UNIVERSITY OF MIAMI HEALTH PLAN NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF MIAMI GROUP HEALTH INSURANCE PROGRAMS AND HEALTH FLEXIBLE SPENDING ACCOUNT

Effective Date: July 18, 2013

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

WHEN THIS NOTICE APPLIES

This notice summarizes the privacy practices of the Health Plan. The Health Plan may use and disclose protected health information about you for purposes described in this notice.

THE HEALTH PLAN'S OBLIGATIONS

We are required by law to:

- Maintain the privacy of health information;
- Give you this notice of the Health Plan's duties and privacy practices regarding health information about you; and
- Follow the terms of this notice as they are currently in effect.

HOW THE HEALTH PLAN MAY USE AND DISCLOSE ENROLLEE HEALTH INFORMATION

The following categories of activities describe the ways that the Health Plan may use and disclose health information that identifies you ("Enrollee Health Information"). Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, the Health Plan will use and disclose Enrollee Health Information only with a written authorization from you. If you authorize the Health Plan to use or disclose Enrollee Health Information for a purpose not listed in this notice, you may revoke that authorization at any time, subject to the terms and conditions that you agreed to in the authorization, by sending a written request as set forth in the authorization. The Health Plan’s sponsor has amended the Health Plan documents to protect your Enrollee Health Information, as required by federal law.

a) For Treatment. The Health Plan may use or disclose Enrollee Health Information to aid in your treatment or to provide or coordinate your health care services. The Health Plan may disclose Enrollee Health Information to doctors, nurses, technicians, or other personnel. For example, the Health Plan may tell your primary physician about care provided to you by a specialist to provide you with additional services as appropriate for treatment purposes.

b) For Payment. The Health Plan may use and disclose Enrollee Health Information so that the Health Plan may make coverage and payment determinations. Such determinations include, but are not limited to, billing, claims management, subrogation, reimbursements, medical necessity determinations, and utilization review determinations. For example, the Health Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plan.

c) For Health Care Operations. The Health Plan may use and disclose Enrollee Health Information for health care operations, which are administrative activities involved in providing and managing your health benefits. These uses and disclosures are necessary to maintain high quality care under the Health Plan and
for the proper administration of the Health Plan. For example, the Health Plan may use Enrollee Health Information to review the adequacy and quality of the care that participants receive or to evaluate the efficiency of the Health Plan's activities.

d) **Individuals Involved in Your Care or Payment for Your Care.** The Health Plan may disclose Enrollee Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent you have agreed to such disclosure or failed to object to such disclosure when given an opportunity. The Health Plan also may notify such individuals about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

e) **For Health Plan Administration Functions.** The Health Plan may disclose Enrollee Health Information to the Health Plan sponsor to the extent necessary to fulfill its administrative functions to the Health Plan.

f) **Research.** Under certain circumstances, the Health Plan may use and disclose Enrollee Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all enrollees who received one medication or treatment to those who received another, for the same condition. Before the Health Plan uses or discloses Enrollee Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Enrollee Health Information to balance the benefits of research with the need for privacy of Enrollee Health Information. Even without special approval, the Health Plan may permit researchers to look at records to help them identify enrollees who may be included in their research project or for other similar purposes.

g) **Health-related Benefits, Products, and/or Services.** The Health Plan may use and disclose Enrollee Health Information in order to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits, products, and/or services that may be of interest to you.

**SPECIAL CIRCUMSTANCES**

In addition to the above, the Health Plan may use and disclose Enrollee Health Information in the following special circumstances:

h) **As Required by Law.** The Health Plan will disclose Enrollee Health Information when required to do so by international, federal, state, or local law, including, but not limited to, disclosures to you or your personal representative, as described below under “YOUR RIGHTS,” or to the Secretary of the federal Department of Health and Human Services to determine the Health Plan’s compliance with federal health information privacy laws.

i) **To Avert a Serious Threat to Health or Safety.** The Health Plan may use and disclose Enrollee Health Information when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent or lessen the threat. In addition, the Health Plan may use and disclose Enrollee Health Information, under certain circumstances, as necessary for law enforcement authorities to identify or apprehend an individual.

