



NOTICE OF PRIVACY PRACTICES FOR PURDUE UNIVERSITY HEALTH PLANS

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. If you have any questions about this Notice, please contact:

Privacy Officer
Purdue University
West Lafayette, IN
Telephone: (765) 496-1927
e-mail: hipaa-privacy@purdue.edu.

WHO MUST COMPLY WITH THIS NOTICE

Purdue University's Health Plans are legally required to protect the privacy of your health information and to provide you with a notice of privacy practices. This Notice applies to the following Purdue University Health Plans including but not limited to: Purdue Self-Insured Medical Benefits Plan(s), Pharmacy Plan(s), Vision Plan, Health Care Flexible Spending Accounts, Employee Assistance Programs, and Employee Wellness Programs and WorkLife Programs. It also applies to the following portions of the University that provide business support to Purdue's Health Plans: Calumet Business Office for Student Affairs and Calumet Student Service Business Office, Central Files, Internal Audit, IPFW Information Technology Services, Calumet Technological Infrastructure Services, North Central Information Services, Information Technology at Purdue (partial), Administrative Computing (partial), Public Records Office, Nursing Center for Family Health, Pharmacy IT, Health and Human Services IT, Regenstrief Center for Healthcare Engineering, and RCHE-Health Outcomes and Policy Research Center. The full list of covered components at Purdue University may be found at the following web site: <http://www.purdue.edu/hipaa>. For convenience, the Health Plans and the associated business support groups listed here will be referred to in this Notice as "the Purdue Health Plans."

This Notice describes how the Purdue Health Plans may use and disclose your health and medical information to provide benefits to you. It also describes some rights you have regarding your health information. Health information is information about you that is received, used or disclosed by the Purdue Health Plans concerning your physical or mental health, health care services provided to you, or your health insurance benefits and payments. Protected health information may contain information that identifies you, including your name, address, and other identifying information.

HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED

We use and disclose health information for many different reasons. However, the privacy of your health information and your family's medical information is important to us, and we take steps to ensure and protect the privacy of that health information, including protections in how we use and store it. Only employees of the Purdue Health Plans who need your health information to provide you services or assist you with problems, may see or access your health information. For some uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

Mental health information, including psychological or psychiatric treatment records, and information relating to communicable diseases, including HIV records, are subject to special protections under Indiana law. We will generally only release such

records or information with your written authorization or with an appropriate court order. Alcohol and drug abuse treatment information is also subject to special protections under federal law. We will usually need to get your written authorization or an appropriate court order before we release this information. Except where there are special protections under Indiana law or other federal laws, we may use and disclose your health information without your authorization for the following purposes:

For treatment. The Purdue Health Plans do not provide health treatment, but we may assist your health care providers to determine which treatments or alternative treatments may be covered under your health plan. For example, we may notify your doctor about alternative drug therapies that may be covered under your plan so your doctor can decide the best treatment available to you.

To obtain payment for health insurance premiums or benefits. We may use and disclose your health information in order to bill and collect payment for health insurance premiums and for reimbursement of health care insurance benefits provided to you. For example, we may provide portions of your health information to other health insurance providers to obtain reimbursement for health care insurance benefits we provide to you. We may also provide your health information to our business associates, such as billing companies, claims processing companies, third party administrators of Purdue's Health Plans, and others that process our health care claims.

For health care operations. Your health information may be used or disclosed for health care operations. For example, we may use your health information in order to review coverage for referrals or health treatment requested by your doctor. We may also use your health information for quality assessment and improvement, for fraud and abuse detection and prevention, to evaluate health care provider performance, and to evaluate the cost and quality of the benefits provided to you and other members of the Purdue Health Plans. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

To Business Associates. We will share your health information with business associates that assist our Health Plan. Business associates include people or companies outside of Purdue who provide services to our Health Plan. For example, health information may be disclosed by the Health Plan to a company who will process your claims. Purdue's business associates must comply with the HIPAA laws, and we have agreements with our business associates to protect the privacy and security of your health information.

When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a state or federal law requires that we report information to government agencies and law enforcement personnel or when ordered in a judicial or administrative proceeding.

Health promotion and disease prevention. We may use your health information to tell you about disease prevention and health care, or to notify you about benefits available to you. For example, we may send health care ideas to you for things like women's health, diabetes, asthma, etc. We may also work with other agencies, health care providers, and pharmaceutical companies to provide good health and disease prevention programs.

