

Effective Date of Notice: 11/1/13

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact us at: Holly Williams, Manager of Employee Benefits, 420 Oak St PRK 150, Big Rapids MI 49307, 231-591-2150.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Ferris State University health plans to maintain the privacy of health information and to notify plan participants and beneficiaries about Ferris State’s legal duties and privacy practices relating to their health information. This Notice describes the privacy practices of Ferris State University’s Medical, Dental, Vision, Flexible Spending and Wellness health plans and any third parties that help us manage our plans. We are required to adhere to the terms of this Notice. This Notice is intended to satisfy HIPAA’s notice requirement with respect to all health information created, received, or maintained by the Ferris State University’s Medical, Dental, Vision, Flexible Spending and Wellness health plans and its Third Party Administrators (hereinafter collectively referred to as “the Plan”, “we” or “us”).

Please read the following policy. If you have any questions, have an inquiry regarding disclosure of protected health information, wish to amend/correct protected health information or wish to make a complaint in connection with any disclosure of protected health information, please contact Holly Williams, Human Resources Dept. and 231-591-2150.

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

We believe that information about you and your health, whether it be in verbal, written, or electronic format is personal and should be carefully safeguarded. We are committed to protecting your personal health information. Our policy applies to the health information that the Plan receives or creates about prospective, current and former employees and their family members covered by the Plan. We will adhere to the terms of this Notice, as will all third parties who assist us in managing the Plan. Please be aware that your health care providers, such as your doctor, dentist or hospital, have their own policies regarding their use and disclosure of your health information created in their offices.

Ferris State University may obtain health information about its associates and their family members in the course of the administration of the Plan. Some of this information is provided by employees in enrollment forms. We also receive personal information (such as eligibility and claims information) through transactions with other entities, including the administrators of our health plans, health care providers and other business partners. This notice describes the ways we may use and disclose this health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways in which we may use or disclose health information:

- **For Treatment.** We may use or disclose health information to facilitate medical treatment by healthcare providers. If you are unable to provide your medical history as the result of an accident, the Plan may share information in its records with an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** We may use or disclose health information about you to determine eligibility for plan benefits, process and pay your claims, and coordinate benefits. For example, payment functions may include reviewing submitted claims or determining whether a particular treatment is covered under your plan. Similarly, we may use or disclose your health information to assist with adjudication or subrogation of health claims. Also, we may share information with a medical provider to determine whether a particular medical treatment is medically necessary, experimental or investigational. We will also send to the employee participating in the Plan an explanation of benefits indicating the amounts the health plan has paid for medical services provided to the employee, his or her covered spouse and other covered dependents.
- **For Health Care Operations.** We may use and disclose health information about you to administer necessary activities related to your coverage. For example, if you are injured in an accident, we may share your health information with multiple health care providers in order to provide case management services. Similarly, we may use or disclose health information in order to review the performance of the Plan, to conduct and arrange for legal services, auditing activities and business planning and development; and for other general health plan administration activities. However, we will not use any genetic information for underwriting or eligibility purposes.
- **By Health Plans and Insurers.** The Plan may share information with our third party administrators who perform services for the plan and with any health insurance issuers that provide health coverage for these plans.
- **To Personal Representatives.** We may use or disclose health information about you when dealing with individuals involved in your care or the payment for your care. For example, we may disclose health information to an individual who has legal authority to make health care decisions on your behalf.

We are also permitted to use and share your information for the following purposes when permitted by federal and state law:

- **As Required By Law.** For example, when required by federal or state statute or regulation.
- **To Avert A Serious Threat To Health Or Safety.** For example, to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

- **Military And Veterans.** For example, if required by military command authorities.
- **Workers' Compensation.** For example, to comply with workers' compensation or similar laws.
- **Public Health Risks.** For example, to prevent or control disease, or to report child abuse and domestic violence.
- **Health Oversight Activities.** For example, to help health agencies during audits, investigations or inspections.
- **Medical Research.** For example, to help identify medical practices that are more effective in treating disease.
- **Lawsuits And Disputes.** For example, in the course of an administrative or judicial proceeding.
- **Law Enforcement.** For example, to identify or locate a suspect or to comply with a court order, a court-ordered warrant or a subpoena or summons issued by a court.
- **National Security And Intelligence Activities.** For example, for military, national security, prisoner and government benefit purposes.
- **Disclosures To Plan Sponsors.** For example, to help the sponsor of your group health plan administer your benefits.

