NOTICE OF PRIVACY PRACTICES
Effective: September 23, 2013

Boston University Health Plan
Boston University Dental Plan
Boston University Flexible Benefits Program – Flexible Spending Accounts – Health Care

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.

We are committed to maintaining the privacy of your health information in accordance with all applicable federal and state laws. We will obtain your authorization to use and disclose your health information as required by law.

We are giving you this Notice so you will know about your rights and how we protect your health information.

1. INTRODUCTION

You are receiving this Notice because you are a participant in one or more of the following Health Plans: Boston University Health Plan, Boston University Dental Plan, and/or Boston University Flexible Benefits Program – Flexible Spending Accounts – Health Care (each a “Health Plan” and collectively the “Health Plans”).

Boston University is committed to protecting the privacy of health information maintained by the Health Plans and by outside vendors who perform services for the Health Plans. The Health Plans are required by law to protect the privacy of certain individually identifiable health information (“Protected Health Information” or “PHI”), and to provide you with a copy of this Notice, which describes the Health Plans’ health information privacy practices.

Generally, the term “Protected Health Information” or “PHI” includes all individually identifiable health information concerning you that is maintained by the Health Plans, including any genetic information. “Protected Health Information” does not include health information that is held by Boston University in its role as your employer (for example, health information held as part of your employment records). The principal type of Protected Health Information that is maintained directly by the Health Plans is
information concerning enrollment in the Health Plans and, for the flexible spending accounts, claims information. Most of the Protected Health Information that is maintained in connection with the Health Plans is held by the third-party administrator of the Health Plans, which is required to protect the privacy of this information, too.

This Notice applies only to Protected Health Information used in connection with the Health Plans. This Notice is required by the federal law known as the Health Insurance Portability and Accountability Act (“HIPAA”). This Notice does not cover other health information contained in your employment records held by Boston University or other health information that Boston University and its consultants and contractors may obtain in connection with your employment. This may include information regarding pre- or post-employment health screening, reporting of accidental injuries, Worker’s Compensation reports, requests for leaves under the Family and Medical Leave Act, and requests for accommodations for employees with disabilities. This Notice also does not cover health information concerning benefits that are not part of the Health Plans (such as disability and life insurance), and other health information obtained in circumstances not covered by HIPAA. The confidentiality of such information may be protected under other rules or policies of the University. This Notice and the HIPAA privacy rules described in this Notice apply only to Protected Health Information that the Health Plans have.

2. WHEN THE HEALTH PLANS NEED YOUR WRITTEN PERMISSION TO USE AND DISCLOSE YOUR HEALTH INFORMATION

The Health Plans must obtain your written authorization for uses and disclosures of your Protected Health Information, except as described below in this Notice.

3. THE HEALTH PLANS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT OR HEALTH CARE OPERATIONS WITHOUT YOUR WRITTEN AUTHORIZATION

The Health Plans may use or disclose your health information without your written authorization for the purposes of payment and health care operations. Examples of such uses are as follows:

Payment – to obtain plan contributions from you, determine plan eligibility and coverage, provide benefits (including coordination of benefits); pay claims; do utilization review, including precertification and preauthorization of services; and review health care services for medical necessity, coverage, justification of charges and the like.

Health Care Operations – to conduct normal business operations, such as underwriting, enrollment, and other activities related to the establishment of health benefit contracts, and to carry out plan administration and quality assessment and improvement.

The Health Plans may also disclose your health information to Boston University as the plan sponsor, the third-party administrator of the Health Plans, and consultants or contractors who serve as business associates, for these purposes, subject to protections for the privacy of your health information.

Also, unless you object in writing, the Health Plans may use your health information without your written authorization to:
• Send appointment reminders.
• Contact you about patient care issues and treatment choices.
• Tell you about benefits or services that may interest you or be of benefit to you.

In the unlikely event that a Health Plan will receive any direct or indirect financial remuneration in connection with contacting you regarding benefits or services that may interest you, the Health Plan will need your written authorization and you will have the right to opt out of receiving such contacts.

