

Effective September 23, 2013

**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.**

You are receiving this Notice of Privacy Practices (“Notice”) because you are eligible to be covered by a medical plan component of the Hampshire College Medical Plan (“Plan”). This Notice describes the Plan’s legal obligations and your legal rights regarding your protected health information held by the Plan. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment or health care operations or for any other purposes that are permitted or required by law. The Plan is required to provide this Notice to you pursuant to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic and genetic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan, that relates to: (1) your past, present or future physical or mental health condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you. The HIPAA Privacy Rule does not apply to medical information related to the non-medical components of the Plan, including the long-term disability and life insurance benefits. This Notice applies to protected health information about you, your spouse, your domestic partner, or any dependent participating in the Plan (referred to collectively as “you”).

If you have any questions about this Notice or about the Plan’s privacy practices, please contact the Plan’s Privacy Officer, Donna Turban at (413) 559-5495, or [dturban@hampshire.edu](mailto:dturban@hampshire.edu).

*The Plan's Responsibilities*

The Plan is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of the Plan’s legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

The Plan reserves the right to change the terms of this Notice and to make new provisions regarding your protected health information that the Plan maintains, as allowed or required by law. If any material change is made to this Notice, you will be provided with a copy of the revised Notice by mail to your last-known address or by another distribution method.

## **HOW THE PLAN MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe the ways the Plan is permitted to use and disclose protected health information:

**For treatment** The Plan may use or disclose your protected health information to facilitate medical treatment or services by providers. The Plan may disclose your protected health information to providers, including doctors, nurses, technician, medical students, or other hospital personal who are involved in caring for you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated by prior prescriptions

**For payment** The Plan may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health-care providers, to determine benefit responsibility under the Plan or to coordinate Plan coverage. For example, the Plan may tell your health-care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment.

**For health-care operations** The Plan may use and disclose your protected health information for administrative operations that are necessary to run the Plan including, but not limited to, conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage (such as disease management, case management, the wellness programs and conducting or arranging for medical review), legal services, audit series, and fraud and abuse detection programs, business planning and development (such as cost management); and business management and general plan administrative activities.

**Treatment Alternatives or Health-Related Benefits and Services** The Plan may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**To Business Associates.** The Plan may contract with individuals or entities known as Business Associates to perform various functions on its behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, the Plan may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

**Disclosure to health-plan sponsor** Protected health information may be disclosed to Hampshire College personnel solely for Plan administrative functions. However, those employees will only

use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**As required by Law** The Plan will disclose your protected health information when required to do so by federal, state, or local law.

**To avert a serious threat to health or safety** The Plan may use and disclose your protected health information when necessary to prevent 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.

**Organ and tissue donation** If you are an organ donor, the Plan may release protected health information after your death 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.

**Specialized governmental functions** The Plan may disclose your protected health information for specialized government functions including military and veterans activities; national security and intelligence activities, protective services, for the president and others; medical suitability determinations; correctional institutions and other law enforcement custodial institutions; and covered entities that are government programs providing public benefits.

**Workers' compensation** The Plan may release your protected health information for workers' compensation or similar programs in order to comply with workers' compensation laws.

**Public health activities** The Plan may disclose your protected health information for the following reasons (not an all-inclusive list): to prevent or control disease, injury, or disability (including, but not limited to, the reporting of births and deaths); to report child abuse or neglect; to report reactions to medications problems with products or to notify people of recalls of products they may be using to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Victims of abuse, neglect, or domestic violence** Under certain circumstances, the Plan may disclose your protected health information to notify government authority if the Plan believes a person has been the victim of abuse, neglect, or domestic violence.

**Health oversight activities** The Plan may disclose your protected health information to a health oversight agency for activities authorized by law such as audits; civil, administrative, or criminal investigations; proceedings or actions; inspections; licensure or disciplinary actions; or other activities for the oversight of the health-care system or other government programs.

**Judicial and administrative proceedings** If you are involved in a lawsuit or a dispute, the Plan may disclose your protected health information in response to a court or administrative order. Under certain circumstances, the Plan may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been

made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Law enforcement** The Plan may release protected health information if asked to do so by a law enforcement official in certain situations such as in response to a court order, subpoena, warrant, summons, or similar process or to identify or locate a suspect, fugitive, material witness, or missing person. The Plan may disclose your information if asked to do so by a law-enforcement official about the victim of a crime if, under certain circumstances, the Plan is unable to obtain the victim's agreement, about a death that may be the result of criminal conduct, or about criminal conduct itself.

