

Robert Morris University Health Plans

HIPAA PRIVACY NOTIFICATION

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.

Effective April 14, 2004

Reissued April 13, 2007

Robert Morris University (RMU) and the insurers of your health benefit plans are required by law to maintain the privacy of certain confidential health care information, referred to as Protected Health Information or PHI. Some examples of PHI include (but are not limited to) completed health care claim forms, detailed claim reports, explanations of benefits and notes documenting discussions with plan members whether in electronic, written or verbal form. This is a notice of our legal duties and privacy practices. It describes your legal rights and lets you know how RMU is permitted to use and disclose your PHI, as well as, to whom your PHI may be disclosed and for what purpose. Protected Health Information generally does not include information that is publicly available or information available in a summarized or group manner. However, PHI does relate to current, past or future information regarding the physical or mental condition of a person covered by a health benefit plan, the provision of the health care for that person, or the provision of payment for that individual's health care. It also includes personally identifiable personal information such as name, address, telephone number and social security number.

Robert Morris reserves the right to change our privacy practices and terms of this notice at any time, as permitted or required by applicable law. Revised notices will be provided electronically and by hard copy for those without email. We reserve the right to make these changes for all protected health information that we maintain, including PHI we created or received before the change is effective.

Uses and Disclosures

RMU may, for example, use and disclose PHI without your written authorization for the purpose of treatment and payment of health care claims or premiums and health care operations including enrollment. However, only the 'minimum necessary' information to accomplish a given function will be released. The particulars of these and others are as follows:

Enrollment: We collect personal identifiable personal information about you and your dependents such as name, address, telephone number, date of birth, social security number and related information as part of the enrollment process and share this information with health care providers for the purposes of enrollment, changes and updates to your records as per your request. RMU follows all applicable guidelines to maintain this information in a confidential manner.

Treatment: RMU may use or disclose PHI about you to respond to provider requests for treatment purposes or to avert a serious health and/or safety threat. This may include doctors, nurses, technicians, staff and other health care professionals that become involved in your care. Should you be an unemancipated minor, we may disclose this information to your parent or guardian, or other person acting in loco parentis as permitted or required by law.

Payment: Your protected health information may be used to:

- Determine eligibility for plan benefits
- Pay premiums to health care providers and insurance companies
- Pay claims or facilitate payment to doctors, dentists, hospitals, and other providers who have rendered services to you or your dependents
- Handle other appropriate health care billings and/or collection activities
- Determine benefits under the plan including coordination of benefits and subrogation
- Affirm medical necessity and appropriateness of charges
- Facilitate any pre-certifications or utilization reviews

Health Care Operations: We may use and disclose protected health information about you for Plan operations. For example, we may summarize this information in connection with:

- Solicitation of premium quotes, premium ratings or the determination of plan premiums
- Conducting quality assessments
- Responding to certain requests from a public health agency
- Governmental investigations
- Facilitating certain licensing
- The medical review process, legal services and auditing functions
- Submitting claims for stop-loss (or excess loss) coverage, if appropriate
- Case management
- Cost management of the Plans, business planning and development or other plan administration activities
- The resolution of grievances
- Health plan training programs

We may contact you or the administrator or broker of the health plan with information about alternative health related benefits and/or services that might be of interest to you.

Exception: The ability to use and disclose PHI for treatment, payment, and health care operations does not include use or disclosure of 'psychotherapy notes'.



Although, not as frequently a matter of application, *other use and disclosure privacy practices* are in effect and described below as Your Authorization, Your Family and Designees, Worker's Compensation, Short and Long Term Disability, Death and Organ Donation, Military and Veterans, Law Enforcement, Public Health and Safety.

Your Authorization: We must disclose to you, protected health information that we maintain on you. With your written authorization, we may disclose your PHI to anyone you have identified, for any purpose. You may revoke this authorization, in writing, at any time, the revocation date being effective as of the date of your signature on the written revocation.

