

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.

Effective Date: April 14, 2004

**NATIONAL UNIVERSITY OF HEALTH SCIENCES HEALTH PLAN
NOTICE OF PRIVACY PRACTICES**

General Information About This Notice

The National University of Health Sciences (“National University”) continues its commitment to maintaining the confidentiality of your private medical information. This Notice describes our efforts to safeguard your health information from improper or unnecessary use or disclosure. This Notice only applies to health-related information received by or on behalf of the National University of Health Science Health Plan listed below. A new federal law, known as HIPAA, requires us to provide you with a summary of the Health Plan’s privacy practices and related legal duties, and your rights in connection with the use and disclosure of your Health Plan information.

This Notice applies to National University employees, former employees, and dependents who may participate in the Medical Care Reimbursement Account offered under the National University of Health Sciences Section 125 Flexible Benefit Plan (referred to in this Notice as the “Health Plan”):

In this Notice, the terms “we,” “us,” and “our” refer to the Health Plan, all National University employees involved in the administration of the Health Plan, and all third parties who perform services for the Health Plan. Actions by or obligations of the Health Plan include these National University employees and third parties.

Please Note:

- This Notice does **not** apply to National University’s fully insured medical, dental and vision benefit plans to the extent that your private medical information is in the insurer’s possession. If you in enrolled in these plans, you will receive a separate notice from the insurance provider.

CONTACT INFORMATION

If you have any questions regarding this Notice, please contact:

**Susan Craig
Director of Human Resources/
Privacy Officer
National University of Health
Sciences
200 East Roosevelt Road
Lombard, Illinois 60148
Tel: (630) 889-6556
Fax: (630) 889-6570**

What is Protected?

Federal law requires the Health Plan to have a special policy for safeguarding a category of medical information called “protected health information,” or “PHI,” received or created in the course of administering the Health Plan. PHI is health information that can be used to identify you and that relates to:

- your physical or mental health condition,
- the provision of health care to you, or

- payment for your health care.

The information you provide to the Health Plan for reimbursement of medical expenses is an example of PHI.

If National University obtains your health information in another way – for example, if you are hurt in a work accident or if you provide medical records with your request for leave under the Family and Medical Leave Act (“FMLA”) – it is not covered by this Notice. Similarly, health information obtained by a non-health-related benefits program, such as the disability program, is not protected under this Notice. This Notice does not apply in those types of situations because the health information is not received or created in connection with a Health Plan.

The remainder of this Notice generally describes our rules with respect to your PHI received or created by the Health Plan.

Uses and Disclosures of Your PHI

To protect the privacy of your PHI, the Health Plan not only guards the physical security of your PHI, but also limits the way your PHI is used or disclosed to others. We may use or disclose your PHI in certain permissible ways described below. To the extent required under federal health information privacy law, we use the minimum amount of your PHI necessary to perform these tasks.

- ***To determine proper payment of your Health Plan benefit claims.*** The Health Plan uses and discloses your PHI to reimburse you or your doctors or health care providers for covered treatments and services. For example, your diagnosis information may be used to determine whether a specific procedure is medically necessary or to reimburse your doctor for your medical care.
- ***For the administration and operation of the Health Plan.*** We use and disclose your PHI for numerous administrative and quality control functions necessary for the Health Plan’s proper operation. For example, we may use your claims information for fraud and abuse detection activities or to conduct data analyses of benefit utilization.
- ***To inform you or your health care provider about treatment alternatives or other health-related benefits that may be offered under a Health Plan.*** For example, we may use your claims data to alert you to an available case management program if you become pregnant or are diagnosed with diabetes or liver failure.
- ***To a health care provider if needed for your treatment.*** For example, we may disclose your prescription information to a pharmacist regarding a drug interaction concern.
- ***To a non-National University health plan to determine proper payment of your claim under the other plan.*** For example, we may exchange your PHI with your spouse’s health plan for coordination of benefits purposes.
- ***To a health care provider or to a non-National University health plan for certain administration and operations purposes.*** We may share your PHI with another health plan or health care provider who has a relationship with you for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.

