

Michigan State University Human Resources Health Plans

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.

Our Legal Duty

We (Michigan State University and the administrator(s) or insurer(s) of your health benefit plan(s)) are required by applicable federal and state laws to maintain the privacy of your protected health information. This notice describes the protected health information MSU collects, how that information is used, and when and to whom it may be disclosed.

Protected health information is current, past or future information created or received by MSU as part of maintaining the health benefit plans. It relates to the physical or mental condition of a person covered by a health benefit plan, the provision of health care to that person, or payment for the provision of health care to that person. Protected health information generally does not include information that is publicly available or information available in a summarized or group manner. For example, we collect protected health information from you such as name, address, telephone number, social security number, date of birth and related information as part of the enrollment process. The organizations that administer the health benefit plans for MSU – commercial health benefit plans, pharmacy benefits managers, and others – may also collect and exchange additional information such as medical diagnosis and treatment information, but MSU's Human Resources Benefits Office generally does not request copies of such information without your authorization. Protected health information does not include individually identifiable health information contained in education records covered by the Family Educational Rights and Privacy Act, records described in 20 U.S.C. 1232g(a)(4)(B)(iv) and employment records held by MSU.

We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **04/14/03**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Michigan State University Health Plans

This notice applies to the privacy practices of the group health plans and health insurers or HMOs contracted with or maintained by MSU.

Our Uses and Disclosures of Your Protected Health Information

We use and disclose protected health information about you as follows:

Treatment: We may disclose your protected health information to a health care provider who asks us for it to assist in your treatment. If you are an unemancipated minor, we may disclose your protected health information to your parent, guardian, or other person acting in loco parentis as permitted or required by law.

Payment: We may use and disclose your protected health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to disclose whether or not an individual is participating in the group health plan, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations: We may use and disclose your protected health information to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to credential providers, to engage in care coordination or case management, or to manage our business. Summary or aggregate information about the enrollees in your group health plan is also used to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan and make other decisions related to providing health benefits to the MSU community. The summary or aggregate information may summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan.

We may also contact you or have the administrator of your health benefit plan contact you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

You and Your Authorization: We must disclose your protected health information to you, as described below in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Your Family and Friends: We may disclose to a family member, a friend, or other persons you indicate are involved in your care or payment for your care, your protected health information that is directly relevant to their involvement. We may use or disclose your name, location and general condition or death to notify, or help with notification, of a family member, your personal representative, or other persons involved in your care about your situation. If you are present, we will give you the opportunity to object before we disclose your protected health information to these persons. If you are incapacitated or in an emergency, we may disclose your protected health information to these persons if we determine that the disclosure is in your best interest.

Underwriting: We may receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your protected health information will only be as described in this notice.

Although occurring less frequently than the instances above, the law allows MSU to do the following:

Marketing: We may use your protected health information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Disaster Relief: We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.

Death, Organ Donation: We may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Research: We may use or disclose your protected health information for research purposes, in accordance with certain safeguards.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.

Law Enforcement: Under circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials. We may disclose limited protected health information to a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the protected health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Your Rights

Access: You have the right to review or obtain copies of your protected health information in our possession, with limited exceptions. MSU generally maintains only your eligibility information. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$15.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our business associates, disclosed your protected health information for purposes other than for treatment, payment, health care operations, and limited other activities. You are entitled to such an accounting for the 6 years prior to your request, though not earlier than April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Minimizing Disclosures: You have the right to have any disclosures of protected health information or any requests for health information from any health clearinghouse, health care provider, or other health plan, be made using reasonable efforts to limit the use, disclosure, or request. This right is inapplicable, however, as applied to disclosures to a health provider for your treatment, to you, disclosures or requests made pursuant to your authorization, disclosures made, as required, to the Secretary of Health and Human Services, or to disclosures which are required by law.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on your behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits issued to the subscriber for healthcare that you received for which you did not request confidential communications or about the subscriber or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in paper form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Contact Person: Director of Benefits
Contact Office: Michigan State University
Address: 1407 South Harrison Road, Suite 130 Nisbet Building, East Lansing, MI 48823-5287
Telephone: 517-353-4434 Fax: 517-353-1869