When We May Not Use Or Disclose Your Health Information

We will use or disclose your health information only as described in this Notice. It is not necessary for you to do anything to allow us to disclose your health information as described here. Any other uses and disclosures of information will only be made with your written authorization. You may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have several rights regarding the health information that we maintain about you and we will respect your right to exercise them. If you wish to exercise your rights, you must submit a written request on a standard form we will provide to you. You can obtain this form by calling Holly Williams, Human Resources Dept. and 231-591-2150, or by writing to us at Holly Williams, Human Resources, 420 Oak St PRK 150, Big Rapids MI 49307. The form is also available on our website,

<http://www.ferris.edu/HTMLS/administration/adminandfinance/human/Benefits/HIPAA/>.

- **Right To Inspect And Copy.** You have the right to inspect and copy the health information that we maintain about you. If you request a copy of the information, we may charge you a reasonable fee to cover the costs of making copies. In limited circumstances, we may deny your request, and if we do, we will explain why the request was denied and whether you have the right to a further review of the denial.
- **Right To Request Amendments.** You may request that we correct your health information, along with an explanation of the reason for the correction. If we agree to your request, we will take reasonable steps to inform others with whom we may have shared the information of the correction. If your request is denied, we will provide you with information about the reason for our denial and what you can do if you disagree with the denial.
- **Right To Request An Accounting Of Disclosures.** You may request an accounting of disclosures. This is a list of certain disclosures of your health information that we have made to third parties during the last three years for reasons other than for treatment, payment or operational purposes. We will provide one list per 12-month period free of charge; we may charge you for additional lists.
- **Right To Request Additional Restrictions.** You may request in writing that we not use or disclose your information for treatment, payment or administrative purposes, or to individuals involved in your care. We will consider your request but are not required to agree to it.
- **Right To Request Confidential Communications.** From time to time we will send to your home an explanation of benefits or other information about your health care treatment and payment. If you feel that these communications may endanger you, you may request that we communicate with you using a reasonable alternative means or location. For example, you can ask that we contact you only at work, by e-mail, or by mail at a specified address (such as a P.O. box, rather than your home mailing address). We will accommodate all reasonable requests.
- **Right To A Paper Copy Of This Notice.** You have the right to receive a paper copy of this Notice. 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 our website, <http://www.ferris.edu/HTMLS/administration/adminandfinance/human/Benefits/HIPAA/> or by writing to us at the address listed above.
- **Right To Receive Notification of a Breach of Your Health Information.** You will receive timely notification if there is a breach of your unsecured health information.
- **Right To Prior Approval of Use of Your Health Information for Marketing or Sale Purposes.** We may not sell your health information or use your health information for marketing purposes without your prior express written authorization.

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 may receive in the future. We will revise and redistribute this Notice whenever there is a material change to the uses and disclosures, privacy rights, legal duties, or other privacy practices stated in this Notice. Until then, we are required by law to comply with the current version of this Notice. We will keep a copy of this Notice posted on the employee benefits section of the company intranet, and you may always request a paper copy from the benefits department.

QUESTIONS OR COMPLAINTS

If you have questions about your privacy rights described in this Notice, or if you believe that we may have violated your privacy rights, please contact us at: Holly Williams, Manager of Employee Benefits, 231-591-2150. You may also file a written complaint with us, as well as with the Department of Health and Human Services. We support your right to protect your health information. **We will not penalize you or retaliate against you for filing a complaint.**

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