



## HIPAA Notice of Privacy Practices

## **HIPAA Notice**

The Benefits Office is required by HIPAA legislation to provide you the enclosed notice related to protections and privileges assured by this federal law. You are encouraged to review it carefully.

***You are not required to take any action as a result of receiving these notices.***

### **HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION OF GROUP HEALTH PLANS OF THE REGENTS OF THE UNIVERSITY OF MICHIGAN**

The Benefits Office is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you this notice related to protections and privileges assured by this federal law.

The Health Insurance Portability and Accountability Act and related rules (HIPAA) require group health plans to protect the privacy of health information. The Benefits Administration Office (“BAO”) of the Regents of the University of Michigan (“University”) administers several self-insured group health plans for employees and retirees on behalf of the University. For a complete list of the current administrators of our self-funded plans, visit [hr.umich.edu/hipaa](http://hr.umich.edu/hipaa).

The Benefits Office sends the notice of privacy practices to all current enrollees for the listed self-insured plans.

Participants in insured group health plans sponsored by the University may also receive a notice of privacy practice from those plans. A complete listing of our current insured group health plans subject to this notification requirement is available at [hr.umich.edu/hipaa](http://hr.umich.edu/hipaa). However, because all of the group health plans, whether self-funded or insured, are sponsored by the University, they are part of an organized health care arrangement. This means that all the University sponsored group health plans, whether insured or self-funded, may share your protected health information with each other as needed for the purposes of treatment, payment and health care operations as described below.

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

This notice gives you information about the duties and practices to protect the privacy of your medical or health information for each group health plan for University employees and retirees administered and self-insured by the University (“Plan”). Each Plan is sponsored by the University (“Plan Sponsor”). Each Plan is required by law to maintain the privacy of protected health information (“PHI”) and to provide enrollees with a notice of its legal duties and privacy practices with respect to protected health information including notification to you following a breach of your unsecured PHI. Each Plan provides health benefits to you as described in your plan documents and plan informational materials. Each Plan receives and maintains health information in providing these benefits to you. Each Plan hires business associates to help provide these benefits. These business associates also receive and maintain health information related to you in the course of assisting each Plan.

The effective date of this notice is April 14, 2003, revised on January 10, 2020. Each Plan is required to follow the terms of this notice until it is replaced. Each Plan reserves the right to change the terms of this notice at any time. If a Plan amends this notice, the Plan will send a new notice to all subscribers covered by the Plan. Each

Plan reserves the right to make the new changes apply to all your health information maintained by the Plan before and after the effective date of the new notice.

**When a Plan may use or disclose your medical or health information without your consent or authorization.**

The following categories describe when a Plan may use or disclose your medical or health information without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

**Treatment.** For example, a Plan may disclose health information at your doctor’s request to facilitate receipt of treatment.

**Payment.** For example, a Plan may use or disclose your health information to determine eligibility or plan responsibility for benefits; confirm enrollment and coverage; facilitate payment for treatment and covered services received; coordinate benefits with other insurance carriers; and adjudicate benefit claims and appeals.

**Health Care Operations.** For example, a Plan may use or disclose your health information to conduct quality assessment and improvement activities; underwriting, premium rating, or other activities related to creating an insurance contract; data aggregation services; care coordination, case management, and customer service; auditing, legal, and medical reviews of the Plan; and to manage, plan, or develop a Plan’s business. The Plans may share information with other units within the University that assist the Plan Sponsor with plan administration and operations. For example, the University of Michigan Health System Faculty Group Practice Quality Management Program (QMP) assists the Plans with quality improvement and quality assessment by reviewing prescribed drugs for quality control and safety concerns. When other University units such as the QMP perform services for the Plans, those units are educated in HIPAA privacy and security requirements, receive only the minimum necessary information to complete their tasks, and must protect your information to the same extent the Plans must protect it. Other examples include educational programs, resolution of internal grievances, business planning, development and management, general administrative activities, including data and information systems management, and sales or consolidations with other providers.

In addition, we may use or disclose your PHI to contact you to tell you about alternative treatments or health-related benefits and services that may be of interest to you.

**Health Services.** A Plan or its business associates may use your health information to contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**To Business Associates.** A Plan may disclose your health information to business associates that assist the Plan in administrative, billing, claims, and other matters. Each business associate must agree in writing to ensure the continuing confidentiality and security of your health information. As explained above, certain units of the University may provide services to the Plans to act as “internal” business associates. When such services are being performed the University makes sure that those units performing services for the Plans are trained to limit the use of your health information only for permitted purposes and in ways that comply with HIPAA and other applicable privacy laws.

**To the Plan Sponsor.** The University as the Plan Sponsor may receive your PHI from all group health plans whether self-funded or insured (Group Health Plans) because the University as the Plan Sponsor has agreed to the following:

- We will use PHI as needed to carry out our responsibilities as the Plan Sponsor of the Group Health Plans, provided such uses and disclosures are consistent with the requirements of HIPAA.
- We will not use or further disclose any PHI except as permitted or required to carry out our responsibilities as Plan Sponsor.
- We will require any agents, including subcontractors who assist us in plan administration, and receive PHI, to agree to the same restrictions, conditions and protections that we follow with respect to such information. This includes any agent or subcontractor such as a third party administrator, pharmacy benefit administrator or consultant that receives PHI we may receive from Group Health Plans.
- We will not use or disclose PHI obtained as the Plan Sponsor, for employment related actions and decisions or in connection with any other benefit or employee benefit plan of the University.
- We will report to the Group Health Plans any use or disclosure of PHI that is inconsistent with the uses or disclosures provided for of which we become aware.
- We will make PHI available to you as a Group Health Plan member.
- We will make PHI available to the Group Health Plans for amendment and will incorporate any amendments as required.
- We will make the information available when required for an accounting of disclosures.
- We will make our internal practices, books and records relating to the use and disclosure of PHI received from the Group Health Plans available to the Secretary of Health and Human Services for purposes of assessing compliance by Group Health Plans with HIPAA.
- We will, if feasible, return or destroy all PHI received from the Group Health Plans that we maintain in any form, and we will not retain copies of such information when no longer needed for the purpose for which it was disclosed. If destruction or return is not feasible we will limit any further uses of the information to those purposes that make the return or destruction infeasible.
- We will use PHI to improve the health of the workforce and to promote wellness or other health improvement programs as part of health care operations. For example, we may use your PHI to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you better manage your illness is available to you as a health plan member.