4. THE HEALTH PLANS MAY BE PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Disclosures to Boston University

The Health Plans may disclose your health information to Boston University employees who assist the Health Plans with the administration and operations of the Health Plans or who assist in carrying out other permitted payment or health care operations of the Health Plans, provided that the health information is used only for these purposes.

The Health Plans may disclose certain of your health information to Boston University as the sponsor of the Health Plans. The Health Plans prohibit Boston University from using this information for employment-related actions or decisions (e.g., for terminating your employment). Upon a request from Boston University, as the sponsor of a Health Plan, the Health Plan may disclose summary health information about you (information that identifies you only by zip code) to enable Boston University to modify, amend, or terminate the Health Plan. A Health Plan may also disclose to Boston University, as the sponsor, information on whether you are participating in, enrolled in, or disenrolled from the Health Plan. A Health Plan also may disclose health information about you, including information that identifies you, as necessary for administration of the Health Plan. For example, Boston University may need such information to process health benefits claims (including the review of denied claims), to audit or monitor the business operations of a Health Plan, or to ensure that the Health Plan is operating effectively and efficiently. A Health Plan, however, will restrict Boston University’s uses of this information to purposes related only to Health Plan administration. Boston University may allow this health information to be received by third parties, such as consultants or advisors, if Boston University has first obtained an agreement from the recipient with appropriate privacy protections.

Other Uses and Disclosures

The Health Plans are also permitted or required to use your health information or disclose your health information to others without your written authorization as follows:

• To avert a serious threat to health or safety to you or to others.
• To business associates for assistance with our activities, subject to protections for your health information.
• Incident to a use or disclosure otherwise permitted or required.
• If the Health Plans are required by law to disclose your health information, such as when we have reason to suspect abuse or neglect of children, elders or disabled persons.
• For public health activities, such as reporting infectious diseases to boards of health, births or deaths or reactions to vaccines or medical devices to the FDA.
• For federal and state health oversight activities such as fraud investigations.
• As authorized by and necessary to comply with workers’ compensation law or similar programs if you are injured or become ill at work.
• In judicial or administrative proceedings, subject to a subpoena, court order, or other lawful process and protections.
• To coroners, medical examiners and funeral directors.
• To organ, eye or tissue donation programs involving decedents.
• To law enforcement officials in limited circumstances.
• As requested if the Secretary of Health and Human Services conducts an investigation to determine the Health Plan’s compliance with HIPAA.
• For specialized government functions such as national security or intelligence inquiries.
• To a correctional institution if you are an inmate.
• Unless you object, to family and friends involved in your care if, in our professional judgment, it is in your interest for us to disclose information directly relevant to that person’s involvement with your care.
• Unless you object, to a family member, personal representative, or person responsible for your care in order to notify them of your location, general condition, or death.
• Unless you object, to public or private entities for disaster relief efforts.
• Otherwise, as permitted by HIPAA and all other applicable laws.

While HIPAA allows health plans to use and disclose its participants’ health information for treatment purposes and other purposes (e.g., for research) without their written authorization, the Health Plans do not currently use or disclose their participants’ information in these ways.

5. THE HEALTH PLANS WILL NOT USE OR DISCLOSE YOUR GENETIC INFORMATION FOR UNDERWRITING PURPOSES.

The Health Plans will not use or disclose your Genetic Information for underwriting purposes. “Genetic Information” means information about your genetic tests; the genetic tests of family members; the manifestation of a disease or disorder in family members; or any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by you or any family member. It includes genetic information of a fetus carried by a pregnant woman and an embryo legally held utilizing an assisted reproductive technology. It does not include information about the sex or age of any individual. “Underwriting purposes” includes rules for or determination of eligibility (including enrollment and continued eligibility) for, or determination of, benefits under the Health Plans; the computation of premium or contribution amounts under the Health Plans; and the application of any pre-existing condition exclusion under the Health Plans; but “underwriting purposes” does not include determinations of medical appropriateness where an individual seeks a benefit under the Plan.