j) **Business Associates.** The Health Plan may disclose Enrollee Health Information to the Business Associates that the Health Plan engages to provide services on its behalf if the information is necessary for such services. For example, the Health Plan may use another company to perform billing services on its behalf. All of the Health Plan's Business Associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them.
k) **Organ and Tissue Donation.** If you are an organ donor, the Health Plan may release Enrollee Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

l) **Highly Confidential Information.** Federal and state laws may require special privacy protections for highly confidential information about you. “Highly confidential information” may include, for example, confidential information under Federal law governing alcohol and drug abuse information, as well as state laws that may protect information regarding HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, and sexually transmitted diseases, among other categories of information. The Health Plan’s use and disclosure of highly confidential information will be conducted in accordance with such special privacy protections as may be applicable to Enrollee Health Information.

m) **Military and Veterans.** If you are a member of the armed forces, the Health Plan may release Enrollee Health Information as required by military command authorities. The Health Plan also may release Enrollee Health Information to the appropriate foreign military authority if you are a member of a foreign military.

n) **Workers’ Compensation.** The Health Plan may disclose Enrollee Health Information as authorized by and to the extent necessary to comply with laws relating to workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

o) **Public Health Risks.** The Health Plan may disclose Enrollee Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our offices and/or facilities in certain limited circumstances concerning workplace illness or injury. The Health Plan also may release Enrollee Health Information to an appropriate government authority if the Health Plan believes an enrollee has been the victim of abuse, neglect, or domestic violence; however, the Health Plan will only release this information if the enrollee agrees or when the Health Plan is required or authorized by law.

p) **Health Oversight Activities.** The Health Plan may disclose Enrollee Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

q) **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Health Plan may disclose Enrollee Health Information in response to a court or administrative order. The Health Plan also may disclose Enrollee Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

r) **Law Enforcement.** The Health Plan may release Enrollee Health Information for a law enforcement purpose to a law enforcement official, if the Enrollee Health Information is: (1) required by law or is provided in compliance with a court order or a court-ordered warrant, or a subpoena or summons issued by a judicial officer, or a grand jury subpoena or an administrative request; (2) limited to information used to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, the Health Plan is unable to obtain the person’s agreement; (4) about a death the Health Plan believes may be the result of criminal conduct; or (5) about criminal conduct on our premises.

s) **Coroners, Medical Examiners and Funeral Directors.** The Health Plan may release Enrollee Health Information to a coroner or medical examiner. In some circumstances, this may be necessary, for example,
to determine the cause of death. The Health Plan also may release Enrollee Health Information to funeral
directors as necessary for their duties.

t) **National Security and Intelligence Activities.** The Health Plan may release Enrollee Health Information to
authorized federal officials for intelligence, counter-intelligence, and other national security activities
authorized by law.

u) **Protective Services for the President and Others.** The Health Plan may disclose Enrollee Health
Information to authorized federal officials so they may provide protection to the President, other authorized
persons, or foreign heads of state, or to conduct special investigations.

v) **Inmates or Individuals in Custody.** In the case of inmates of a correctional institution or individuals that
are under the custody of a law enforcement official, the Health Plan may release Enrollee Health
Information to the appropriate correctional institution or law enforcement official. This release would be
made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and
safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**IMPERMISSIBLE USES**

The Health Plan cannot use your genetic information for underwriting purposes.

**YOUR RIGHTS**

You have the following rights, subject to certain limitations, regarding Enrollee Health Information that the Health
Plan maintains about you:

a) **Right to Inspect and Copy.** You have the right to inspect and copy Enrollee Health Information that may
be used to make decisions about your care or payment for your care. You may in some cases receive
instead a summary or explanation of your Enrollee Health Information. In limited circumstances, we may
deny your request to inspect and copy your Enrollee Health Information. However, in certain cases, you
will be able to have such denials reviewed.

b) **Right to Amend.** If you feel that Enrollee Health Information that the Health Plan has is incorrect or
incomplete, you may ask the Health Plan to amend the information. You have the right to request an
amendment for as long as the information is maintained by or for us. You must tell us the reason for your
request. If we deny your request, you may have a statement of your disagreement added to your Enrollee
Health Information.

