

Notice of Privacy Practices

For Participants in Group Health Plans
Sponsored By

Northwestern Health Sciences University

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THE INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR
PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.**

Our Policy

Northwestern Health Sciences University (NWSU) understands that you are concerned about privacy and the use of medical information that we received from our group medical plans about you and your dependents. We understand that the information we receive is personal and want you to know that we are committed to protecting the privacy and security of your protected health information.

NWSU is committed to maintaining the security and confidentiality of the information we received from our employees. We maintain physical, electronic and procedural safeguards that comply with Federal and State laws to protect your information from unauthorized access and use.

What Is Protected Health Information (PHI)?

PHI includes individually identifiable information medical information about your past, present and future health or medical condition, the provision of medical care and payment of health care services for you and your dependents (if applicable). Individually identifiable information includes facts about you such as your name, address, telephone number, plan identification number, etc.

Permitted Uses and Disclosures of Your PHI

NWSU is permitted by law to use and disclose your PHI in a variety of different ways including:

Treatment

We are permitted to disclose your PHI to health care providers such as doctors, dentists, pharmacies, hospitals, etc. when they request it in connection with your medical treatment. For example, we may reveal your PHI to a health care provider in connection with preventive health, early detection and disease or case management programs.

Payment

We are permitted to disclose your PHI as required to provide you with coverage, determine your benefits and make payment for services provided to you. For example, we use your PHI to confirm your eligibility for coverage and make premium payments.

Health Care Operations

We are permitted to disclose your PHI as part of certain health plan operations such as quality improvement. For example, we may use your PHI to analyze the quality of health claims processing any payment.

We may work with and disclose your PHI to third party “business associates” that perform payment or health care activities for us on your behalf. In addition, the law permits us to use and disclose your PHI without your authorization for several other reasons.

In any other situations, we will ask for your written authorization before using or disclosing your PHI. If you sign an authorization allowing disclosure of your PHI, you can later revoke that authorization to stop any future uses and disclosures related to the original authorization (other than for treatment, payment and health care operations reasons).

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and send the new notice to you. You can also request a copy of our privacy notice at any time.

Individual Rights

In most cases, you have the right to view or get a copy of your PHI. You also have the right to receive a list of any disclosures we have made of your PHI without written authorization for reasons other than those permitted or required by law. If you believe that the information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request, in writing, information about the times we have disclosed your personal health information for any purpose other than the following exceptions:

- Treatment, payment, or health care operations as describe in the “Permitted Uses and Disclosures of Your PHI” section of this notice
- Disclosures that you or your personal representative have authorized
- Certain other disclosures, such as disclosures for national security purposes

You may request, in writing, that we not disclose your PHI for treatment, payment and health care operations except when specifically authorized by you, when required by law or in emergency circumstances. We will consider your request but are not required to accept it. You also have the right to receive confidential communication of PHI by

alternative means or at alternative locations if you clearly state that disclosure of all or part of your PHI could endanger you. Your request must clearly and concisely describe (a) the information you wish restricted; (b) whether you are requesting to a limit or use, disclosure or both; and (c) to whom you want the limits to apply.

Questions and Answers

1. Will you give my PHI to my family or others?

We may share your PHI with a family member or other person if you sign an authorization form or are present, either in person or on the telephone, and give us permission to talk to the other person.

2. Who should I contact to get more information or to get an additional copy of this notice?

Contact Human Resources to obtain more information or an extra copy of this notice.

3. What should I do if I believe my privacy rights have been violated?

You may either:

- A. Call Deborah Hogenson, Privacy Officer for the Group Medical Plans at 952-888-4777;
- B. File a written complaint with the Privacy Officer at Northwestern Health Sciences University, 2501 West 84th Street, Bloomington, MN 55431;
- C. Contact the Minnesota Department of Commerce at 651-296-2488 or call toll free at 1-800-657-3602;
- D. Send a written complaint, either on paper or electronically, within 180 days of the alleged violation to the following location:
Medical Privacy
Region V – Office for Civil Rights
U.S. Department of Health and Human Services
233 No. Michigan Ave., Suite 240
Chicago, IL 60601
OR
Minnesota Department of Health
121 East 7th Pl, Suite 400
St. Paul, MN 55101
651-282-5600 or toll free at 1-800-657-3916

Your complaint must be in writing, either on paper or electronically, and must include the following information:

- 1) Name of the health plan that is the subject of the complaint; and

2) A description of the acts or omissions you believe to be in violation of the privacy regulations

We want to reassure you that we will NOT take retaliatory action against you if you file a complaint about our privacy practices with either Northwestern Health Sciences University or the Department of Health and Human Services.