**Inmates** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, the Plan may disclose your protected health information to the correctional institution or law-enforcement official if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Coroners, medical examiners, and funeral directors** The Plan may release protected health information to a coroner, medical examiner or funeral director.

**Research** The Plan may release your protected health information for research purposes when an institutional review board or privacy board has reviewed the research proposal to ensure the privacy of your protected health information and has approved the research or when the individual identifiers have been removed.

**Government Audits** The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA privacy rule.

**Personal Representatives** The Plan will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, the Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person, treating such person as your personal representative could endanger you, or in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members** With only limited exceptions, the Plan will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights

Regarding Your Protected health information"), and if the Plan have agreed to the request, the Plan will send mail as provided by the request for Restrictions or Confidential Communications.

### **Uses and disclosures pursuant to an authorization**

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to the Plan will be made only with your written authorization. Without your written authorization, the Plan is prohibited to use or disclose your protected health information for fundraising, marketing or research purposes. The Plan may not sell your protected health information without your authorization. The Plan may not use or disclose most psychotherapy notes contained in your protected health information. The Plan will not use or disclose any of your PHI that contains genetic information that will be used for underwriting purposes. If you provide permission to use or disclose protected health information about you, you may revoke that permission in writing at any time. If you revoke your permission, the Plan will no longer use or disclose protected health information about you for the reasons covered by your written authorization. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. With certain limited exceptions, Federal law requires the Plan to obtain your authorization for certain uses and disclosures of protected health information, including uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, uses and disclosures that constitute a sale of protected health information and uses and disclosures of protected health information that includes genetic information.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

When you request, the Plan is required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. You have the following rights regarding the protected health information the Plan maintains:

**Right to inspect and copy** You have the right to inspect and copy your protected health information that the Plan maintains. You must submit your request in writing to Donna Turban, Payroll and Benefits Manager, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

**Right to request an amendment** If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask us to amend the information. You must submit your request in writing to Donna Turban, Payroll and Benefits Manager, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

Your request must provide a reason for the change. The Plan is not required to make the change. If the Plan denies your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an accounting of disclosures** You have the right to request an accounting of the disclosures the Plan made of your protected health information. Your accounting will include

disclosures other than those made pursuant to an authorization or made for treatment, payment or health-care operations; disclosures made to you; disclosures made pursuant to your authorization; disclosures made to friends or family in your presence or because of an emergency; disclosures for national security purposes; and disclosures incidental to otherwise permissible disclosures.

- You must submit your request in writing to Donna Turban, Payroll and Benefits Manager, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

**Right to Request Restrictions** You have the right to request a restriction or limitation on your protected health information that the Plan use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had. The Plan is not required to agree to your request. However, if the Plan agrees to the request, the Plan will honor the restriction until you revoke it or the Plan notifies you.

To request restrictions, you must make your request in writing to Donna Turban, Payroll and Benefits Manager, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002. In your request, you must tell us what information you want to limit; whether you want to limit the Plan's use, disclosure, or both; and 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 the Plan communicate with you about health-care matters in a certain way or at a certain location. You must submit your request in writing to Donna Turban, Payroll and Benefits Manager, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

**Right to Receive Breach Notices.** As required by federal law, the Plan will notify you if there is a breach of your unsecured protected health information.

**Right to a paper copy of this notice** You have the right to obtain a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. To obtain a hard copy of this Notice, please contact Donna Turban, Payroll and Benefits Manager, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002. Additionally, you may obtain a copy of this Notice from the Hampshire College intranet, under Offices, Human Resources, Benefits, Special Notices.

## COMPLAINTS

If you believe your privacy rights have been violated, you may contact Donna Turban, Payroll and Benefits Manager, at (413) 559-5495 or [dturban@hampshire.edu](mailto:dturban@hampshire.edu), or you may file a complaint with the Office of Civil Rights of the Department of Health and Human Services. For more information on the OCR complaint requirements, please visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. You will not be penalized for filing a complaint.

**ADDITIONAL INFORMATION**

The Plan reserves the right to change this Notice and to make the changes to protected health information the Plan already has on file and any information the Plan receives in the future. If the Plan makes any material change to this Notice, the Plan will provide you with a copy of its revised Notice of Privacy Practices. A copy of the current Notice will be posted on the Hampshire College intranet, under Offices, Human Resources, Benefits, Special Notices.