



NOTICE OF PRIVACY PRACTICES

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.

Your Information. Your Rights. Our Responsibilities.

Purpose of this Privacy Notice

The University of Iowa Benefits Office (“Benefits Office” or “we”) administers group health plans for employees, retirees, and students on behalf of the University of Iowa (“University”). The Benefits Office is required by the Health Insurance Portability and Accountability Act (“HIPAA”) and related rules to provide you with a written notice of the privacy protections afforded to you by federal law (“Notice of Privacy Practices” or “Notice”) explaining how the Benefits Office uses and discloses your health information to process your health benefit claims, assist with your treatment and conduct its business operations. Participants in the group health plans sponsored by the University may also receive a Notice of Privacy Practices from the group health plans. A complete listing of our current group health plans subject to this notification requirement is available on our website at: <https://hr.uiowa.edu/benefits/health-insurance>.

Who will follow this Notice?

This Notice describes the privacy policy of the Benefits Office in its role as administrator of your health plan. The privacy policy will be followed by:

- All employees of the Benefits Office.
- University of Iowa Departments and their employees that provide support to the Benefits Office, but only to the minimum extent necessary to perform their jobs. Such departments may include Data Processing, Accounts Receivable, Internal Audit, and Risk Management.
- Business Associates: External individuals or companies hired by the group health plans or the University under special contracts (Business Associate Agreements) to perform certain services on behalf of the plan or the University. These special contracts ensure the Business Associate maintains confidentiality and follows all federal and state privacy rules.

Commitment to the University

We, acting on behalf of the University as the Plan Sponsor, may receive your health information from the group health plans because we have agreed to the following:

- We will use your health information as needed to carry out our responsibilities as the Plan Sponsor of the group health plans, provided such uses and disclosures are consistent with the requirements of HIPAA.
- We will not use or further disclose any of your health information except as permitted or required to carry out our responsibilities as Plan Sponsor.
- We will require our Business Associates, including subcontractors or agents who assist us in plan administration, and receive health information, to agree to the same restrictions, conditions and protections that we follow with respect to such information.
- We will not use or disclose your health information obtained as the Plan Sponsor, for employment related actions and decisions, or in connection with any other benefit or employee benefit plan of the University.
- We will, if feasible, return or destroy all health information received from the group health plans that we maintain in any form, and we will not retain copies of such information when no longer needed for the purpose for which it was disclosed. If destruction or return is not feasible, we will limit any further uses of the information to those purposes that make the return or destruction infeasible.

While any employee of the University who has a need to access or use health information to assist the University in carrying out its plan administration responsibilities may receive health information, such health information will generally only be disclosed to employees in the Benefits Office and then only the minimum necessary amount will be disclosed. Any University employee accessing or using health information may do so only in carrying out the plan administration functions that the University performs for the group health plans. This includes those University units and employees who perform services for the group health plans as internal business associates. If there is any non-compliance with the required commitments to the group health plans, the issue of noncompliance will immediately be brought to the attention of the Benefits Office Director and the University of Iowa Privacy Officer for prompt attention.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities.

Get a copy of health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information we have about you that we use to make decisions about your coverage or benefits. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- If your request is denied, you will receive a written explanation of the reasons for the denial.
- Hospital records and other records not maintained by us must be obtained directly from the health care provider that maintains those records.

As us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care or our ability to do our job.

Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly. You can also download a copy of the Notice at: <https://hr.uiowa.edu/benefits/benefits-overview/benefits-annual-notices>.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting the University of Iowa Privacy Officer, University of Iowa Hospitals and Clinics, 200 Hawkins Drive, 1346 JCP, Iowa City, Iowa, 52242-1009; calling the Compliance Helpline at 319-384-8190; or e-mailing compliance@healthcare.uiowa.edu.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive.

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization.

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you for care coordination, case management, to pay your health care spending account claims, and to develop better services for you.

Pay for your health services.

- We can use and disclose your health information as we pay for your health services.

Example: A Plan may use your health information to confirm enrollment and coverage, or coordinate services with other insurance carriers.

How else can we use or share your health information?

We are allowed and sometimes required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many law conditions before we can share your information for these purposes. For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

As required by Law. A Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:

- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers' compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government programs.
- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.

Each Plan may also use and disclose your health information as follows:

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding such things as coverage, exclusion, and cost issues.

- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

Other applicable laws

The Plan's use and disclosure of your personal health information must comply with applicable Iowa law and other federal laws besides HIPAA. Iowa law and federal regulations place certain additional restrictions on the use and disclosure of personal health information for mental health, substance abuse, HIV/AIDs, and certain genetic information. In some instances, your specific authorization may be required.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you us we can, you may change your mind at any time. Let us know in writing if you change your mind. Your revocation will be effective for all of the health information listed in your written permission, unless the Plan has taken action in reliance on your authorization.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We are required to follow the terms of this Notice until it is replaced. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will mail a copy to you.

Effective Date

The effective date of this Notice is April 14, 2003; revised on September 30, 2013.

Contact Information for Questions

If you have questions about this HIPAA Notice of Privacy Practices, you may contact the Benefits Office by:

- Call the Benefits Office, Monday through Friday, 8:00 a.m. to 5:00 p.m. at: 319-335-2676 or 877-830-4001.
- E-mailing questions to the Benefits Office at benefits@uiowa.edu.
- Mailing questions to: Benefits Administration Office, University of Iowa, 120 University Services Building, Iowa City, IA 52242

OR contact the University of Iowa Privacy Officer at:

University of Iowa Hospitals and Clinics
200 Hawkins Drive, 1346 JCP
Iowa City, Iowa 52242-1009
319-384-8282
E-mail: compliance@healthcare.uiowa.edu