



UNIVERSITY OF
CENTRAL
ARKANSAS™

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.

This Notice of Privacy Practices describes how the University of Central Arkansas Health and Dental Plans may collect, use and disclose your protected health information, and your rights concerning your protected health information.

“Protected health information” (PHI) is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required to maintain the privacy of your protected health information and to provide you this notice about our legal duties and privacy practices. We must follow the privacy practices described in this notice while it is in effect. This notice reflects changes made by the Final Rule under the Health Insurance Portability and Accountability Act generally referred to as HIPAA.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures for Payment and Health Care Operations. The University of Central Arkansas Health and Dental Plans do not disclose Protected Health Information unless required by law. However, we do use Protected Health Information for payment and for health care operations.

Payment: We will use your protected health information to administer your health benefits policy, which may involve the determination of eligibility; claims payment; utilization review and care management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. We may also use protected health information for purposes of premium billing, and the determination of premium rates and co-payments, deductibles, co-insurance and other cost sharing amounts.

Health Care Operations: We will use your protected health information to support other business activities, including the following:

- Health claims analysis.
- Premium determination and administration of reinsurance.
- Risk management.
- Transfer of eligibility and plan information to business associates (for example, Pharmacy Benefit Management (PBM’s) for the management of pharmacy benefits).
- Other general administrative activities, including data and information systems management and customer service.
- Wellness Program.

We will not disclose protected health information to any University of Central Arkansas employee unless required by law. We will, however, provide minimal protected information necessary to allow payroll to pay the monthly premium for your group health enrollment (for example, name, identification number, and family coverage status).

We may contract with individuals or entities known as Business Associates to perform functions on our behalf or to provide some services. In order to perform these services, Business Associates may receive, create, use, disclose, or transmit your PHI, but only after they agree in writing to use required safeguards to protect your PHI. For example, we may disclose your PHI to a Business Associate to process your claims, manage pharmacy benefits, or pursue subrogation services in the event another party is responsible for an injury; this disclosure will only take place after the Business Associate enters into a Business Associate Contract with us.

Other Permitted or Required Uses and Disclosures of Protected Health Information.

The University of Central Arkansas Health and Dental Plans will not disclose Protected Health Information unless required by law. We may disclose your protected health information in the following additional situations without your authorization:

Others Involved in Your Healthcare: Unless you request Restriction or Confidential Communication, we may disclose to your spouse (or your parent if you are a dependent child), the Protected Health Information directly related to payment for health care services. Otherwise, we will not disclose your Protected Health Information regarding health care to your spouse, your family (except for parents of dependents covered under the plan), a relative, a close friend, or any other person without your signed authorization explicitly directing us to do so. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Unless our administrator (Blue Cross Blue Shield) is given an alternative address, your explanation of benefits forms and other mailings containing protected health information will be sent to the address on record for the subscriber of the health benefits plan. Separate mailings for enrolled dependents of the subscriber will not be done, unless requested through the administrator by Confidential Communications described in this notice. If available, this also pertains to the claims information contained electronically and available via secured Internet access and corresponding telephonic claims sites.

If you would not like us to share any information in any of the foregoing manners with any particular individuals or organizations, please call the appropriate number listed on pages 4 and 5 of this document.

REQUIRED BY LAW

We may use or disclose your protected health information to the extent we are required to do so by law.

Public Health: We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability. In addition, we may make disclosures to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Abuse or Neglect: We may make disclosures to government authorities concerning abuse, neglect or domestic violence.

Health Oversight: We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.

Legal Proceedings: We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your protected health information under limited circumstances to law enforcement officials.

For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

Coroners, Funeral Directors and Organ Donation: We may disclose your protected health information in certain instances to coroners, funeral directors and in connection with organ donation.

Research: We may disclose your protected health information to researchers when:

1. the individual identifiers have been removed; or
2. when an institutional review board have reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Threat to Health or 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 to the health or safety of others.

Military Activity and National Security: We may disclose your protected health information to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

Correctional Institutions: If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.

Workers' Compensation: We may disclose your protected health information to the extent required by workers' compensation laws.

Uses and Disclosures of Protected Health Information with an Authorization. Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization being revoked.

Many members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. The administrator of the group Health and Dental Plans maintains this information. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described in this notice, please call the appropriate number listed on pages 4 and 5 of this document and you will be provided the appropriate authorization and address to submit the form. You may revoke the authorization at any time by sending a letter to the same address. Please include your name, address, member identification number and a telephone number where we can reach you. A revocation is not effective until it is actually received by us.

