Colorado College Notice of Privacy Practices

Effective Date of this Notice: November 21, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Colorado College offers healthcare benefits to its employees and retirees, and their eligible family members. These benefits include a self-funded group health plan with Colorado College directly paying the claims and a separate self-funded plan that provides dental benefits. This notice describes the privacy practices established by Colorado College for its self-funded benefits (referred to as “We”, “Us” or “The Plan”). The Plan is managed for Colorado College by business associates, which are third party administrators that interact with the healthcare providers and handle members’ claims.

Colorado College also offers fully insured group vision insurance with an insurer assuming the financial risk of paying covered vision benefits. The notice of privacy practices for vision insurance is available directly from the insurance carrier. Please go to: www.coloradocollege.edu/offices/humanresources/benefits/ for a current list of benefits.

Colorado College is committed to protecting the privacy of your PHI

Colorado College is committed to protecting the privacy of your protected health information or “PHI.” PHI refers to health information that we create or receive that relates to your physical or mental health, your healthcare, or payment for your healthcare. In most cases, the business associate that serves as the third party administrator for the Plan maintains your PHI, but Colorado College may also hold health-related information. Generally, Colorado College-held information is limited to enrollment data, but in limited instances it may include information you provide to designated Colorado College staff to help with coordination of benefits or resolving complaints.

The privacy protections described in this notice reflects the requirements of federal regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires us to:

- Comply with HIPAA privacy rules and other federal laws;
- Take steps to protect your PHI;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

How we will use and disclose your Protected Health Information

The following sections describe different ways that we might use and disclose your PHI. Not every use or disclosure will be listed. All of the ways that we are permitted to use and disclose PHI, however, will fall within one of the categories. Use and disclosure of some PHI, such as certain drug and alcohol information, HIV information and mental health information, is further restricted.

- **Treatment.** We may use and disclose your PHI to doctors, nurses, technicians and other personnel who are involved in providing you with medical treatment or services. For instance, a doctor or health care facility involved in your care may request your personal health information in our possession to assist in your care.

- **Payment.** We may use and disclose your PHI in the course of activities that involve reimbursement for healthcare, such as determination of eligibility for coverage, claims processing, billing, obtaining and payment of premium, utilization review, medical necessity determinations and pre-certifications.

- **Healthcare operations.** We may use and disclose your PHI to carry out business operations. For example, we may disclose your PHI to a business associate who handles claims processing or administration, data analysis, utilization review, quality assurance benefit management, practice management, or referrals to specialists, or provides legal, actuarial, accounting, consulting, data aggregation, management, or financial services.

- **Plan sponsor.** The Plan may disclose summary health information (that is, claims data that is stripped of most individual identifiers) to Colorado College in its role as plan sponsor in order to obtain bids for health insurance coverage or to facilitate modifying, amending or terminating benefits. The Plan may also provide Colorado College enrollment or disenrollment information. In addition, if you request help from Colorado College to coordinate your benefits or to resolve a complaint, The Plan may disclose your PHI to designated Colorado College staff, but no PHI may be disclosed to facilitate employment-related actions or decisions or for matters involving other benefits or benefit plan. Colorado College may not further disclose any PHI that is disclosed to it in these limited instances, except as you authorize.

- **As required by law.** We will disclose your PHI if required to do so by federal, state or local law or regulation.

- **To avert a serious threat to health or safety.** We may disclose your PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
• **Military and Veterans.** If you are or were in the military forces, we may release your PHI to military officials as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

• **Research.** In limited circumstances, we may use and disclose PHI for research purposes, subject to the confidentiality provisions of state and federal law. Your PHI may be important to further research efforts and the development of new knowledge. All research projects conducted by Colorado College must be approved through a special review process to protect member safety, welfare and confidentiality.

• **Workers’ Compensation.** We may release PHI for workers’ compensation or similar programs as permitted or required by law. These programs provide benefits for work-related injuries or illness.

• **Health oversight activities.** We may disclose PHI to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

• **Legal proceedings.** We may disclose PHI to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

• **Lawsuits and disputes.** If you are involved in a lawsuit or other legal proceeding, we may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process.

