

BETHEL UNIVERSITY

NOTICE OF PRIVACY PRACTICES FOR EMPLOYEE HEALTH INFORMATION

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.

Federal Law requires that you receive this notice about our duties and privacy practices because you are an employee of Bethel University and may be enrolled in one or more of the following Plans:

HealthPartners Health Plan

Flexible Healthcare Spending Account

The Plans are committed to protecting the confidentiality of any health information we collect about you. This Notice describes how we may use and disclose your “protected health information” (PHI).

Protected Health Information (PHI) is any of the following:

Any information about you created or received by a health care provider, health plan, employer or health care clearinghouse that relates to your past, present or future physical or mental health or condition, or provision of or payment for health care.

Information that identifies the individual or may reasonably be used to identify the individual.

- The Plans are required by the Health Insurance Portability and Accountability Act (HIPAA) to:
- Maintain the privacy of your “protected health information” (PHI), and
- Provide you with a Privacy Notice of its legal duties and privacy practices with respect to your PHI, and
- Follow the terms of the Privacy Policy, as communicated in the Privacy Notice, which is currently in effect.

Bethel Employees who administer and manage these Plans may use your PHI only for appropriate plan purposes (such as for payment or health care operations). This PHI will not be used for purposes of other benefits not provided by these Plans (Retirement, FMLA, etc.), and not for employment-related purposes (job placement, etc.). These people must comply with the same requirements that apply to the Plans to protect the confidentiality of PHI.

If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of the Plans, please contact the Privacy Officer listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe the ways that the Plans may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use and disclosure in a category will be listed. However, all the ways we are permitted to use and disclose protected health information (PHI) will fall within one of the categories.

1. Treatment Purposes: We may use or disclose PHI to a health care provider for the health care provider’s treatment purposes. For example, if your Primary Care Physician refers you to a specialist for

treatment, the Health Plan can disclose your PHI to the specialist to whom you have been referred in order to treat you.

2. Payment Purposes: We may use or disclose your PHI to determine your eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

3. Health Care Operations: We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

4. To a Business Associate of the Health Plan: We may use and disclose PHI to a Business Associate (BA) of the Plans to assist the Plan in legal, actuarial, accounting, consulting or administrative services. Each BA must agree in writing to ensure to continuing confidentiality and security of your PHI.

5. To the Plan Sponsors: We may disclose your PHI to the sponsor of the Plans for purposes of administering benefits under the Plans. The Plans have established certain safeguards and firewalls to limit the titles of employees who will have access to PHI and to limit the use of PHI to Plan purposes such as claims appeals, case management, or to Human Resources representatives of the Plan sponsor to assist in claims resolution. The Plans may also disclose enrollment/disenrollment information to the Plan sponsor and may disclose "summary health information" (as defined under the HIPAA medical privacy regulations) to the plan sponsor for the purpose of obtaining premium bids or modifying or terminating the plan.

6. Required by Law: We may use and disclose your health information as required by state or federal law or to comply with a court order.

7. Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

9. Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

10. Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

11. **Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.

12. **Organ and Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

13. **Public Safety:** We may disclose your health information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. **National Security:** We may disclose your health information for military, national security, prisoner and government benefits purposes.

15. **Worker's Compensation:** We may disclose your health information as necessary to comply with worker's compensation or other similar programs.

WHEN THE PLANS MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. An authorization is specifically required for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information. If you do authorize us to use or disclose your health information for this or another purpose, you may revoke your 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 your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

You have the following rights with respect to your PHI. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights, you must submit a written request to:

Bethel Privacy Officer
Office of Human Resources
3900 Bethel Drive, RC 319
St. Paul, MN 55112
651-638-6119

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. The Plans are not required to agree to the restrictions that you request.

2. **Right to Request Confidential Communications:** You have the right to receive your health information through a reasonable alternative means or at an alternative location if you believe the Plan's usual method of communicating PHI may endanger you. The Plans are not required to agree to your request.

3. **Right to Inspect and Copy:** You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment: You have a right to request that the Plans amend your health information that you believe is incorrect or incomplete. You must also provide a reason for your request. We are not required to change your health information, and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial.

5. Right to Accounting of Disclosures: You have the right to receive a list or “accounting of disclosures” of your health information made by us. We are not required to, and we will not, account for disclosures made for purposes of treatment, payment functions, health care operations; disclosures made to you or your personal representative; for notification of or to persons involved in an individual’s health care or payment for health care, for disaster relief, or for facilities directories; incidental uses or disclosures; pursuant to an authorization; for national security or intelligence; to a correctional institution or law enforcement personnel; or as a part of a limited data set. In your request, please note the time period for which you want accounting and the format you wish to receive it. Note that we will not account for disclosures made more than six years prior to your request. We will provide one accounting of disclosures free of charge; we may charge for additional lists.

6. Right to File a Complaint: You have the right to file a complaint if you feel your privacy rights have been violated. For details, see the section below in this Notice entitled “The Plans Grievance Procedures.”

7. Right to Paper Copy: You have a right to receive a paper copy of this Notice of Privacy Practices at any time.

8. Right to Opt Out of Marketing Communications: You have the right to opt out of marketing communications. If you wish to opt out of such communications, please send your written request to the Privacy Officer at the address listed below.

9. Right to Breach Notification: You generally have the right to be notified of the unauthorized acquisition, access, use or disclosure of your unsecured protected health information. If such notification is necessary, then Bethel you will be informed of the situation and your options.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

The Plans reserve the right to change the terms of this Notice at any time and to make the revised Notice provisions effective for all PHI the Plans maintain, even PHI obtained prior to the effective date of the revision. If the Plan revises its Notice, it will notify you of these changes by mail. Until such time, the Plans are required by law to comply with the current version of this Notice.

THE PLANS GRIEVANCE PROCEDURES

If you believe your privacy rights have been violated in any way you may file a complaint with the Plans. Your written explanation of how your privacy rights have been violated or how impermissible uses or disclosures of your PHI have been made should be directed to:

Bethel Privacy Officer
Office of Human Resources
3900 Bethel Drive, RC 319
St. Paul, MN 55112
651-638-6119

Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services at the following addresses:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
(202) 619-0257
Toll Free: 1-877-696-6775
or
www.hhs.gov/ocr

The Plans will not retaliate against you for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective as of October 29, 2015.

Revised 10-29-2015