



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.

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the Plan's behalf, called Protected Health Information ("PHI") and to provide you, as the participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information.

The terms of this Notice of Privacy Practices ("Notice") apply to the following plans (**collective and individually referenced in this Notice as the "Purdue Health Plans"**):

- **Group Medical and Prescription Drug Plans**
- **Group Dental and/or Voluntary Dental Plans**

This Notice describes how the Purdue Health Plans may use and disclose your PHI to carry-out payment and health care operations, and for other purposes that are permitted or required by law.

The Purdue Health Plans are required to abide by the terms of this Notice so long as the Purdue Health Plans remain in effect. The Purdue Health Plans reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by the Purdue Health Plans. Copies of revised Notices with which there has been a material change will be mailed to all participants then covered by the Purdue Health Plans. Copies of our current Notice may be obtained by calling the Privacy Officer at the telephone number or address below.

DEFINITIONS:

Plan Sponsor means Purdue University and any other employer that maintains the Purdue Health Plans for the benefits of its associates.

Protected health Information ("PHI") means individually identifiable health information, which is defined under the law as information that is a subset of health information, including demographic information, that is created or received by the Purdue Health Plans and that relates to your past, present or future physical mental health or condition; the health care services you receive, or the past, present, or future payment for health care services you receive; and that identifies you, or which there is a reasonable basis to believe the information can be used to identify you.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Purdue Health Plans may use and disclose your PHI. For each category of uses and disclosures we will explain what we mean and, when appropriate, provides examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below or otherwise permitted by law, the Purdue Health Plans will not use or disclose your PHI unless you have signed a form authorizing the Purdue Health Plans to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. Uses and disclosures of your PHI for marketing purposes and/or for the sale of your PHI require your authorization. You have the right to revoke any authorization in writing except to the extent that the Purdue Health Plans have taken action in reliance upon the authorizations.

Uses and Disclosures for Payment – The Purdue Health Plans may use and disclose your PHI as necessary for benefit payment purposes without obtaining an authorization from you. The persons to whom the Purdue Health Plans may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their services and treatments of you, other health plans providing benefits to you, and your approved family member or guardian responsible for amounts, such as deductibles and co-insurance, not covered by the Purdue Health Plans.

For example, the Purdue Health Plans may use or disclose your PHI, including information about any medical procedures and treatments you have received, are receiving, or will receive, to your doctor, your spouse's doctor or other health plan under which you are covered, and your spouse or other family members, unless you object, in order to process your benefits under the Purdue Health Plans. Examples of other payment activities include determinations of your eligibility or coverage under the Purdue Health Plans, annual premium calculations based on health status and demographic characteristics of persons covered under the Purdue Health Plans, billing, claims management, reinsurance claim, and review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

Uses and Disclosures for Health Care Operations – The Purdue Health Plans may use and disclose your PHI as necessary for health care operations without obtaining an authorization from you. Health care operations are those functions of the Purdue Health Plans it needs to operate on a day-to-day basis and those activities that help it to evaluate its performance. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, amendment or termination of the Purdue Health Plans, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Purdue Health Plans, including the provision of customer services to you and your covered dependents.

Use or Disclosure of Genetic Information Prohibited – the Genetic Information Nondiscrimination Act of 2009 (GINA), and regulations promulgated thereunder, specific prohibit the use, disclosure or request of PHI that is genetic information for underwriting purposes. Genetic information is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family member's genetic services. This means that your genetic information cannot be used for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting, even if those activities are for purposes of health care operations or being performed pursuant to your written authorization.

Family and Friends Involved in Your Care – If you are available and do not object, the Purdue Health Plans may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Purdue Health Plans determine that a limited disclosure is in your best interest, the Purdue Health Plans, may share limited PHI with such individuals. For example, the Purdue Health Plans may use its professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish us to share PHI with your spouse or others, you may exercise your right to request a restriction on your disclosure of your PHI (see below), including having correspondence the Purdue Health Plans send to you mailed to an alternative address. The Purdue Health Plans are also required to abide by certain state laws that are more stringent than the HIPAA Privacy Standards, for example, some states give a minor child the right to consent to his or her own treatment and, under HIPAA, to direct who may know about the care he or she receives. There may be an instance when your minor child would request for you not to be informed of his or her treatment and the Purdue Health Plans would be required to honor that request.

Business Associates – Certain aspects and components of the Purdue Health Plans' services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our third party administrator, reinsurance carrier, agents, attorney, accountants, banks and consultants. At times it may be necessary for use to provide certain of your PHI to one or more of these outside persons or organizations. However, if the Purdue Health Plans do provide your PHI to any or all of these outside persons or organizations, they will be required, though contract or by law, to follow the same policies and procedures with your PHI as detailed in this Notice.