6. YOUR RIGHT TO INSPECT AND RECEIVE COPIES OF YOUR HEALTH INFORMATION AND TO REQUEST THAT THE HEALTH PLANS RELEASE YOUR HEALTH INFORMATION TO OTHERS.

You have certain rights to inspect and receive copies of your health information and to request that the Health Plans release a copy of your health information to others. A modest fee may be charged. Please contact Human Resources, 25 Buick Street, Boston, MA 02215 to get instructions for making a request.

Please keep in mind that a substantial part of your health information is likely to be maintained by a business associate that is a third-party administrator of your benefits and not by the Health Plans. If
your request pertains to information that is maintained by a third-party administrator of your benefits, you should make your request directly to such third-party administrator. We will provide you with contact information at your request and can help you determine to whom your request should be addressed.

Your request may be denied in exceptional cases involving:

- Psychotherapy notes, certain clinical laboratory data, or information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding.
- Health information created or obtained in the course of research, while the research is in progress.
- Health information that the Health Plan obtained from someone other than a health care provider under a promise of confidentiality if the access requested would be reasonably likely to reveal the source of the information.
- Access to health information that is reasonably likely to endanger the life or physical safety of you or another person.
- Access to health information about another person (other than a health care provider) that is reasonably likely to cause substantial harm to such other person.
- Access to your health information by your personal representative that is reasonably likely to cause substantial harm to you or another person.

7. YOUR ADDITIONAL RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request, in writing, that the Health Plans limit how we use or disclose your health information. The Health Plans may not be able to comply with all requests. Please note that a HIPAA covered entity such as a medical, dental, physical therapy, mental health, or other health care provider must comply if you ask it not to disclose health information to a health plan for payment or health care operations when pertaining to items or services which have been paid in full by you or a person other than the health plan (unless the disclosure is required by law).
- Revoke, in writing, any authorization you have given to disclose your information; but, the Health Plans won’t be able to take back information we have already disclosed.
- Request how the Health Plans communicate confidentially with you, and we will try to accommodate reasonable requests.
- Request in writing additions or corrections to your health information. The Health Plans may not agree to your request if we did not create the information, if the information is not kept by us to make decisions about you, if the information is not part of what you are allowed to inspect or copy, or if your health information is already complete and correct.
- Request in writing and receive an accounting of the disclosures the Health Plans have made of your health information, except for disclosures to you, disclosures you authorize, and some disclosures that are permitted or required without authorization. You are not entitled to an accounting of disclosures the Health Plan made in order to provide you with benefits, administer the Health Plan, or otherwise conduct the Health Plan’s normal business operations, including those disclosures made to Boston University as the sponsor of the Health Plan or to business associates of the Health Plan.
- Receive notification of a breach of your unsecured protected health information.
- Obtain a paper copy of this Notice even if you received it electronically.
8. **HEALTH PLAN RESPONSIBILITIES**

The Health Plans are required by law to:

- Maintain the privacy of your health information.
- Provide this Notice of your rights and our duties and privacy practices.
- Abide by the terms of our Notice of Privacy Practices as currently in effect.
- Notify you following a breach of your unsecured protected health information.
- Notify you if we are unable to continue to comply with your restriction request.

The Health Plans reserve the right to change our privacy practices and this Notice and to make the new practices effective for all your health information including information we already have about you. The revised Notice will be posted on our website and will be provided, or information about any material change and how to obtain the revised Notice will be provided, in our next annual mailing to you.

9. **TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT**

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding the privacy of your health information, please contact the pertinent Health Plan(s) as follows:

Executive Director of Employee Benefits,
Human Resources
25 Buick Street
Boston, MA 02215
617 353 4489(phone)
617 353 6704(fax)

All complaints will be investigated and you will not be penalized or subject to retaliation for filing a complaint.

In addition to contacting the Health Plans, you may also file a formal complaint with the federal government. Send your complaint to the OCR Regional Manager – Region I, Office for Civil Rights, U.S. Department of Health and Human Services. Directions for filing a complaint by email, mail, or fax can be found at [http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html).