

UNIVERSITY OF CALIFORNIA HEALTH PLANS NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Revised: October 2009

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.

The University offers various health care plans to its students, employees and annuitants. Some of the medical plans are self-funded and others are fully insured. This notice applies only to UC's health plans that are self-funded, including the major medical coverage of the Student Health Insurance Plan (SHIP). SHIP's major medical insurance plan is managed by the University with assistance from our "business associates," administrators that interact with the medical care providers and/or handle members' claims.

Please note that this Notice pertains only to the major medical insurance coverage and vision services portions of the Student Health Insurance Plan. The dental insurance coverage included as part of SHIP is a fully-insured plan administered by Metropolitan Life Insurance Company. You will receive a separate Notice describing MetLife's privacy practices.

SHIP understands that your medical information is personal and we are committed to protecting your information. The medical information held at the University consists of information about your health plan enrollment, authorizations for coverage of services, and claims information. In some cases, it may also include information that you have provided to certain SHIP staff members to assist with the coordination of your benefits or to resolve a complaint or grievance. Your medical and claims information is also used by the business associates we contract with to process claims.

HOW WE USE AND PROTECT MEDICAL INFORMATION ABOUT YOU

The remainder of this notice will tell you about the ways in which SHIP may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The federal Health Insurance Portability and Accountability Act (HIPAA) regulations (45 C.F.R Parts 160 and 164) require the SHIP to:

- comply with HIPAA privacy standards and other federal and state laws;
- make sure that medical information about you is protected;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

The following sections describe different ways that we might use and disclose your medical information. Some information, such as certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

- **Treatment.** We may use and disclose your PHI to doctors, nurses, technicians, and other personnel who are involved in providing you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may then tell the dietitian if you have diabetes so the dietitian can meet any special menu needs. Different departments may share your PHI so they can coordinate services you need, such as lab work, x-rays, and prescriptions.
- **Health Care Operations.** We may use and disclose medical information about you for certain health care operations and to assure that all of our enrollees receive quality care. For example, we may use and disclose medical information about you to a business associate who on SHIP's behalf performs a function or activity involving the use or disclosure of your medical information, including claims processing or administration, planning, data analysis, utilization review, quality assurance benefit management, practice management, referrals to specialists, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative or financial services that involve individually identifiable health information.
- **Plan Administration.** The University is the administrator of the Student Health Insurance Plan. The University may use or disclose medical information in the course of administering SHIP, including bidding or plan design, plan modification, amendment or termination, individual enrollment or disenrollment information, or medical information necessary to coordinate benefits or resolve a complaint.
- **Payment.** SHIP may receive and disclose information in the course of activities that involve reimbursement for health care, such as determination of eligibility for coverage, claims processing, billing, obtaining and payment of premium, utilization review, medical necessity determinations, healthcare data processing, and precertifications.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

- **Research.** In limited circumstances, we may use and disclose certain medical information for research purposes, subject to the confidentiality provisions of state and federal law. Your medical information may be important to further research efforts and the development of new knowledge. All research projects conducted by the University of California must be approved through a special review process to protect member safety, welfare and confidentiality.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs as permitted or required by law. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** We may disclose medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.
- **Legal Proceedings.** We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or other legal proceeding, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process.
- **Law Enforcement.** If authorized or required by law, we may disclose medical information under limited circumstances to a law enforcement official in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime.
- **National Security and Intelligence Activities.** If authorized or required by law, we may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.
- **Protective Services for the United States President and Others.** We may disclose medical information about you to authorized federal and state officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations, as authorized or required by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official, as authorized or required by law. This release would be 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and copy medical information about you that is maintained by or for SHIP. To inspect and obtain a copy of the medical information, you must submit your request in writing to the Student Health Insurance Office, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Request An Amendment.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SHIP. To request an amendment, your request must be made in writing and submitted to the Student Health Insurance Office, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by SHIP; is not part of the medical information kept by or for the University; is not part of the information which you would be permitted to inspect and copy under the law; or is accurate and complete. If the request is granted, the plan will forward you request to other entities that you identify that you want to receive the corrected information.

- **Right to an Accounting of Disclosures.** You have the right to receive an “accounting of disclosures,” which is a list of disclosures such as those that were made of medical information about you, with the exception of certain documents including those relating to by SHIP carrying out its functions relative to treatment, payment, and health care operations.

To request an accounting of disclosures, you must submit your request in writing to the Student Health Insurance Office, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment or health care operations, or that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or to assist in disaster relief efforts.

To request restrictions, you must make your request in writing to the Student Health Insurance Office, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300. In your request, you must tell us

(1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a specific address. To request confidential communications, you must make your request in writing to the Student Health Insurance Office, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **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. To obtain a paper copy of this notice, contact the Student Health Insurance Office, University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300.

QUESTIONS

If you have questions regarding this Privacy Notice, contact the University Health Services Privacy Officer at (510) 643-8669.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SHIP or with the Secretary of the Department of Health and Human Services. To file a complaint with SHIP, contact University Health Services, 2222 Bancroft Way, Berkeley, CA 94720-4300 Attention: UHS Privacy Officer. E-mail will not be accepted; all complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

SHIP reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at University Health Services and on the UHS web site at www.uhs.berkeley.edu. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, a copy of the notice that is currently in effect will be given to new health plan members and thereafter available upon request.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and that we retain our records of your participation in the Student Health Insurance Plan.