MEMBER RIGHTS

The following is a brief statement of your additional rights with respect to your protected health information:

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or healthcare operations or as described in the section of this notice entitled "Others Involved in Your Healthcare." However, we are not required to agree to these restrictions. If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed for an emergency. All requests for restrictions should be submitted to the administrator of our group Health and/or Dental Plans.

Confidential Communications: We will accommodate reasonable requests to communicate with you about your protected health information by alternative means or to alternative locations. For example, if you are covered under a Health and/or Dental Plan as an adult dependent (e.g., a spouse or a child attending college) and you want us to send correspondence that contains protected health information to a different address from the subscriber we can accommodate that request. We may ask you to make your confidential communication request in writing. All requests for confidential communications should be submitted to the administrator of our group Health and/or Dental Plans.

Access to Protected Health Information: You have the right to receive a copy of protected health information about you that is contained in a “designated record set”, with some specified exceptions. A “designated record set” means a group of records that are used by or for us to make decisions about you, including enrollment, payment, claims adjudication and case or medical management records. Any request to access protected health information should be directed to the administrator of our group Health and/or Dental Plans. You may be asked to request access to copies of your records in writing and to provide the specific information needed to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. More information on our fee structure is available by contacting our group Health and Dental Plan administrators at the addresses provided below.

Amendment of Protected Health Information: You have the right to ask us to amend any protected health information about you that is contained in a “designated record set” (see above). All requests for amendment must be in writing to our group Health and/or Dental Plan administrators. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information in our records. All denials will be made in writing. You may respond by filing a written statement of disagreement with us, and we would have the right to rebut that statement. If you believe someone has received inaccurate protected health information from us, you should inform us at the time of the request if you want him or her to be informed of the amendment.

Accounting of Certain Disclosures: You have the right to have us provide you an accounting of times when we have disclosed your protected health information for any purpose other than the following: (a) payment or health care operations; (b) as described in the section of this notice entitled “Others Involved in Your Healthcare”; (c) disclosures that you or your personal representative has authorized; or (d) certain other disclosures, such as disclosures for national security purposes. All requests for an accounting must be in writing to the administrator of our group Health and Dental Plans. We will require you to provide us the specific information we need to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee. More information is available on our fee structure by contacting us at the address provided below.

Final HIPAA Rule: Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act generally referred to as the HIPAA Final Rule, are as follows:

- You have the right to be notified of a data breach relating to your unsecured health information.
- You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
- To the extent the Plan performs any underwriting, the Plan cannot disclose or use any genetic information for such purposes.
- The Plan may not use your PHI for marketing purposes or sell such information without your written authorization.
- The Plan will not use or disclose psychotherapy notes without an authorization.
- You have the right to request a paper copy of this Notice at any time, even if you have consented to electronic delivery.

Contact Information for Exercising Member Rights: You may exercise any of the rights described above by contacting, in writing, the Privacy Official at the following addresses.

University of Central Arkansas Group Health & Dental Plans
University of Central Arkansas Employee Benefit & Risk Management
Taylor May, Assistant Vice President of Human Resources & Risk Management
201 Donaghey Avenue, Wingo 106
Conway, AR 72035
Phone: 501-450-5052
E-Mail: tmay5@uca.edu

Group Health Plan

BlueAdvantage Administrators of Arkansas
P.O. Box 1460
Little Rock, AR 7220
Phone: (800) 370-5852

Group Dental Plan

BlueAdvantage Dental Claims Administrator
P.O. Box 69436
Harrisburg, PA 17106-9436
Phone: (888) 223-4999

CHANGES TO PRIVACY PRACTICES

We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain. We redistribute a new Notice of Privacy Practices whenever we make a material change in our privacy practices described in our notice.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or would like an additional copy of the notice, please contact the University of Central Arkansas Group Health and Dental Plans Privacy Officer at the above number or your campus Human Resources Office.

If you are concerned that your privacy rights may have been violated, please contact the University of Central Arkansas Group Health & Dental Plans Employee Benefit and Risk Management Officer at the above number. You also have the right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process, including the address of the Secretary of Health and Human Services, contact the University of Central Arkansas Group Health and Dental Plans Employee Benefit and Risk Management Officer at the above number.