



## **Health Plan Summary Notice of Privacy Practices (HIPAA)**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

### **Uses and Disclosures of Health Information**

Your employer uses health information about you for treatment, to pay for treatment, and for other allowable healthcare purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. Subject to certain requirements, your employer may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. Your employer provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and distribute the new notice. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the Office of the Privacy Officer in the Human Resources Department listed below.

### **Your Health Information Rights**

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. You also have the right to receive a list of instances where your employer has disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that your employer correct the existing information or add the missing information. You have the right to request that your employer restricts the use and disclosure, and then your employer must abide by the request and may only reverse the position after you have been appropriately notified. You have the right to request an alternative means of communication with your employer and are not required to explain why you want the alternative means of communication.

### **Privacy Complaints**

If you are concerned that your employer has violated your privacy rights, or you disagree with a decision your employer has made about access to your records, you may address them to the Privacy Contact listed in this notice. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

### **Your Employer's Responsibilities**

Your employer is required by law to protect the privacy of your information, provide this notice about your employer's information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

### **Detailed Notice of Privacy Practices**

For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Privacy Contact listed in this notice.

### **Privacy Contact**

Address any questions about this notice or how to exercise your privacy rights to the Human Resources Department.