Research purposes. In certain limited circumstances, we may provide health information in order to conduct research. Use of this information for research is subject to either a special approval process, or removal of information that may directly identify you. In most instances, we will require your written authorization prior to using or disclosing health information for research purposes.

Relatives and friends involved with your care or with payment for your care. In limited cases, we may provide health information to family members, or close friends if the friend or family member is directly involved with your care or with

payment for your care, unless you tell us not to. For example, we may provide information to your spouse to assist with specific payment questions or the resolution of claim related issues.

Member and Provider Claims Services. A limited group of employees of Purdue are trained to answer your calls and assist with your concerns or issues, and this group of employees may need to review your health information in order to assist you. The companies who help us administer our health plans may also use your health information for customer and member support and assistance. For example, if you call us with a question about your health insurance payments, we may review your health information in order to answer your question.

Medical and Administrative Appeals. At times, the Purdue Health Plans or its third party administrators may make decisions about claims for services provided to you. You or your provider may appeal these decisions. Your health information may be used to make appeal decisions. The information used could include parts of your health record.

Appointment reminders and health-related benefits or services. We may use health information to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your health information. If you do sign an authorization to disclose your health information, you can later revoke that authorization in writing. This will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION

The Right to Request Limits on Uses and Disclosures of Your Health Information. You have the right to ask Purdue's Health Plans to limit the use or disclosure of your health information. If you have paid your health care provider in full for a particular health care service or item and specifically request that we not disclose information about this health care item or service to your health plan for payment or healthcare operations purposes, we will agree to this request. We generally cannot restrict disclosure of information needed for health care treatment purposes. For other restrictions, we will consider your request but we do not have to accept it. If we do, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.

The Right to Choose How We Send Health Information to You. You have the right to ask that we send your health information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, by fax instead of regular mail). We must agree to your request if we can easily provide it in the format you requested.

The Right to See and Get Copies of Your Health Information. In most cases, you have the right to look at or get copies of your health information that we have, but you must make the request in writing. If we do not have your health information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your health information, we will charge you a reasonable fee as permitted by Indiana law. Instead of providing the health information you requested, we may provide you with a summary or explanation of the health information. We will only do this if you agree to receive information in that form and if you agree to pay the cost in advance.

The Right to Get a List of Certain Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your health information. The list will not include uses or disclosures made for treatment, payment, and health care operation, or information given to your family or friends with your permission or in your presence without objection. It

will also not include disclosures made directly to you or when you have given us a written authorization for the release of health information. The list will also not include information released for national security purposes or given to correctional institutions. To obtain this list, you must make a request in writing to the Privacy Officer listed at the top of this notice. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.

The Right to Amend or Update Your Health Information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we amend the existing information. You must provide the request and your reason for the request in writing to the Privacy Officer listed at the top of this notice. We may deny your request in writing if the health information is: 1) correct and complete; 2) not created by us; 3) not allowed to be disclosed, or 4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change to your health information.

The Right to Receive Breach Notification. If any of Purdue's Health Plan components or any of its Business Associates experiences a breach of your health information (as defined by HIPAA laws) that compromises the security or privacy of your health information, you will be notified of the breach and about any steps you should take to protect yourself from potential harm resulting from the breach.

The Right to Get This Notice by E-Mail. You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive Notice via e-mail, you also have the right to request a paper copy of this notice.

CHANGES TO THIS NOTICE

Purdue University's Health Plans are required to abide by the terms of this Notice of Privacy Practices. However, we may change this notice at any time. The new notice will be effective for all protected health information maintained by Purdue University's Health Plan. A revised Notice of Privacy Practices will be posted on our website at www.purdue.edu/hipaa. If we make a material revision to this notice, a new notice will be provided to you within 60 days.

WHAT TO DO IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your rights or the privacy of your health information, you may file a complaint with our Privacy Officer at the telephone number or e-mail address listed at the top of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services. Further information about how to file a complaint is available from the Privacy Officer. We will not punish you or retaliate against you if you file a complaint about our privacy practices.

EFFECTIVE DATE OF THIS NOTICE

This notice applies to uses and disclosures of your protected health information beginning on March 31, 2011.