Plan Sponsor – The Purdue Health Plans may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claim expenses, and types of claims experience by individuals under the Purdue Health Plans, but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested for the purpose of obtain premium bids, for providing coverage under the Purdue Health Plans, or for modifying, amending or terminating the Purdue Health Plans. The Purdue Health Plans may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Purdue Health Plans.

Other Products and Services – The Purdue Health Plans may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorizations. For example, the Purdue Health Plans may use and disclose your PHI for the purpose of communicating to you about the health benefit products or services that could enhance or substitute for existing coverage under the Purdue Health Plans, such as long term health benefits for flexible spending accounts. The Purdue Health Plans may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Purdue Health Plans. However, the Purdue Health Plans must obtain your authorization before the Purdue Health Plans send you information regarding non-health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

Other Uses and Disclosures – Unless otherwise prohibited by the law, the Purdue Health Plans may make certain other uses and disclosures of your PHI without your authorization, including the following:

- The Purdue Health Plans may use or disclose your PHI to the extent that the use or disclosure is required by law.
- The Purdue Health Plans may disclose your PHI to the proper authorities if the Purdue Health Plans suspect child abuse or neglect; the Purdue Health Plans may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- The Purdue Health Plans may disclose your PHI if authorized by law to a government oversight agency (e.g. a state insurance department) conducting audits, investigations, or a civil or criminal proceeding.
- The Purdue Health Plans may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g. to respond to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.
- The Purdue Health Plans may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or if you are suspected of committing a crime on the Purdue Health Plans (e.g., fraud).
- The Purdue Health Plans may use or disclose PHI to avert a serious threat to health or safety.
- The Purdue Health Plans may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Purdue Health Plans may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- The Purdue Health Plans may disclose your PHI to state or federal workers' compensation agencies for your workers' compensation benefit determination.
- The Purdue Health Plans may, as required by law, release your PHI to the Secretary of Department Health and Human Services for enforcement of HIPAA Privacy Rules.

Verification Requirement – Before the Purdue Health Plans discloses your PHI to anyone requesting it, the Purdue Health Plans are required to verify the identity of the requester's authority to access your PHI. The Purdue Health Plans may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

RIGHTS THAT YOU HAVE

To request to inspect, copy, amend or get an accounting of PHI pertaining to your PHI in the Purdue Health Plans, you may contact the Privacy Officer.

Right to Inspect and Copy your PHI – You have the right to request a copy of and/or to inspect your PHI that the Purdue Health Plans maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. In certain limited circumstances, the Purdue Health Plans may deny your request to copy and/or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your "personal representative," may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Request for access to your PHI must be in writing and signed by you or your personal representative. You must ask for a *Participant PHI Inspection Form* from the Purdue Health Plans through the Privacy Officer at the address above. If you request that the Purdue Health Plans copy or mail your PHI to you, the Purdue Health Plans may charge you a fee for the cost of copying your PHI and the postage for mailing your PHI to you. If you ask the Purdue Health Plans to prepare a summary of PHI, and the Purdue Health Plans agree to provide that explanation, the Purdue Health Plans may also charge you for the cost associated with the preparation of the summary.

Right to Request Amendments to Your PHI – You have the right to request that PHI the Purdue Health Plans maintain about you be amended or corrected. The Purdue Health Plans are not obligated to make requested amendments to PHI that is not created by the Purdue Health Plans, not maintained by the Purdue Health Plans, not available for inspection, or that is accurate and complete. The Purdue Health Plans will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state the reasons for the amendment request, and must be sent to the Privacy Office at the address below. If the Purdue Health Plans deny your amendment request, the Purdue Health Plans will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Purdue Health Plans or the Secretary of the US Department of Health and Human Services. The Purdue Health Plans may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Purdue Health Plans accept your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.

Right to Request an Accounting for Disclosures of Your PHI – You have the right to request an accounting of disclosures of your PHI that the Purdue Health Plans make. Your request for an accounting of disclosures must state a time period that may not be longer

than six years and may not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that the Purdue Health Plans are required to account for include those pursuant to valid legal process, or for law enforcement purposes. Examples of disclosures that are not subject to an accounting include those made to carry out the Purdue Health Plans' payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative, and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Purdue Health Plans may charge you a fee for each subsequent accounting you request within the same 12-month period.

Right to Place Restrictions on the Use and Disclosure of Your PHI – You have the right to request restrictions on certain of the Purdue Health Plans' uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Purdue Health Plans not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Purdue Health Plans are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. The Purdue Health Plans retain the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Purdue Health Plans, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Purdue Health Plans through the Privacy Office at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. The Purdue Health Plans are required to accommodate reasonable requests if you inform the Purdue Health Plans that disclosure of all or part of your information could place you in danger. The Purdue Health Plans may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

Right to Notice of Breach - You have the right to receive notice if your PHI is improperly used or disclosed as a result of a breach of unsecured PHI.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with the Purdue Health Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Officer.

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