Authorization to disclose PHI for an 'unemancipated' minor may be given to the parent or guardian or other person acting as designated representative, in most cases. However, this depends on whether the minor has consented to treatment and requires the consent of a parent or

guardian for the treatment or if the minor is perceived endangered by doing so due to circumstances such as, domestic violence, abuse or neglect.

Upon your death, the plan will treat your executor, administrator or other such designated representative as your personal representative. But, otherwise, your protected health information remains protected.

Beginning April 14, 2004, if you need claims assistance from Robert Morris's Human Resource Department, you will need to complete an authorization form that allows the HR staff to disclose your medical information to resolve your claims issue. Contact RMU's Human Resource Department to obtain an authorization form.

Family or Designee: We may disclose protected health information, your location, condition or death to a family member, friend or, other personal representative you have designated that is personally responsible for your health care. During your presence, we will submit approval to you prior to such disclosure. However, should you be incapacitated or experience an emergency, we may disclose your personal health information to the above persons if determined in your best interest.

Worker's Compensation: We may provide certain personal health information about you to our worker's compensation insurance provider and business associate to administer benefits for work related injuries or illnesses.

Short and Long Term Disability: In an effort to administer your disability claim, certain protected health information may be provided to our disability insurer and business associate, such as our insurance broker.

Death: In the event of your death, we may release PHI to a coroner, medical examiner and/or funeral director.

Organ or Tissue Donor: If you are an organ donor, we may provide PHI about you to organizations that handle organ procurement, or tissue transplantation or to an organ donation bank to facilitate the organ and/or tissue transportation and donation.

Military and Veterans: Military command authorities may require the release of your personal health information if you are a member of the armed forces. This would also include the release of PHI of foreign military personnel to a foreign military authority.

Law Enforcement: We may release your protected health information to law enforcement officials under certain circumstances such as a court order, warrant or grand jury subpoena. PHI may be disclosed to law enforcement authorities or correctional institutions of inmates currently in lawful custody. Limited protected health information may be disclosed to law enforcement officials in regards to a suspect, material witness, missing person, crime victim, and fugitive or to capture a suspect admitting participation in a crime. This includes suspects that have escaped from authorities. PHI may be disclosed to authorized federal officials for intelligence, counterintelligence and national security activities authorized by law. In emergencies, PHI may be released to law enforcement officials if required to report a crime, the location of a crime or victim(s) who committed the crime. Disclosure is also authorized if we may believe a death is the result of criminal conduct.

Lawsuits, Disputes and other Proceedings: Protected Health Information may be disclosed in response to a court order, subpoena, discovery request or other process / proceeding if you are involved in a lawsuit or dispute given sufficient efforts were made to tell you about the request or to allow you opportunity to obtain an order to protect the requested information.

Public Health and Safety: We may disclose protected health information to avert harm or the imminent threat of harm to your health and safety or the health and safety of others. This includes the prevention or control of disease, injury or disability, reporting births and deaths, domestic violence, child abuse or neglect, reporting reactions to medications or products, notifying people of product recalls or exposures to disease, if appropriate. Disclosure of protected health information is also included in the event of victim abuse, neglect or domestic violence, if authorized by you or required by law.

In connection with public health protections, we may disclose medical information to *health oversight agencies* for activities necessary for the government to monitor health care and governmental systems. Examples of these activities include inspections, investigations, audits and licensure activities.

We have the right to retain records of care, use and disclosures relating to your protected health information.

Your Rights

You have the following rights with respect to the protected health information that we use and disclose:

Right to Access and Copy: You may inspect and copy certain protected health information held in the Plan's records upon written request to the plan administrator. PHI not accessible is:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action proceeding, and
- Protected health information that is prohibited from access by law

Access may be denied to you or your designated representative if the release of such PHI may reasonably endanger you or another person, as determined by a licensed health care professional.

If full or partial access and copying of your protected health information are denied to you, we are required to provide you with a written explanation of the denial and any appeal process within your rights by this notice. Should partial access and copying be denied, you will be provided all other authorized PHI included in your request. Costs may be applied for copying and staff time.

