

# Notice of Privacy Practices

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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

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Effective Date: April 14, 2003

THIS PRIVACY NOTICE IS PROVIDED ON BEHALF OF THE RENSSELAER GROUP HEALTH PLAN, INCLUDING MEDICAL, DENTAL AND HEALTH CARE FLEXIBLE SPENDING ACCOUNTS (referred to as “us” or “we” in this Notice).

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law. We are required by HIPAA to provide you with this notice. This notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect **April 14, 2003**. It will remain in effect unless and until we publish and issue a new notice.

## 1. Our Commitment to Your Privacy

Your privacy is important to us. We are committed to protecting the confidential nature of your medical information to the fullest extent of the law. In addition to various laws governing your privacy, we have our own privacy policies and procedures in place. These are designed to protect your information. We understand how important it is to protect your privacy. We will continue to make this a priority.

## 2. Our Legal Duties

We are required by applicable federal and state laws to keep certain information about you private. This information is referred to as “Protected Health Information” and includes information we have created or received about your past, present or future health or medical condition that could be used to identify you. It also includes information about medical treatment you have received and about payment for health care you have received. It is our policy to maintain the privacy of Protected Health Information in accordance with HIPAA, except to the extent that applicable state law provides greater privacy protections.

This Notice of Privacy Practices was drafted to be consistent with the HIPAA Privacy Regulation. Any terms not defined in this Notice will have the same meaning as they have in the HIPAA Privacy Regulation.

The HIPAA Privacy Regulation generally does not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a state, or other federal laws, rather than the HIPAA Privacy Regulation, might impose a privacy standard that we are required to follow.

We reserve the right to change the terms of this Notice. We may make the new notice provisions effective for all Protected Health Information that we maintain. This includes information that we created or received before we made the changes. Any revised Notice will be provided to you.

Anyone may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please use the contact information at the end of this Notice.

## 3. Our Primary Uses and Disclosures of Your Protected Health Information

*Payment and Health Care Operations.* We may use and disclose your Protected Health Information without your specific authorization for the purposes of payment and health care operations. To illustrate:

**Payment Activities.** Activities undertaken to obtain premiums or to determine or fulfill our responsibilities for coverage and provision of plan benefits. These include activities such as determining eligibility or coverage, utilization review activities, billing, claims management, and collection activities. For example, we may use Protected Health Information to determine whether a particular medical service given or to be given to you is covered under the terms of

your coverage. We may also disclose Protected Health Information to health care providers or other health plans for their payment activities, such as to coordinate benefits.

**Health Care Operation Activities.** Activities such as credentialing, business planning and development, quality assessment and improvement, premium rating, enrollment, claims processing, customer service, medical management, fraud and abuse detection, obtaining legal and auditing services, and business management. For example, we may disclose Protected Health Information to other health plans or health care providers for certain health care operation activities of their own as described in the HIPAA Privacy Regulation. We may also use your Protected Health Information to give you information about one of our disease/care management programs. We may also give you information about treatment alternatives and services that may be of interest to you.

When using and disclosing your Protected Health Information in our payment and health care operation activities, we may only request, use and disclose the minimum amount of your Protected Health Information necessary to complete the activity.

*Business Associates.* We may contract with others to assist us with payment or health care operation activities that involve the use of your Protected Health Information. For example, we may contract with a third party to perform the administrative functions necessary to pay your medical claims. Such third parties are referred to as our Business Associates. We require Business Associates to agree, in writing, to contract terms. These terms are specifically designed to safeguard Protected Health Information before it is shared with them. We may also have Business Associates assist in other activities described in this Notice that involve permitted uses and disclosures.

*Plan Sponsor.* We may disclose Protected Health Information to the Plan Sponsor to permit employees of the Plan Sponsor to perform plan administration functions. We may also disclose Summary Health Information (as this term is defined in the Privacy Regulation) to the Plan Sponsor to obtain premium bids for your health coverage or to decide whether to modify, amend or terminate the group health plan.

#### **4. Other Uses and Disclosures of Your Protected Health Information**

*To You or with Your Authorization.* We must disclose your Protected Health Information to you. This is described in the Individual Rights section of this Notice, below. You may also give us written authorization to use or disclose your Protected Health Information to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your Protected Health Information for any reason except as described in this Notice.

*Other Permitted Uses and Disclosures.* The following is a description of other possible ways we may (and are permitted by law to) use and/or disclose your Protected Health Information without your specific authorization.

**Family and Friends.** If you are unavailable to agree, we may disclose your Protected Health Information to a family member, friend or other person when the situation indicates that disclosure would be in your best interest. This includes a medical emergency or disaster relief. If you are available and agree, we may disclose your Protected Health Information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**Research, Death, Organ Donation.** We may use or disclose your Protected Health Information for research purposes in limited circumstances specified in the HIPAA Privacy Regulation. We may disclose the Protected Health Information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

**Public Health and Safety.** We may disclose some of your Protected Health Information permitted by state law to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. We may disclose your Protected Health Information to a government agency that oversees the health care system or government programs or its contractors, and for public health purposes. We may disclose your Protected Health Information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect domestic violence or other crimes.

