

# NOTICE OF PRIVACY PRACTICES FOR IOWA STATE UNIVERSITY BENEFITS OFFICE

Effective Date: August 07, 2015

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## **Your Information. Your Rights. Our Responsibilities.**

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. For purposes of this Notice, “we” and “us” refers to both Iowa State University and ISU’s Business Associates. Please review this Notice carefully.**

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**Purpose of this Privacy Notice.** This Notice of Privacy Practices describes how the Iowa State University Benefits Office may use and disclose your protected health information to conduct health care operations, assist with your treatment, initiate payment, and for other purposes that are permitted or required by the Health Insurance Portability and Accountability Act (“HIPAA”). Iowa State University reserves the right to make changes in this Notice of Privacy Practices. The Notice describes your rights to access and control of your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

**Who Will Follow This Notice?** This Notice describes the privacy policy of the Benefits Office in its role as administrator of your health plan. The privacy policy will be followed by:

- All employees of the Benefits Office
  - University Departments and their employees that provide support to the Benefits Office, but only to the minimum extent necessary to perform their jobs. Such departments may include IT, Accounts Receivable, Internal Audit, Risk Management and other UHR staff.
  - Business Associates: External individuals or companies hired by the group health plans or the University under special contracts (Business Associate Agreements) to perform certain services on behalf of the plan or the University. These special contracts make sure the Business Associate maintains confidentiality and follows all of the federal and state privacy rules. Examples of ISU’s Business Associates include, among others, Wellmark, Express Scripts, Delta Dental, and others.
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**Your Rights.** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Get a copy of your health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information our Business Associates have about you. Ask us how to do this.
- Our Business Associates will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- Ask us to correct health and claims records**
  - You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
  
- Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
  
- Ask us to limit what we use or share**
  - You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
  
- Get a list of those with whom we’ve shared information**
  - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
  
- Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
  
- Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
  
- File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting us. Our contact information is below.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
  - We will not retaliate against you for filing a complaint.

**Your Choices.** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

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## **Uses and Disclosures.** How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- Business Associates can use your health information and share it with professionals who are treating you.

*Example:* A doctor sends Wellmark information about your diagnosis and treatment plan so we can arrange additional services.

**Help run Iowa State University, including its Benefits Office**

- Business Associates can use and disclose your information to run our organization and contact you when necessary.
- Business Associates are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example:* Wellmark may use health information about you to develop better services for you.

**Help pay for your health services**

- Business Associates can use and disclose your health information as we pay for your health services.

*Example:* Wellmark shares information about you with your dental plan to coordinate payment for your dental work.

**Help administer your Health Plan**

- Business Associates may disclose your health information to your health plan sponsor for plan administration.

*Example:* ISU contracts with Wellmark to provide a health plan, and Wellmark provides your ISU with certain statistics to help explain the cost of coverage.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as

public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help Iowa State University with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Each Plan may also use and disclose your health information as follows:**

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding such things as coverage, exclusion, and cost issues.
- For research purposes in limited circumstances.

**Compliance with additional applicable law.** The Plan's use and disclosure of your personal health information must comply with applicable Iowa law and other federal laws besides HIPAA. Iowa law and federal regulations place certain additional restrictions on the use and disclosure of personal health information for mental health, substance abuse, HIV/AIDs, and certain genetic information. In some instances, your specific authorization may be required.

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**Our Responsibilities.** We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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**Questions, Concerns, and Contact Information.** If you want more information about our privacy practices or have questions or concerns, please do not hesitate to contact the Benefits Office.

- If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below.
- You also have the right to submit a written complaint the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.
- For more information:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice.** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site,

**Contact Us:**

University Human Resources, Benefits Office  
Iowa State University  
3680 Beardshear Hall  
Ames, IA 50011-2033

Phone: 515-294-4800 & 877-477-7485  
E-mail: [BenefitsPrivacy@iastate.edu](mailto:BenefitsPrivacy@iastate.edu)  
Website: <http://www.hrs.iastate.edu/hrs/benefits>

This Notice is available electronically at: <http://www.hrs.iastate.edu/hrs/node/628/attachment>.

**THIS NOTICE WAS LAST UPDATED AND AMENDED ON AUGUST 07, 2015.**