• **Law enforcement.** If authorized or required by law, we may disclose your PHI under limited circumstances to a law enforcement officer, as authorized or required by law. This release would be necessary for the institution to provide you with healthcare; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Required Disclosures**

We may be required to disclose your PHI to the Department of Health and Human Service if the Secretary is conducting a compliance audit.

**Your Rights**

You have the following rights regarding the PHI that we maintain about you:

• **Right to inspect and copy.** With certain exceptions, you have the right to inspect and obtain a copy of your PHI that is maintained by or for The Plan. To inspect and obtain a copy of The PHI, you must submit your request in writing to Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO, 80903, attention: HIPAA Privacy Officer. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or obtain a copy in certain limited circumstances. For example, HIPAA does not permit you to access or obtain copies of psychotherapy notes. If your request is denied, you will be informed in writing, and you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. The Plan will comply with the outcome of the review.

• **Right to request an amendment.** If you believe that the PHI that we maintain is incorrect or incomplete, you may request that The Plan amend the information. You have the right to request an amendment for as long as the information is kept by or for The Plan. A request for an amendment should be made in writing and submitted to Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO, 80903, attention: HIPAA Privacy Officer. In addition, you must provide the reasons that support your request.

• We may deny your request for an amendment if it is not in writing or does not include any reason to support the request. In addition, The Plan may deny your request if you ask to amend information that was not created by the plan; is not part of the PHI maintained by or for The Plan; is not part of the information that you would be permitted to inspect and copy under the law; or if the information is accurate and complete. If the request is granted, the plan will forward your request to other entities that you identify that you want to receive the corrected information. For example, if your PHI has been disclosed to our staff so that it may help to coordinate benefits or resolve a complaint, you may direct The Plan to share the correction with the designated staff members.
• Right to an accounting of disclosures. You have the right to receive an “accounting of disclosures,” which is a list of disclosures such as those that were made of PHI about you, with the exception of certain documents including those relating to treatment, payment, and healthcare operations and disclosures made to you or consistent with your authorization.

To request an accounting of disclosures, you must submit your request in writing to Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO 80903 attention: HIPAA Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. You will be notified of any costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• Right to request restrictions. You have the right to request a restriction or limitation on the use and disclosure of your PHI for treatment, payment or healthcare operations, or to request a restriction on the PHI that the plan may disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we agree to your request, we will comply with the requested restriction unless the information is needed to provide you emergency treatment or to assist in disaster relief efforts. To request a restriction, you must submit your request in writing to Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO 80903 attention: HIPAA Privacy Officer. Your request should state the information you want to limit; whether you want to limit the plan’s use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse.

• Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a specific address. To request confidential communications, you must submit your request in writing to Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO 80903, attention: HIPAA Privacy Officer. The Plan will accommodate all reasonable requests and will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

• Right to a Paper Copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO, 80903 attention: HIPAA Privacy Officer.

• Other uses of medical information. Other uses and disclosures of PHI not covered by this notice will be made only with your written permission. This includes most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and uses and disclosures of PHI that constitute a sale of PHI. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, The Plan will no longer use or disclose your PHI for the reasons stated in your written authorization. Please understand that The Plan cannot take back any disclosures already made with your permission.

• Breach. You have the right to be notified of the discovery of a breach of unsecured PHI.

• Genetic information is Protected Health Information. In accordance with the Genetic Information Nondiscrimination Act (GINA), we will not use or disclose genetic information for underwriting purposes, which includes eligibility determinations, premium computations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

Changes to this Notice

We reserve the right to change this notice and to make the revised or changed notice effective for PHI your plan already maintains on you as well as any information the plan receives or creates in the future. A copy of the current notice will be posted at the Colorado College website at

www.coloradocollege.edu/offices/humanresources/benefits/

The notice will contain the effective date on the first page, in the top right-hand corner. In addition, a copy of the notice that is currently in effect will be given to new health plan members and thereafter available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Colorado College Human Resources Department or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Colorado College, Human Resources Department, 916 N. Weber Street, Colorado Springs, CO 80903, attention: HIPAA Privacy Officer. Email will not be accepted; all complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Questions

If you have questions or for further information regarding this privacy notice, contact Colorado College Human Resources Department at 719- 389-6421.