

## **BENEFITS PROGRAMS**

**Dear EMU Health Benefit Plan Subscriber:**

**It has been six years since April 14, 2003, when the new medical privacy law called HIPAA became effective. HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. HIPAA applies to health care providers and health plans, like the Group Health Plan, and Flexible Spending Account Plan, sponsored by Eastern Michigan University for employees and retirees. We refer to these plans as the “EMU Health Benefit Plan”.**

**Attached is a Notice of Privacy Practices. The EMU Health Benefit Plan is required by law to give you this Notice. You will likely be given other Notices of Privacy Practices when you go to the doctor or to the hospital. You will also receive other Notices of Privacy Practices from the health insurance companies we contract with to provide you with benefits and services.**

**The attached Notice describes how the EMU Health Benefit Plan uses and discloses health information about you. For example, the EMU Health Benefit Plan may use and disclose health information to pay for health care services you receive that are covered benefits under the Plan. The attached Notice also describes your rights with regard to your health information.**

**Please note that you must sign an authorization if you would like your spouse or another person to call our office with benefit questions that involve disclosing health information about you, such as claims information. You may obtain a copy of the authorization by emailing Helene Neely at [hneely@emich.edu](mailto:hneely@emich.edu).**

**If you have any questions regarding the information contained in this letter or in the Notice, please contact the Benefits Office at (734) 487-3195.**

**Sincerely,**

**Jeanette Hassan  
Director of Benefits Programs and  
EMU Health Benefit Plan Privacy Officer**

**Attachment**

**April 9, 2009**

## EASTERN MICHIGAN UNIVERSITY HEALTH BENEFIT PLAN

### NOTICE OF PRIVACY PRACTICES

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

*If you have any questions about this Notice, please contact the EMU Health Benefit Plan Privacy Officer at (734) 487-3195.*

#### INTRODUCTION

Eastern Michigan University is the plan sponsor of a variety of medical benefits programs. For the purposes of this Notice, we refer to these health benefit programs collectively as the “**EMU Health Benefit Plan**”.

For example, the EMU Health Benefit Plan includes health, dental, vision, and prescription drug benefits offered through the Group Health Plan. The EMU Health Benefit Plan also includes the Flexible Spending Account Plan. In most cases, these programs are administered through arrangements with health insurance companies, HMOs, and third party administrators. The EMU Health Benefit Plan does not include workers compensation, life insurance, disability benefits, medical leaves, pre-employment physicals, on-site medical services or drug testing.

The EMU Health Benefit Plan is subject to a federal law called the Health Insurance Portability and Accountability Act of 1996, also known as “HIPAA”. HIPAA sets standards to protect the privacy of health information. The Plan is required by HIPAA to:

- **Make sure that health information that identifies you is kept private;**
- **Give you this Notice of our legal duties and privacy practices with respect to health information about you; and**
- **Follow the terms of the Notice that is currently in effect.**

#### OUR PLEDGE REGARDING HEALTH INFORMATION

The EMU Health Benefit Plan is committed to protecting health information about you. This Notice describes the EMU Health Benefit Plan’s privacy practices and that of all its employees and staff. This Notice will tell you about the ways in which we may use and disclose health information about you. The Notice also describe your rights and certain obligations we have regarding the use and disclosure of health information.

In addition to HIPAA, the EMU Health Benefit Plan uses and discloses health information in compliance with all other applicable state and federal laws.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that the EMU Health Benefit Plan uses and discloses health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

The EMU Health Benefit Plan has delegated some plan administration activities to its plan sponsor and its Business Associates, such as third party administrators, who also may use and disclose your health information to perform services and functions on behalf of the EMU Health Benefit Plan.

**For Treatment.** The EMU Health Benefit Plan may use and disclose health information about for medical treatment or services. For example, if your health care needs to be coordinated, we may give health information about you to your primary care physician or specialist.

**For Payment.** The EMU Health Benefit Plan may use and disclose health information about you so that the treatment and services you receive may be billed and payment may be made to the health care providers that provided care to you. For example, we may need to give your health information to a third party administrator so that they will pay claims for your care.

**For Health Care Operations.** The EMU Health Benefit Plan may use and disclose health information about you for EMU Health Benefit Plan operations. These uses and disclosures are necessary to run the EMU Health Benefit Plan and make sure that our members receive quality services. For example, we may use health information and disclose it to the plan sponsor to review benefit coverage options.

**Treatment Alternatives.** The EMU Health Benefit Plan may use and disclose health information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** The EMU Health Benefit Plan may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** The EMU Health Benefit Plan may disclose health information about you to a close personal friend or family member who is involved in your health care or payment for your care if you have signed an authorization. Please note that our health insurance companies, HMOs and third party administrators may impose different protections when disclosing health information to individuals involved in your care or payment for your care.

**For Special Purposes.** The EMU Health Benefit Plan may disclose health information about you for special purposes as permitted or required by law, including the following:

- To avert a serious threat to health or safety against you, the public or another person.

- For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
- For organ and tissue donation and transplant to facilitate organ or tissue donation and transplant.
- For research purposes limited information may be disclosed as permitted by law.
- To workers' compensation or similar programs for the payment of benefits for work-related injuries.
- To coroners, health examiners and funeral directors to identify a deceased person, determine cause of death, or to carry out duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity.
- For U.S. military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military.
- For national security and intelligence activities such as protective services for the President and other authorized persons.

#### **OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us an authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have many rights with regard to your health information. If you wish to exercise any of these rights, please submit your request in writing to:

**EMU Health Benefit Plan Privacy Officer  
Eastern Michigan University  
140 McKenny Hall  
Ypsilanti, MI 48197  
(734) 487-3195 telephone**

**Your Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Your Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to add a statement. You must provide a reason that supports your request for an amendment.

**Your Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of health information about you. Your request must state a time period. We may limit the time period to 6 years and to disclosures made on or after April 14, 2003. The first list you request within a 12-month period is free. For additional lists, we may charge you for the costs of providing the list.

**Your Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. **We are not required by law to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Your Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will

accommodate all reasonable requests supported by a statement from you that you would be in danger without the confidential communication.

**Right to Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice at [www.emich.edu/public/hr/bhr.htm](http://www.emich.edu/public/hr/bhr.htm).

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the EMU Health Benefit Plan. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. **You will not be penalized in any way for filing a complaint.**

## **CHANGES TO THIS NOTICE**

The EMU Health Benefit Plan reserves the right to change this Notice. The EMU Health Benefit Plan reserves the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.