c) **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures
of Enrollee Health Information that the Health Plan has made. This accounting will not include disclosures
of Enrollee Health Information made: (i) prior to April 14, 2003; (ii) for treatment, payment, or health care
operations; (iii) to you or pursuant to your authorization; (iv) to correctional institutions or law enforcement
officials; or (v) for purposes or periods for which federal law otherwise does not require us to provide an
accounting.

d) **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Enrollee
Health Information that the Health Plan uses or discloses for treatment, payment, or health care operations.
You have the right to request a limit on the Enrollee Health Information that the Health Plan discloses
about you to someone who is involved in your care or the payment for your care, like a family member or
friend. **The Health Plan is not required to agree to certain requests.** For example, you could ask that the
Health Plan not share information about your surgery with your spouse. If the Health Plan agrees to your
request, the Health Plan will comply with your request, unless the Health Plan needs to use the information
in certain emergency treatment situations. If you pay for a service out of pocket, then you have the right to
request that the information regarding the service not be disclosed to your Health Plan.
e) **Right to Request Confidential Communications.** By providing us with certain information, you expressly agree that the Health Plan and its business associates can use certain information (such as your home/work/cellular telephone number and your email), to contact you about various matters. You agree you may be contacted through the information you have provided and by use of pre-recorded/artificial voice messages and use of an automatic/predictive dialing system. You have the right to request that the Health Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Health Plan contact you only by mail or at work. Your request must specify how or where you wish to be contacted. The Health Plan will accommodate reasonable requests where a disclosure of all or part of the Enrollee Health Information could endanger you.

f) **Right to a Paper Copy of This Notice.** You have the right to 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 the Health Plan's website, [http://www.miami.edu/benefits](http://www.miami.edu/benefits).

g) **Right to Receive Notice of Breaches of Unsecured Patient Health Information.** You have the right to receive notice of any “breaches” of “unsecured protected health information”, as set forth in Sec. 13402 of the American Reinvestment and Recovery Act of 2009 (“ARRA”) and 45 C.F.R. § 164.404.

h) **Right to Restrict Certain Communications from Health Plan.** You have the right to elect not to receive certain marketing and fundraising communications.

**HOW TO EXERCISE YOUR RIGHTS**

To exercise any of your rights as described in this notice, you must send a request, in writing, to the University of Miami Office of HIPAA Privacy and Security at the following address: University of Miami Office of HIPAA Privacy and Security, P.O. Box 019132 (M-879), Miami FL 33101.

You may exercise any of your rights as described in this notice through an authorized personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your Enrollee Health Information or allowed to take any action in your name. Proof of such authority may take one of the following forms:

a) A Power of Attorney for health care purposes, notarized by a Notary Public;

b) A court order of appointment of the person as a conservator or a guardian of the individual; or

c) An individual who is the parent of a minor.

The Health Plan retains discretion to deny access to a personal representative in order to provide protection to those vulnerable people who depend on others to exercise their rights in accordance with applicable law and who may be subject to abuse or neglect.

Requests related to access to health information should be directed to the Employee Benefits Office. All other requests related to exercising rights described in this notice should be sent to the Health Plan Privacy Office as described above.

**CHANGES TO THIS NOTICE**

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The Health Plan reserves the right to change this notice and to make the revised or changed notice effective for Enrollee Health Information that the Health Plan already has as well as any information the Health Plan receives in the future. If the Notice is changed, the Health Plan will post a copy of the revised notice on the Health Plan's website. The notice will contain the effective date on the first page, in the top right-hand corner. This notice shall be distributed by the Health Plan to you (if you are an employee of the sponsor and are enrolled in the Health Plan), within sixty (60) days of a change to the notice that is material, as determined by the Health Plan.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with the Health Plan or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Health Plan, please contact the University of Miami Office of HIPAA Privacy and Security, at the address provided above. All complaints must be made in writing. You will not be retaliated against for filing a complaint.

If you have any questions about this notice, please contact the University of Miami Office of HIPAA Privacy and Security at (305) 243-5000.