- ↪ ***To a family member, friend, or other person involved in your health care*** if you are present and you do not object (or it can be inferred that you do not object) to the sharing of your PHI directly relevant to the person’s involvement in your health care, or, if you are not present or are unable to object due to incapacity or emergency, the disclosure is in your best interest.
- ↪ ***To comply with an applicable federal, state, or local law***, including workers’ compensation or similar programs.
- ↪ ***For public health reasons***, including (1) to a public health authority for the prevention or control of disease, injury or disability; (2) to a proper government or health authority to report child abuse or neglect; (3) to report reactions to medications or problems with products regulated by the Food and Drug Administration; (4) to notify individuals of recalls of medication or products they may be using; or (5) to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.
- ↪ ***To report a suspected case of abuse, neglect or domestic violence***, as permitted or required by applicable law.
- ↪ ***To comply with health oversight activities***, such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.
- ↪ ***To the U.S. Department of Health and Human Services*** to demonstrate our compliance with federal health information privacy law.
- ↪ ***To respond to an order of a court or administrative tribunal.***
- ↪ ***To respond to a subpoena, warrant, summons or other legal request*** if sufficient safeguards, such as a protective order, are in place to maintain your PHI privacy.
- ↪ ***To a law enforcement official for a law enforcement purpose.***
- ↪ ***For purposes of public safety or national security.***
- ↪ ***To allow a coroner or medical examiner to identify you or determine your cause of death.***
- ↪ ***To allow a funeral director to carry out his or her duties.***
- ↪ ***To respond to a request by military command authorities*** if you are or were a member of the armed forces.

Certain National University employees may have access to your PHI to perform administrative functions on behalf of the Health Plan. Absent your written permission, however, National University employees will only use or disclose your PHI as described above. National University employees will not access your PHI for reasons unrelated to Health Plan administration. National University will not use your PHI for any employment-related reason without your express written authorization.

State law may further limit the permissible ways the Health Plan uses or discloses your PHI. If an applicable state law imposes stricter restrictions on the Health Plan, we will comply with that state law.

Other Uses and Disclosures of Your PHI

Before we use or disclose your PHI for any other purpose, we must obtain your written authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, the Health Plan will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, please understand that we cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Your Rights

Federal law provides you with certain rights regarding your PHI. Parents of minor children and other individuals with legal authority to make health decisions for a Health Plan participant may exercise these rights on behalf of the participant, consistent with state law.

Right to request restrictions: You have the right to request a restriction or limitation on the Health Plan's use or disclosure of your PHI. For example, you may ask us to limit the scope of your PHI disclosures to a case manager who is assigned to you for monitoring a chronic condition. Because we use your PHI only as necessary to pay Health Plan benefits, to administer the Health Plan, and to comply with the law, it may not be possible to agree to your request. *The law does not require the Health Plan to agree to your request for restriction.* However, if we do agree to your requested restriction or limitation, we will honor the restriction until you agree to terminate the restriction or until we notify you that we are terminating the restriction on a going-forward basis.

Restriction request forms are available from, and you may make a request for restriction on the use and disclosure of your PHI to, the Privacy Officer. Contact information for the Privacy Officer is listed on the front of this Notice. When making such a request, you must specify: (1) the PHI you want to limit; (2) how you want the Health Plan to limit the use and/or disclosure of that PHI; and (3) to whom you want the restrictions to apply.

Right to receive confidential communications: You have the right to request that the Health Plan communicate with you about your PHI at an alternative address or by alternative means if you believe that communication through normal business practices could endanger you. For example, you may request that the Health Plan contact you only at work and not at home.

You may request confidential communication of your PHI by completing an appropriate form available from the Privacy Officer. You should send your written request for confidential communication to the Privacy Officer at the address listed on the front of this Notice. We will accommodate all reasonable requests if you clearly state that you are requesting the confidential communication because you feel that disclosure in another way could endanger your safety. You must make sure your request specifies how or where you wish to be contacted.

