The Plan may disclose your health information to a business associate to the extent necessary for it to perform those activities and functions. The Plan's claims administrator is a business associate. The Plan may have other business associates as well. When disclosing information to a business associate, the Plan will appropriately protect your health information by contract.

**Other Disclosures:** The Plan may use or disclose your health information without your consent or authorization for other purposes. For example:

- The Plan may use and disclose your health information to contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.
- The Plan may disclose your health information to a person who is authorized by applicable law to make decisions on your behalf regarding your health care and to your executor, administrator or other personal representative following your death to the extent it is relevant to such representation.
- The Plan may disclose your health information to member of your family or a close friend who is involved in your health care or payment for your health care to the extent of his or her involvement; however, the Plan will not do so if you tell it not to.
- The Plan may use and disclose your health information to tell a member of your family or a close friend, who is involved in your health care, about your location, condition or death.
- The Plan will use and disclose your health information when it is required by law to do so.
- The Plan may disclose your health information to an authorized public health authority for certain public health activities such as preventing and controlling disease, injury or disability or to report child abuse and neglect; in addition, the Plan may use and disclose your health information to report problems with drugs or medical devices, to enable product recalls and replacements.
- The Plan may use and disclose your health information as necessary to permit your employer to comply with laws governing workers compensation, work-related medical conditions or workplace related medical surveillance.
- The Plan may disclose your health information in response to a court order or subpoena, discovery request or other lawful process.
- The Plan may disclose your health information to a law enforcement official for law enforcement purposes.
- The Plan may disclose your health information to coroners, medical examiners and funeral directors as needed for them to perform their duties.
- The Plan may use or disclose your health information to organ procurement, banking or transplantation organizations to facilitate organ, eye and tissue donation and transplantation.

- The Plan may use or disclose your health information for certain research purposes.
- The Plan may use or disclose your health information to avert a serious threat to the health or safety of any person or to the public.
- The Plan may disclose your health information to military personnel (if you are in the military) when necessary to assure proper execution of a military mission; to authorized federal officials for the conduct of lawful intelligence, for counterintelligence and national security purposes, to the State Department as needed for security clearances and to determine availability for service under the Foreign Service Act or for a family member to accompany a Foreign Service member abroad, and for the protection of the President, foreign heads of state and other government officials.
- The Plan may disclose your health information to a correctional institution where you are an inmate.
- The Plan may disclose your health information to a governmental health oversight agency.
- Each of the listed plans in Indiana State University Employee Health Benefit Plan may disclose PHI with one another as necessary to carry out treatment, payment and healthcare operations.

The Plan will not make any other use or disclosure of your health information (other than disclosures incidental to a permitted use or disclosure) unless you give it your written authorization to do so. You may revoke any authorization that you may have given. The revocation must be in writing and must be given or sent to the same person or entity to whom you gave or sent your original authorization. However, the revocation will not apply to the extent that the Plan has acted in reliance on it.

### **Your Rights**

You have certain rights with respect to your health information. These rights are listed below in this section. In order to exercise these rights, you must make a request in writing and send it to the contact person listed near the end of this Notice.

***Restrictions on Disclosures:*** You have the right to make a written request that the Plan place restrictions on uses and disclosures of your health information to carry out treatment, payment or health care operations. In addition, you may request restrictions on the Plan's right to disclose your health information to persons involved in your medical care (such as a spouse, relative or close friend) to the extent of their involvement when you are unable to consent or object to the disclosure due to your incapacity or to emergency circumstances. The Plan is not required to agree to any requested restrictions.

***Restrictions on Communications from the Plan:*** You have the right to make a written request that the Plan communicate with you by alternate means or at alternate locations if you clearly state that the disclosure of your health information through the Plan's ordinary means of communications could endanger you. The Plan will accommodate reasonable requests.

***Inspection and Copying of Health Information:*** You have the right to make a written request that you be allowed to inspect and copy your health information. However, this does not apply to psychotherapy notes or information compiled in anticipation of litigation. The Plan may grant or deny your request based on criteria set forth in its Privacy Policy.

***Amendment of Health Information:*** You have the right to make a written request to amend your health information.

As part of your request, you must explain the reasons why you think the information should be amended. The Plan may grant or deny your request based on criteria set forth in its Privacy Policy.

***Accounting of Disclosures:*** You have the right to make a written request for and to receive an accounting of disclosures of your health information that the Plan has made during the 6 years prior to the date the accounting is requested. However, this does not apply to disclosures made for purposes of treatment, payment or health care operations, disclosures made to you, disclosures made to persons involved in your care, disclosures made for national security or intelligence purposes as authorized by the National Security Act, disclosures to correctional institutions officials for your health care or other purposes pertinent to the operation of the institutions or disclosures that occurred before April 14, 2003.

***Paper Copy of Notice:*** You also have a right to make a written request for and to request and receive a paper copy, even if you have received an electronic version of this Notice.

### **The Plan's Duties**

The Plan is required by law to maintain the privacy of your health information and to give you notice of its legal duties and privacy practices with respect to your health information.

The Plan is also required to abide by the terms of the Notice of Privacy Practices currently in effect. The Plan can change the terms of this Notice and make the terms of the new Notice effective for all the health information that it maintains. If the Plan makes a material change to the terms of the Notice, it will notify all employees (including retirees and former employees, if any) who are covered under the Plan by first class mail at their home address as maintained by the Plan, or by hand delivery at the employee's work site or electronically if the employee has consented to receive these privacy notices electronically.

### **Complaints**

You may complain to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. If you want to file a complaint with the Plan, you must send a written statement describing your complaint to the contact person listed below. No one will retaliate against you for filing a complaint.

### **Contact**

If you wish to file a complaint or obtain further information about the Plan's privacy policies, please contact:

Candy Barton  
Director, Compensation and Benefits  
Indiana State University  
300 Rankin Hall  
Terre Haute, IN 47809  
812-237-4150

### **Effective Date**

The effective date of this Notice of Privacy Policies is April 14, 2003.  
Reinstatement date of this Notice is March 20, 2009.