

MURRAY STATE UNIVERSITY (“MSU”) HIPAA PRIVACY NOTICE

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) and the Health Information Technology for Economic and Clinical Health (HITECH ACT) imposes numerous requirements on employer health plans concerning the Use and Disclosure of your individual health information. This information is known as Protected Health Information (PHI) (and includes Genetic Information). It also gives you certain rights with respect to that information.

This notice describes the privacy practices of the following health plans: MSU Employee Health Plan; and MSU Health Care Flexible Spending Account. The plans covered by this notice may share health information with each other to carry out Treatment Payment or Healthcare Operations as described below. These plans are collectively referred to as “the Plan” in this notice unless specified otherwise. If you also participate in an insured plan option, you will receive a separate privacy notice concerning same.

The Plan’s duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information and to inform you about:

- The Plan’s practices regarding the Use and Disclosure of your PHI;
- Your rights with respect to your PHI;
- The Plan’s duties with respect to your PHI;
- Your right to file a complaint about the Use of your PHI;
- A breach of your unsecured PHI; and
- Whom you may contact for additional information about the Plan’s privacy practices.

It’s important to note that these rules apply only to health plans. Different privacy or confidentiality policies may apply to other MSU programs, such as life insurance or disability. These rules apply to the Plan, not MSU as an employer — that’s the way the HIPAA rules work. Different policies may apply to other MSU programs or to data unrelated to the health plan.

How the Plan may Use or Disclose your health information

The privacy rules generally allow the Use and Disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share health information about you with physicians who are treating you.*
 - **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*
 - **Health care operations** include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may use information about your claims to review the effectiveness of wellness programs.*
- The Plan will not use PHI that is genetic information for underwriting purposes.

The amount of health information Used or Disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. In other words, only information related to the task being performed will be Used or Disclosed. Information not required for the task will not be Used or Disclosed. The Plan may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

How the Plan may share your health information with MSU

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to MSU for plan administration purposes. MSU may need your health information to administer benefits under the Plan. MSU agrees not to Use or Disclose your health information other than as permitted or required by the Plan documents and by law. Employees of Human Resources, Office of the Vice President for Finance and Administrative Services, Office of General Counsel, Information Systems and Office of Internal Auditor are the only MSU employees who will have access to your health information for plan administration functions.

In addition, the HIPAA rules allow information to be shared between the Plan and MSU, as follows:

- The Plan, or its Insurer or HMO, may disclose “summary health information” to MSU if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.
- The Plan, or its Insurer or HMO, may disclose to MSU information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that MSU cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by MSU from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable Uses or Disclosures of your health information

Generally, the Plan may Disclose your PHI without authorization to a family member, close friend, or other person you have identified as being involved in your healthcare or payment for your care. In the case of an emergency, information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to Use or Disclose your health information without your written authorization for the following activities:

As Required by law	Disclosures to federal, state or local agencies in accordance with applicable law
Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illnesses without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects; or to notify individuals of recalls of medication or products they may be using;
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required or permitted by law
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to comply with healthcare system oversight activities such as audits, inspections, investigations, or licensing actions and activities related to healthcare provision or public benefits or services
Specialized government functions	Disclosures to facilitate specified government functions related to the military and veterans, national security or intelligence activities; disclosures to correctional facilities about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice or as may be allowed by law, other Uses and Disclosures of PHI, such as marketing purposes, Use of Psychotherapy Notes, and Disclosures that constitute the sale of PHI will be made only with your written authorization. You may revoke your authorization by written notice of such revocation as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain Uses and Disclosures of your health information and the Plan's right to refuse

You have the right to request a restriction or limitation on the Plan's Use or Disclosure of your health information. For example, you have the right to ask the Plan to restrict the Use and Disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict Use and Disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing on the appropriate form.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restriction. The Plan may also Disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

You also have the right to request that the Plan not Disclose PHI to a health plan for the purpose of carrying out payment or health care operations if such Disclosure is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than a health plan) has paid the health care provider in full. In such event, the Plan must agree to abide by your request.

Right to receive confidential communications of your health information

If you think that Disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations. For example, you may request that the Plan only contact you at work and not at home.

If you want to exercise this right, your request to the Plan must be in writing on the appropriate form and you must include a statement that Disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in records that the Plan maintains in a Designated Record Set for enrollment, payment, claims determination, or case or medical management activities, or direct that they be provided to a third person. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing on the appropriate form. Within 30 days of receipt of your request, the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request. You have the right to request a copy of such records in a specified form and format and the Plan will provide same if they are readily producible in such form and format; and, if not, they will be provided in a mutually agreeable manner.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information if you believe that the information the Plan has about you is incomplete or incorrect. The Plan may deny your request for a number of reasons.

If you want to exercise this right, your request to the Plan must be in writing on the appropriate form, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of Disclosures of your health information

You have the right to a list of certain Disclosures the Plan has made of your health information. This is often referred to as an "accounting of Disclosures." The Accounting will not include: (1) Disclosures made for purposes of Treatment, Payment or Health Care Operations; (2) Disclosures made to you; (3) Disclosures made pursuant to your authorization; (4) Disclosures made to friends or family in your presence or because of an emergency; (5) Disclosures for national security/law enforcement purposes; (6) Disclosures as part of a limited data set; (7) Disclosures occurring prior to the compliance date; and (8) Disclosures incident to other permissible purposes.

You may receive information on Disclosures of your health information going back for six (6) years from the date of your request, but not earlier than April 14, 2004 (the date that this plan was required to be in compliance with the HIPAA privacy rules) (or 3 years if the request is for PHI maintained electronically (including Disclosure of your PHI maintained electronically)). You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to access/copy of electronic records

You may request access to and/or a copy of your PHI which is maintained electronically in one or more designated record sets or you may request that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on September 23, 2013. 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. The revised notice will be posted on its website at www.murraystate.edu/hr/benefits.aspx and if the change is material, notice of the amendment and how to obtain the revised notice will be provided in association with the next annual enrollment to those individuals covered by the Plan.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and the regional Office for Civil Rights of the United States Department of Health and Human Services. (Information on how to file a complaint is available on the Department of Health and Human Services' website at www.hhs.gov/ocr/hipaa/. You won't be retaliated against for filing a complaint. To file a complaint with MSU, contact the Complaint Manager, Joyce Gordon, MSU, 412 Sparks Hall, Murray, KY 42071; 270-809-2146. You will be provided with a HIPAA complaint form to be completed, signed by you, and returned to the Complaint Manager.

For more information on the Plan's privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official, Teresa Moss Groves, MSU, 100 Pogue Library, Murray, Kentucky 42071; 270-809-3399, tgroves@murraystate.edu.

Additional contacts

The following is a list of key persons or offices you may need to contact to exercise your rights under the HIPAA privacy rule for different benefit plans offered by MSU:

	Restricted Disclosures	Confidential Communications/ Accounting of Disclosures/ Amendment of Your Health Information	Access to or Copies of Your Health Information
Murray State University Employee Health Plan/ Health Care Flexible Spending Account	Director Human Resources 412 Sparks Hall Murray State University Murray, KY 42071 phone 270-809-2146 fax 270-809-3464 msu.hr@murraystate.edu	Assistant Benefits Manager Human Resources 412 Sparks Hall Murray State University Murray KY 42071 phone 270-809-2146 fax 270-809-3464 msu.hr@murraystate.edu	Benefits Manager Human Resources 412 Sparks Hall Murray State University Murray KY 42071 phone 270-809-2146 fax 270-809-3464 msu.hr@murraystate.edu