

## **HIPAA Notice of Privacy Practices**

## NOTICE OF HEALTH INFORMATION 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.***

University Physician Associates (the “Company”) considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

Our employee group health plan (the “Plan”) may use or disclose medical information about participants (employees and covered spouses and dependents) as required for purposes of administering the Plan, such as reviewing and paying claims and utilization review. Some of these functions may be handled directly by our employees who are responsible for overseeing the operation of the Plan, while other functions are performed by other companies under contract with us to provide services to the Plan (“business associates”). Regardless of who handles medical information for the Plan, the Plan has established policies and entered into formal agreements with our business associates that are designed to prevent the misuse or unnecessary disclosure of protected health information.

As required by Federal law, this Notice is being provided to you to describe the Plan’s health information privacy procedures and policies. It also provides details regarding certain rights you may have under Federal law regarding medical information about you maintained by the Plan.

You should review this Notice carefully and keep it with other records relating to your health coverage. The Plan is required to abide by the terms of this Notice while it is in effect.

If the Plan’s health information privacy policies and procedures are changed so that this Notice is no longer accurate, the Plan will provide a new updated Privacy Notice. The Plan reserves the right to apply any changes in its health information policies retroactively to all health information maintained by the Plan, including information received or created before the policies were revised.

### **Protected Health Information**

This Notice applies to health information held by the Plan that includes identifying information about you (or your spouse or dependents). Such information, regardless of the form in which it is kept, is referred to in this Notice as Protected Health Information, or “PHI”. For example, any health information that includes details such as your name, street address, dates of birth, or social security number is PHI. However, information that does not include such identifying details may be considered PHI if that information could reasonably be expected to allow the person reviewing that information to identify you as the subject of the information. Information that the Plan possesses that is not PHI is not covered by this Notice and such information may be used for any purpose that is consistent with applicable law and with the Plan’s policies and requirements.

## How the Plan Uses or Discloses Protected Health Information

PHI may be used or disclosed by the Plan as necessary for the operation of the Plan. Specifically, PHI may be used or disclosed for the following purposes:

**Payment.** If the Plan needs PHI to help pay for your covered services, the Plan may use or disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; collecting payroll deductions; calculating cost-sharing amounts; reviewing claims or making payment to our health plan claims administrator or for similar payment-related purposes. The Plan may use that information or request that information, and review the information for payment purposes.

**Other Health Care Operations.** The Plan may also use PHI as needed for various purposes that are related to the operation of the Plan. These purposes include quality assessment and review programs, utilization review programs, contacting providers or participants regarding treatment alternatives, renewals of insurance or reinsurance contract and other functions that are appropriate for purposes of administering the Plan. Most of these health care operations are handled by our business associates.

In the event that the Plan uses PHI for underwriting, genetic information will not be used or disclosed for any underwriting purposes such as determining eligibility or premiums, as prohibited by the Genetic Information Nondiscrimination Act of 2008 (GINA).

The Plan may contact you with treatment reminders, treatment alternatives or other health-related benefits or services that may be of interest to you, generally through our business associates.

Any information possessed by one Health Plan that is subject to this Notice may be used or disclosed to another Health Plan that is subject to this Notice if appropriate for the payment, treatment or other health care operations purposes described above.

In addition to the typical Plan purposes described above, PHI may also be used or disclosed as permitted or required under applicable law for the following purposes:

**Use Or Disclosure Required By Law.** If the Plan is legally required to provide PHI to a government agency or anyone else, it will do so. In such cases, the Plan will make reasonable efforts to avoid disclosing more information than required by applicable law.

**Disclosure For Public Welfare.** The Plan may disclose PHI to address matters of public interest as required or permitted by law (for example, child abuse and neglect, threats to public health and safety, and matters of national security).

**Health Oversight Activities.** The Plan may disclose PHI to health oversight agencies, including state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other Federal, State, or local agencies that are responsible for overseeing the health care system or particular government program for which health information is needed, for oversight activities authorized by law.

**Disclosures For Judicial And Administrative Proceedings.** The Plan may disclose PHI in response to a court order or other lawful process.

**Disclosures For Law Enforcement Purposes.** The Plan may disclose PHI for a law enforcement purpose to a federal, state or local law enforcement official if certain detailed restrictive conditions are met.

**Disclosures For Research Purposes.** If certain detailed restrictions are met, the Plan may disclose PHI for research purposes.

**Disclosure For Workers' Compensation Purposes.** The Plan may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

**Uses and Disclosures Not Mentioned Above: Authorization Required**

The Plan will not sell your PHI or use or disclose PHI for marketing purposes (not considered treatment or health care operations), without a signed authorization by you. Furthermore, the Plan will not use or disclose psychotherapy notes without a signed authorization by you.