While any employee of the University who has a need to access or use PHI as the University carries out its plan administration responsibilities may receive PHI, PHI will generally only be disclosed to employees in the University Benefits Office Administration and then only the minimum necessary amount will be disclosed. Any University employee accessing or using PHI may do so only in carrying out the plan administration functions that the University performs for the employee plans. This includes those University units and employees who perform services for the Group Health Plans as internal business associates.

If there is any non-compliance with the required commitments to the Group Health Plans, the issue of noncompliance will immediately be brought to the attention of the Benefits Office Administration Director and the University Privacy Director for immediate attention.

**As Required by Law.** A Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:

- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers' compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government programs.
- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.

**Each Plan may also use and disclose your health information as follows:**

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding coverage, exclusion, cost, and privacy issues.
- For research purposes: In certain circumstances, we may use PHI to conduct research. Where permitted under federal law, institutional policy and approved by an institutional review board or a privacy board, PHI may be further used or disclosed. In addition, PHI may be used or disclosed for research as "limited or de-identified data sets" which do not include your name, address or other direct identifiers.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

#### **Other applicable laws**

The Plan's use and disclosure of your personal health information must comply with applicable Michigan law and other federal laws besides HIPAA. Michigan law and federal regulations place certain additional restrictions on the use and disclosure of personal health information for mental health, substance abuse, HIV/AIDs and certain genetic information. In some instances your specific authorization may be required. Under no circumstance will genetic testing information be used for underwriting purposes.

#### **Uses and disclosures with your permission**

Each Plan will not use or disclose your health information for other purposes, unless you give a Plan your written authorization. If you give a Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information a Plan maintains, unless the Plan has taken action in reliance on your authorization.

#### **Your rights**

You may request in writing that a Plan do the following concerning your health information that the Plan maintains:

- You have the right to ask us in writing that we limit how we use and disclose your PHI for treatment, payment or health care operations. In addition, you may request PHI disclosure restrictions to family

members, other relatives, or close friends involved in your care. We are not required to agree to your restriction request, but if we do agree, we will honor our agreement except in cases of an emergency. Any restriction we agree to does not apply to prevent uses or disclosures that we are legally required or allowed to make.

- Communicate with you in confidence about your health information by a different means or at a different location than a Plan currently does. Your request must specify the alternative means or location to communicate with you. A Plan does not have to agree to your request.
- See or receive copies of your health information. A Plan may charge a reasonable fee to cover expenses associated with your request. In limited cases, a Plan does not have to agree to your request.
- Amend your health information. In some cases, a Plan does not have to agree to your request.
- Receive a list of disclosures of your health information from a stated time period during the 6 prior years that the Plan made for certain purposes. This listing will not include disclosures made to you; for treatment, payment, or health care operation purposes; or other exceptions. In some cases, the Plan may charge a nominal, cost-based fee to carry out your request.
- Send you a paper copy of this notice. You may also download a copy of this notice at [hr.umich.edu/hipaa\\_notice.pdf](http://hr.umich.edu/hipaa_notice.pdf)

To exercise any right described in this notice or for a detailed explanation of the fee structure for possible fees for receiving information, please contact the University of Michigan Benefits Office.

### **Complaints**

If you believe your privacy rights have been violated by the Plan, you have the right to complain in writing to the Plan or to the Secretary of the United States Department of Health and Human Services. You may file a written complaint with the Plan at the address listed below. We will not retaliate against you if you choose to file a complaint with the Plan or the Department of Health and Human Services.

### **Contact Information for Questions**

If you have questions about this HIPAA Notice of Privacy Practices, you may contact the Benefits Office by:

- calling the SSC HR Contact Center, Monday through Friday, 8:00 a.m. to 5:00 p.m. at (734) 615-2000 or (866) 647-7657,
- emailing questions to the University of Michigan Benefits Office: [benefits.office@umich.edu](mailto:benefits.office@umich.edu), or
- mailing questions to:

Benefits Administration Office  
University of Michigan  
Wolverine Tower Low-Rise G405  
3003 South State Street  
Ann Arbor, MI 48109-1278

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**Benefits Administration**

University of Michigan  
Wolverine Tower—Low Rise G405  
3003 South State Street  
Ann Arbor, MI 48109-1278

Phone 734-615-2000 or 866-647-7657 (toll-free  
for off-campus long-distance calling)

Fax 734-763-0363

Web [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness)

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**SSC Contact Center**

Service Center Representatives are available by phone,  
Monday – Friday, 8:00 a.m. – 5:00 p.m. at: 734-615-2000  
(5-2000 from the Ann Arbor campus) or 866-647-7657  
(toll-free for off-campus long-distance calling).

*The Benefits Office is a unit of University Human Resources*

Richard S. Holcomb Jr.  
*Associate Vice President for Human Resources*

Brian Vasher  
*Interim Senior Director for Benefits*

**Nondiscrimination Policy Statement**

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office for Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388, [institutional.equity@umich.edu](mailto:institutional.equity@umich.edu). For other University of Michigan information call 734-764-1817.

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