Right to an Accounting of Disclosures: You have the right to request an accounting of any use and disclosure of your protected health information, outside of disclosures for treatment, payment, health care operations or other permitted uses and disclosures of privacy practices noted above. These disclosures include releases made by us or our business associates. You must make your request in writing to the Plan Administrator. The request may not exceed a six (6) year time frame, not to include dates prior to April 14, 2004. You should indicate whether you want the list electronically or in paper format.

The accounting of disclosure will be provided to you in writing and will include disclosures by business associates. You can expect the response within 60 days plus one additional 30 day extension. If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for each subsequent accounting.

Right to Amend: You may request to amend medical information maintained by the Plan, if you believe it to be inaccurate or incomplete. You will be required to make your request in writing to the Plan Administrator along with the reason supporting your request. Your request may be denied if:

- You did not provide the request in writing
- The information is already accurate and complete
- The information is not part of the medical information kept by of the Plan
- It was not created by RMU, unless the entity who originally created the information is no longer available to do so
- You request to amend information that you are not permitted to inspect or copy

A denial will be provided to you in writing. You may respond with a ‘statement of disagreement’ explaining why you disagree with the denial to append the information. A record will be maintained of all such correspondence including our final rebuttal. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment including changes in future disclosures of that information.

Right to Restrict: You have the right to request that a restriction or limitation be placed on the information we use or disclose about you for treatment, payment or health care operations. You are also permitted to request a limitation on medical information that we disclose about you to someone involved in your care or the payment for your care such as a family member or friend. Although, we are not required to agree to the restriction, if we do, we will abide by our agreement (except where necessitated by emergency). All requests for limitations must be in writing, to the Plan Administrator, signed by you or by a person authorized to make such an agreement on your behalf. We ask that you inform us as to:

- What protected health information you want us to limit or restrict
- Whether you are requesting that information be limited, disclosed or both; and
- To whom you are requesting we apply those limitations or disclosures
- And, as of what effective date or time frame

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke that permission, in writing, at any time.

Confidential Communications: You may request that we communicate with you in confidence regarding your protected health information at an alternate location or in a certain manner. For example, you may request we only contact you at work or by mail. You must make your request in writing to the Plan Administrator. We will respond in writing and will accommodate your request if it:

- Is reasonable
- Specifies the alternative means or location, and

- Permits us or the Plan to continue to collect premiums, pay claims and issue the Explanation of Benefits statement (to the subscriber containing sufficient information that healthcare has been paid) for your health plan

Right to 'Hard' Copy: Upon request to the Plan Administrator, you may request a hard copy of this notice regardless of whether you have received it electronically or not. Please be free to contact us using the information listed at the end of this notice to do so.

Questions or Complaints

If you want more information about our privacy practices or have questions about these issues, please contact us using the information at the end of this notice.

If you believe your privacy rights have in any way been violated or a decision we have made in regards to the use and disclosure of your protected health information, you may file a written complaint with the University or with the Secretary of the Department of Health and Human Services. All complaints or issues with respect to the use or disclosure of your PHI must be submitted in writing to the HIPAA Privacy Officer. The Privacy Officer has the full discretionary authority to investigate and resolve the complaint, including the authority to make any required interpretations and factual determinations. A written response will be made within 30 days of receipt of the written complaint. In the event that more time is required to resolve any issues, this period may be extended for an additional 60 days. If an extension is necessary, you will be notified in writing of the extension and the anticipated date of the written response. The decision of the Privacy Officer will be final. You will not be penalized for filing a complaint. To file a complaint with University or to receive the address of the U.S. Dept., Health and Human Services to file a complaint, please contact us through the information provided below:

Privacy Officer:	Benefits Administrator
Location:	Robert Morris University, Revere Center, HR Department
Address:	6001 University Boulevard, Moon Township, PA 15108-1189
Telephone:	(412) 262-8223 or (412) 262-8441

We reserve the right to change or update this notice. The revision date will be found on the lower right corner of this document.