



## **University Health Care Plus – University of Utah Employee Health Plan Healthy U - Medicaid**

### **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.**

Usted puede solicitar una copia de este aviso en español por llamar a 1-888-271-5870 del servicio de cliente.

#### **1) Our Organization**

This notice describes the privacy practices of the University of Utah Employee Health Plan (UUHP) and Healthy “U” insurance programs. UUHP/Healthy “U” includes health plans administered by the University of Utah. Affiliated providers are not employed by UUHP/Healthy “U,” but have a contractual relationship with us. For more information about the privacy practices of University of Utah Health Sciences Center (UUHSC) please contact them directly or visit <http://www.privacy.utah.edu>

#### **2) Privacy Promise**

UUHP/Healthy “U” understands that your health information is personal and protecting your health information is important. We will not share your medical information except as described in this notice. This notice applies to all of the medical information we collect to provide you with insurance.

#### **3) Uses and Disclosures of Health Information Permitted by Law**

UUHP/Healthy “U” will not disclose your personal information unless we are allowed or required by law to make the disclosure, or if you (or your authorized representative) give us permission. Uses and disclosures, other than those listed below, require your authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your personal information, we’ll comply with those legal requirements as well.

#### **4) Examples of Disclosure for Treatment, Payment and Health Care Operations**

The following categories describe the ways that the UUHP/Healthy “U” may use and disclose your health information. Some health records, including confidential communications with a mental health professional, some substance abuse treatment records, some genetic test results, and some health information of minors, may have additional restrictions for use and disclosure under state and federal laws.

**Treatment:** We may use or disclose your personal information for the treatment activities of a health care provider.

**Payment:** We may use or disclose your personal information for our payment activities, including the payment of claims from physicians, hospital and other providers for services delivered to you.

**Plan Operations:** When you enroll or renew the consent provided on your enrollment application, it allows the UUHP/Healthy "U" and its business associates to collect, maintain, use and share your health information to provide service to members, manage our business, or conduct related activities. For example, this includes customer service, quality assurance, audits, certification, or licensing.

**Required by Law:** We must disclose your personal information when we are required to do so by law.

**Public Health or Safety:** We may disclose your personal information if we believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Business Associates:** We may also share your personal information with third party "business associates" who perform certain activities for us. Examples include copy services, consultants, interpreters, and auditors. We require these business associates to afford your personal information the same protections afforded by us.

**Plan Sponsors:** If you are enrolled in a group health plan, we may disclose your personal information to the plan sponsor to permit it to perform administrative activities.

**Underwriting:** We may use or disclose your personal information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits.

**To You or Your Authorized Representative:** Upon your request, we'll disclose your personal information to you or your authorized representative. You must complete an Authorization Form to have us release information to a third party.. You may revoke your authorization in writing at any time. Your revocation won't affect any use or disclosures permitted by your authorization while it was in effect; nor will it affect your coverage in any way

**Individuals Involved in Your Care or Payment for your Care:** We may disclose your health information to a spouse, family member, close personal friend, or any individual identified by you or that is assisting in your payment for services. You will the opportunity to identify this person and you may object at any time to our disclosing information to them.

**Research:** Under certain limited circumstances, the UUHP/Healthy "U" may use or disclose health information about you for research after the University's Institutional Review Board (IRB) has approved the research proposal. The IRB is a committee that reviews all research at the University involving patients to protect patients and their privacy.

**Fundraising:** The UUHP/Healthy "U" does not send fundraising mailings, but you may receive fundraising mailings from other University of Utah Health Sciences departments. If

you do not wish to be contacted for this purpose, please notify the UUHSC Development office in writing at 50 North Medical Drive, Salt Lake City, UT 84132.

**Health Care Communications:** We may contact you if we identify health-related services and products that may benefit you.

**Death; Organ Procurement Organizations:** We may disclose the personal information of a deceased person to a coroner, medical examiner, or funeral director. To the extent allowed by law, we may disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**Public Health Activities:** The UUHP/Healthy “U” may use or disclose your health information with public health authorities in charge of public safety, including the prevention or control of disease, injury, or disability.

**Workers Compensation:** The UUHP/Healthy “U” may use or disclose health information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Health Oversight Activities:** We may disclose your information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

**Judicial and Administrative Proceedings:** In the course of a judicial or administrative proceeding in response to a legal order, court order, administrative order, or other lawful purpose.

**Law Enforcement Officials; Specialized Government Functions:** We may disclose information to the police or other law enforcement officials as required by law or in compliance with a court order. We may disclose information to military or veterans’ authorities about Armed Forces personnel, under certain circumstances. We may also disclose information to authorized federal officials for purposes of lawful intelligence, counterintelligence, and other national security activities.

**Decedents:** To a coroner, medical examiner, or funeral director as authorized by law.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement submitted to Customer Service.

## **5) Your Individual Rights**

You have the following rights concerning your health information. A request to exercise any of these rights must be made in writing. Please call Customer Service at 1-888-271-5870 for assistance on obtaining the forms or filling out the forms. Forms are also available on the Internet at <http://uuhsc.utah.edu/privacy/>

**Right to Alternative Communications:** You have the right to request that the UUHP/Healthy “U” communicate with you in a certain manner. For example, you may ask that we contact you only at work or at a different address than your home address.

**Right to Inspect or Receive Copy:** You have the right to inspect or receive a copy of your health information.

**Right to Amend:** You have the right to request an amendment to your health information.

**Right to an Accounting:** You have the right to request an accounting of certain disclosures of your health information made by us. The list does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time requested for the accounting. An accounting goes back only six years and does not cover disclosures made prior to April 14, 2005. The first accounting is free but a fee may apply if more than one request is made in a 12-month period.

**Right to Request Special Restrictions:** You may request that the UUHP/Healthy "U" provide special restrictions on the sharing of your health information. If you are in a health care emergency, we may share restricted health information without your permission.

**Right to Revoke Authorization:** You have the right to revoke your authorization to disclose your health information, except for any information that has already been released under your authorization.

Request a paper copy of this notice even if you agree to receive it electronically.

#### **6) Changes to this Notice**

The UUHP/Healthy "U" will follow the terms of the notice currently in effect. The UUHP/Healthy "U" reserves the right to change this notice and to make the new notice effective for all health information that it maintains. An updated version of this notice may be obtained on the Internet at <http://www.privacy.utah.edu> or from Customer Service at 1-888-271-5870.

**This Notice is Effective:** June 1, 2011.

#### **7) Contact Us**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact:

University of Utah Privacy Office  
650 Komas Drive Suite 102  
Salt Lake City, UT 84108  
1-866-890-3361

Or go to our website: <http://www.privacy.utah.edu>

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. Forms are available online at <http://www.privacy.utah.edu> or from Customer Service Office at 1-888-271-5870. There will be no retaliation for filing a complaint.