In addition, the Plan will not use or disclose PHI for any purpose that is not mentioned above (in the *How the Plan Uses or Discloses Protected Health Information* section) except as specifically required or permitted by law or authorized by you. If the Plan needs to use or disclose PHI for a reason not listed above or required or permitted by law, it will request your permission for that specific use and will not use PHI for that purpose except according to the specific terms of your authorization. You may complete an Authorization Form if you want the Plan to disclose health information to someone else at your request, for any reason.

Any authorization you provide will be limited to specific information, and the intended use or disclosure as well as any person or organization that is permitted to use, disclose or receive the information must be specified in the Authorization Form. Also, an authorization is limited to a specific limited time period and it expires at the end of that period. You always have the right to revoke a previous authorization by making a written request to the Plan. The Plan will honor your request to revoke an authorization but the revocation will not apply to any action that the Plan took in accord with the authorization before you informed the Plan that you were revoking the authorization.

**Your Health Information Rights**

Under Federal law, you have the following rights:

**You have the right to restrict disclosures to the health plan for services for which you paid 100% of the cost.** You may request to restrict disclosures of your protected health information to the health plan when it pertains to items or services for which you have paid for "out of pocket".

**For uses and disclosures regarding services paid partially or fully by the plan, you may request restrictions with regard to certain types of uses and disclosures.** This includes the uses and disclosures described above for treatment, payment and other health plan operations purposes. We may consider but may not agree to such requests. If the Plan agrees to a restriction you request, it will

abide by the terms of that restriction. However, under the law, *the Plan is not required to accept any restriction regarding medical benefits or services paid in full or partially by the plan.*

**If PHI is being provided to you, you may request that the information be provided to you in a confidential manner.** This right applies only if you inform the Plan in writing that the ordinary disclosure of part or all of the information might endanger you. For example, an individual may request that information about certain types of treatment be sent to a different address than the home address. The Plan will honor such requests as long as they are reasonable.

**You may request access to certain medical records, including electronic medical records, possessed by the Plan and you may inspect or copy those records.** This right applies to all enrollments, claims processing, medical management and payment records maintained by the Plan also to any other information used to make decisions about you or your health coverage. We may ask you to make your request in writing and, in certain cases, may deny the request.

**You may request that PHI maintained in any form by the Plan be amended.** If you feel that certain information maintained by the Plan is inaccurate or incomplete, you may request that the information be amended. The Plan may deny your request if it finds that the information is accurate and complete. If the Plan denies your request, you may file a written statement of disagreement.

The Plan will normally respond to a request for an amendment within 60 days after it receives your request. In certain cases, the plan may take up to 30 additional days to respond to your request.

**You have the right to receive details about certain non-routine disclosures of health information made by the Plan.** You may request an accounting of all disclosures of health information made by the Plan about you, such as disclosures of health information to government agencies, with certain exceptions. The request will not apply to any disclosures made before April 14, 2004 or for any period earlier than 6 years from the date your request is properly submitted to the Plan. If you request an accounting of disclosures more than once in a 12-month period, the Plan may charge you a reasonable fee.

**You have the right to receive a notice if a breach of your unsecured PHI occurs.** If there is a security breach and your unsecured PHI is accessed or disclosed, you will receive a notification of the breach to your last known address within 60 days of the discovery of the breach. The notification will include:

- specific information about the breach including a brief description of what happened,
- a description of the types of unsecured PHI involved in the breach
- any steps you should take to protect yourself from potential harm resulting from the breach
- a brief description of what the Plan is doing to investigate the breach, mitigate the harm to you and protect against further breaches;
- contact information for you to ask questions or learn additional information

**You have the right to receive a paper copy of this Privacy Notice.** If the Plan provides this Notice to you in an electronic form, you may request a paper copy and the Plan will provide one.

### **Health Information Complaint Procedures**

If you believe your health information privacy rights have been violated, you may file a complaint with the Plan. To file a complaint, you should contact:

Donna Sawler  
UPA Human Resources  
30 Bergen Street, ADMC 1201  
Newark, New Jersey 07071  
(973) 972-5979

In addition to your right to file a complaint with the Plan, if you feel your privacy rights have been violated, you may file a complaint with the U.S. Department of Health & Human Services and we will provide you with an address upon your request. You will never be penalized or retaliated against in any way as a result of any complaint that you file.

### **Additional Information**

After reading this Notice, if you have any questions about the Plan's health information privacy policies and procedures or if you need additional information, you should contact:

Donna Sawler  
UPA Human Resources  
30 Bergen Street, ADMC 1201  
Newark, New Jersey 07072  
(973) 972-5979