**Required by Law.** We may use or disclose your Protected Health Information when we are

required to do so by law. For example, we must disclose your Protected Health Information to the US Department of Health and Human Services upon request in order to determine if we are in compliance with federal privacy laws. We may disclose your Protected Health Information to comply with workers' compensation or similar laws.

**Legal Process and Proceedings.** We may disclose your Protected Health Information in response to a court or administrative order, subpoena, discovery request, or other lawful process. These disclosures are subject to certain administrative requirements imposed by the HIPAA Privacy Regulation.

**Law Enforcement.** We may disclose limited information to a law enforcement official concerning the Protected Health Information of a suspect, fugitive, material witness, crime victim or missing person subject to certain administrative requirements set forth in the HIPAA Privacy Regulation. We may disclose the Protected Health Information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances specified by the HIPAA Privacy Regulation. We may also disclose Protected Health Information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Military and National Security.** We may disclose to military authorities the Protected Health Information of Armed Forces personnel under certain circumstances specified by the HIPAA Privacy Regulation. We may also disclose to authorized federal officials Protected Health Information required for lawful intelligence, counterintelligence, and other national security activities.

## 5. Individual Rights

**Access.** You have the right to inspect and obtain copies of your Protected Health Information created by us. Your right to access your Protected Health Information does not extend to certain information. This includes information contained in psychotherapy notes or information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative proceeding.

You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. We reserve the right to charge a

reasonable fee for copies of Protected Health Information that we provide.

Any request to exercise your individual right of access to your Protected Health Information must be in writing. You may obtain a form to request access by using the contact information listed at the end of this notice. We will respond to your request for access within 30 days of receiving the request. If all or any part of your request is denied, our response will detail any appeal rights you may have with respect to that decision.

Notwithstanding the formal process for your right to access, certain information related to enrollment and claims processing may be available to you by contacting the member services department of the insurance company or third party administrator who pays your claims on our behalf. Your request may be satisfied as a customer service request.

**Amendment.** You have the right to request that we amend your Protected Health Information created by us if you believe it is inaccurate. A request that your Protected Health Information be amended must be done in writing. You may obtain a form to request amendment by using the contact information listed at the end of this notice. We will respond to your request for amendment within 60 days of receiving the request.

If we accept your request to amend the information, we will notify you. We will make reasonable efforts to inform other persons, including those identified by you as having received your Protected Health Information and needing the amendment. We will also include the changes in any future disclosure of that information. If we deny your request for reasons permitted by the HIPAA Privacy Regulation, our notice to you will explain any appeal rights you may have with respect to that decision.

Notwithstanding the formal process for your right to amend your Protected Health Information, certain information related to enrollment and claims processing may be available to you by contacting the member services department of the insurance company or third party administrator who pays your claims on our behalf. Your request may be satisfied as a customer service request.

**Disclosure Accounting.** You have the right to request and receive an accounting of disclosures of your Protected Health Information made by us. We are not required under the HIPAA Privacy Regulation to provide you with an accounting of certain types of disclosures. The most significant types include:

- Any disclosures made prior to April 14, 2003
- Disclosures for payment or health care operations activities
- Disclosures to you or pursuant to your authorization
- Disclosures to persons involved in your care
- Disclosures for disaster relief, national security or intelligence purposes
- Disclosures that are incidental to a permitted use or disclosure

To request an accounting of disclosures, you must send us a written request. You may request one such accounting at no charge every 12 months. You may request that the accounting cover up to a 6-year period of reportable disclosures from the date of your request. We reserve the right to impose a reasonable charge for requests made more than once per year.

**Confidential Communications.** You may believe that you will be in danger if we communicate Protected Health Information to you at your address of record. If so, you have the right to request that we communicate with you about your Protected Health Information at an alternative location or by alternate means. We will make reasonable efforts to accommodate your request if you specify an alternate address. To request a confidential communication, you must direct your request to the contact office listed at the end of this notice.

**Restriction Request.** You have the right to request that we restrict the use and disclosure of your Protected Health Information for payment or health care operations activities. You also have the right to request that we restrict disclosures to relatives, friends, or other individuals that may be involved in your care or payment for your health care. We are not required to agree to such a request for restriction. To request a restriction, you must direct your request to the contact office listed at the end of this notice.

## 6. Contacting Us

To exercise any of the Individual Rights described in this Notice, to obtain additional information, or to file a complaint, please contact:

Manager of Benefits and Retirement  
Rensselaer Polytechnic Institute  
2144 Burdett Avenue  
Troy, NY 12180  
518-276-6302

To exercise an Individual Right as it relates specifically to your medical coverage administered through CDPHN, or to obtain certain information related to your medical enrollment or claims processing, please contact CDPHN Member Services directly at 1-877-724-2579.

## 7. Contacting the Department of Health and Human Services

You may also submit a written complaint to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint about our privacy practices.