Right to inspect and copy your PHI: You have the right to inspect and copy your PHI that is contained in records that the Health Plan maintain for enrollment, payment, claims determination, or case or medical management activities, or that we use to make enrollment, coverage, or payment decisions about you. However, we will not give you access to PHI records created in anticipation of a civil, criminal, or administrative action or proceeding. We will also deny your request to inspect and

copy your PHI if a licensed health care professional hired by the Health Plan has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider), and that the requested access would likely cause substantial harm to the other person.

In the unlikely event that your request to inspect or copy your PHI is denied, you may have that decision reviewed. A different licensed health care professional chosen by the Health Plan will review the request and denial, and we will comply with the health care professional's decision.

You may make a request to inspect or copy your PHI by completing the appropriate form available from and sending it to the Privacy Officer. We may charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses.

Right to amend your PHI: You have the right to request an amendment of your PHI if you believe the information the Health Plan has about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Health Plan. We will correct any mistakes if we created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

You may request amendments of your PHI by completing the appropriate form available from and sending it to the Privacy Officer. Be sure to include evidence to support your request because we cannot amend PHI that we believe to be accurate and complete.

Right to receive an accounting of disclosures of PHI: You have the right to request a list of certain disclosures of your PHI by the Health Plan. The accounting will not include (1) disclosures necessary to determine proper payment of benefits or to operate the Health Plan, (2) disclosures we make to you, (3) disclosures permitted by your authorization, (4) disclosures to friends or family members made in your presence or because of an emergency, or (5) disclosures for national security purposes. Your first request for an accounting within a 12-month period will be free. We may charge you for costs associated with providing you additional accountings. We will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses.

Accounting request forms are available from, and you may request an accounting of disclosures from, the Privacy Officer. When making such a request, you must specify the time period for the accounting, which may not be longer than six years and may not include dates prior to April 14, 2004, and the form (e.g., electronic, paper) in which you would like the accounting.

Right to file a complaint: If you believe your rights have been violated, you should let us know immediately. We will take steps to remedy any violations of the Health Plan's privacy policy or of this Notice.

You may file a formal complaint with our Privacy Officer and/or with the United States Department of Health and Human Services at the addresses listed below. You should attach any documents or evidence that supports your belief that your privacy rights have been violated. We take your complaints very seriously. **National University prohibits retaliation against any person for filing such a complaint.**

Complaints should be sent to:

Susan Craig
Director of Human Resources/
Privacy Officer
National University of Health Sciences
200 East Roosevelt Road
Lombard, Illinois 60148
Tel: (630) 889-6556
Fax: (630) 889-6570

Region V, Office for Civil Rights
U.S. Department of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
Tel: (312) 886-2359
Fax: (312) 886-1807
TDD (312) 353-5693
www.hhs.gov/ocr/hipaa/

Additional Information About This Notice

Changes to this Notice: We reserve the right to change the Health Plan's privacy practices as described in this Notice. Any change may affect the use and disclosure of your PHI already maintained by the Health Plan, as well as any of your PHI that the Health Plan may receive or create in the future. If there is a material change to the terms of this Notice, you will receive a revised Notice.

How to obtain a copy of this Notice: You can obtain a copy of the current Notice by writing to the Privacy Officer at the address listed on the front of this Notice.

No guarantee of employment: This Notice does not create any right to employment for any individual, nor does it change National University's right to discharge any of its employees at any time, with or without cause.

No change to Health Plan benefits: This Notice explains your privacy rights as a current, former, or potential participant in the National University Health Plan. The Health Plan is bound by the terms of this Notice as they relate to the privacy of your protected health information. However, this Notice does not change any other rights or obligations you may have under the Health Plan. You should refer to the Health Plan documents for additional information regarding your Health Plan benefits.