



BU HEALTH PLANS NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED INFORMATION ABOUT YOUR HEALTH MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

You are receiving this Notice because you are, or may be eligible to become, a participant in one or more of the following BU Health Plans: Boston University Health Plan; Boston University Dental Plan; and/or Boston University Flexible Benefit Program (referred to singly as “a BU Health Plan” and collectively as the “BU Health Plans.” Boston University is the Sponsor of these BU Health Plans.

The BU Health Plans are Covered Entities under the federal law known as HIPAA and are required by the Privacy Regulations of HIPAA to protect individually identifiable health information about you that is maintained by them. The BU Health Plans maintain enrollment records on individuals, as well as limited information about claims. Most of the information related to claims for benefits is held by a third-party claims administrator of the Health Plans that is also obligated to protect the privacy of your information.

1. **Requirement of Written Authorization.** The Plans will generally obtain your written authorization before using your health information or sharing it with others outside the Plans except as otherwise described in this notice or as otherwise permitted by law. If you provide the Plans with written authorization, you may revoke that authorization in writing at any time, except to the extent that the Plans have taken action in reliance of your authorization. To revoke an authorization, please write to the Privacy Officer listed below. The Plans are required to obtain your written authorization in the very unlikely event they wish to use or disclose your health information for marketing purposes, where the Plans receives financial remuneration for the sale of your health information, or with respect to psychotherapy notes, except for limited health care operations purposes.

2. **Exceptions to Written Authorization.** There are some situations when the Plans will not require your written authorization before using your health information or sharing it with others, including:

Treatment, Payment and Health Care Operations: The Plans may use and disclose your health information for the purpose of routine treatment, payment, or health care operations related to the Plans. For example:

- to coordinate or facilitate your healthcare, and to respond to requests by your health care providers
- for management of the Plans, including auditing, fraud and abuse detection, and customer service.
- to pay for your claims for benefits.

The Plans are not allowed to use genetic information to decide whether to give anyone coverage, or the price of that coverage, and the Plans typically do not have access to genetic information. In addition, the Plans may disclose your information to business associates that perform certain services for the Plans, or act on behalf of the Plans. Prior to any disclosure to a business associate, the Plans will obtain an appropriate agreement from the business associate that they will safeguard your health information as well.

Disclosures to the Plan Sponsor: The Plans may disclose certain of your health information to Boston University (BU) as the sponsor of the Plans. BU may only use your information for Plan administration functions. The Plans prohibits BU from using your information for reasons unrelated to Plan administration, such as for employment-related actions or decisions (e.g., for terminating your employment). The Plans may disclose to BU whether you are participating, enrolled or disenrolled from the Health Plans.

Disaster Relief: The Plans may also disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member.

Family Members: The Plans may disclose limited health information to a family member or other persons who may be involved in some aspect of your care. You have the right to limit these disclosures by contacting the Privacy Officer listed below.

Exceptions under HIPAA: The Plans also may use or disclose your health information where required or permitted by law. HIPAA generally permits health plans to use or disclose health information for the following purposes: where required by law; for public health activities such as reporting infectious diseases, births or deaths and reactions to vaccines or medical devices; to report child or domestic abuse; for governmental oversight activities; pursuant to judicial or administrative proceedings; for certain law enforcement purposes; to a coroner, medical examiner, or funeral director to obtain information about a deceased individual; for organ, eye, or tissue donation purposes; for certain government-approved research activities; to avert a serious threat to an individual's or the public's health or safety; for certain government functions, such as related to military service or national security; and to comply with workers' compensation laws. HIPAA allows health plans to use and disclose participants' health information for research without their authorization in some instances, but the Health Plans do not currently, and do not plan to, do so.

Information that Does Not Identify You: The Plans may use or disclose your health information if the Plans have removed any information that might reveal who you are.

Appointment Reminders and Treatment Alternatives: The Plans are allowed to use your health information to contact you about appointment reminders or information about treatment alternatives or other health-related benefits and services; however, this is not an activity the Plans have engaged in.

3. Access to and Control of Your Health Information. The Plans must provide you certain rights with respect to access and control of your health information. To the extent that the Plans have provided your information to a business associate (e.g., a third-party administrator of your health benefits) you must request access directly from such business associate. You have the following rights to access and control your health information:

Access: You generally have the right to inspect and copy your health information that is included in a

designated record set, including the right to request an electronic copy. The Plans may charge a reasonable cost-based fee for such copies.

Amendments: You have the right to request that the Plans amend the health information that the Plans maintains in a designated record set if you believe it is inaccurate or incomplete. The Plans may deny your request for an amendment if it believes the change would be inaccurate or incomplete or if the information was created by a party other than the Plans.

Accounting: You have the right to receive a list from the Plans, called an “accounting.” An accounting provides information about when and how the Plans have disclosed your health information to outside persons or organizations for the prior six years, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations or those required or permitted by law.

Right to Restrict Certain Disclosures: You have the right to request further restrictions on the way the Plan uses your health information or shares it with others. In most cases, the Plans are not required to the restriction you request, but if the Plans do, the Plan will be bound by the agreement.

Confidential Communications: You have the right to request that the Plans contact you in a way that is more confidential for you, such as at work instead of at home, if you clearly state that in your request. The Plans will try to accommodate all reasonable requests.

Notice of Breach. The Plans will notify you if there is a breach of your unsecured health information.

Copies of Notice. If you have received this notice electronically, you have the right to a paper copy of this notice if you have not already received one. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. The Plans will be required by law to abide by its terms that are currently in effect. However, the Plan also may change its privacy practices from time to time. If that happens, the Plans will revise this notice so you will have an accurate summary of the Plans’ practices. If there is a material change to any provision of this notice, the Plans will distribute a revised notice. To request a paper copy of this notice or any revised notice, please contact the Privacy Officer.

Other Laws. Under the HIPAA Privacy Regulations, the Plan is required to comply with state and other federal laws, if any, that also are applicable and are not contrary to HIPAA (for example, where state laws may be more strict). For example, the Plans are required to follow laws relating to HIV/AIDS testing or test results; genetic testing and test results; information about sexually transmitted diseases; substance abuse and treatment information; sensitive information such as sexual assault counseling records.

Complaints. 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: BU HIPAA Privacy Officer by mail to: Boston University Privacy Officer, 1 Silber Way Rm 909, Boston MA 02215, or via electronic mail to HIPAA@BU.EDU.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The mailing address is: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201

You will not be penalized or subject to retaliation for filing a complaint.

The BU Health Plans' Privacy Officer is:

Jessica Captain Novick
Director, Health Privacy and Compliance
Boston University
1 Silber Way Room 909
Boston MA 02215
Phone (617) 358-3124
Email: hipaa@bu.edu