

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

This Notice applies to the health benefits provided by the USA Health & Dental Plan under the Basic Plan and Standar Plan of benefits, hereafter referred to as <sup>3</sup> W K H 3 OT DeQ references to "we" and "us" throughout this Notice mean the Plait his Notice has been drafted to comply with the HIPAA Privacy Rules under federal law. Any terms that are not defined in thisNotice have the meaning specified in the HIPAA Privacy RulesPlease provide this Notice to your family.

How We Protect Your Privacy

We are required by law to protect the privacy of your protected health information, to provide you with this notice of ourprivacy practices and to notify you if there has been a breach of your unsecured PHI. We will not disclose confidential information without your authorization unless it is necessary to provide your health benefits and administer the Plan, or as otherwiserequired or permitted by law. When we need to disclose individually identifiable information, we will follow the policies described in this Notice to

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activities or develop programs. Wheav also provide your protected health information to our attorneys, accountants and other consultants who assist us in performing ou functions. We may disclose your protected health information to other health care providers or entities for certain health care operations activities. such as quality assessment and improvement activities, case management and care coordination, or as needed to obtain or maintain accreditation or licenses to provide services. We will only disclose your protected health information to these entities if they have or have had a relationship with you and your protected health information pertains to that rationship, such as with other health plans or insurance carriers in order to coordinate benefits, if you or your family members have coverage through another health plan.

Disclosures to the Plan SponsorThe University of South Alabama is the Plan sponsore may disclose vour protected health information to the Plan sponsor. The Plan sponsor is not permitted to use protected health information for any purpose other than the administration of the Plan. The Plan sponsor must certify, among other thing shatt it will only use and disclose your protected health information as permitted by the Plan, it will restrict access to your protected health information to those individuals whose job it is to administer the Plan and it will not health in frocation use protected for any employmentrelated actions or decisions. The Plan may also disclose enrollment information to the Plan sponsor. The Plan may also disclose summary health information to the Plan sponsor for purposes of obtaining bids for health insurancer lending or modifying the Plan.

Disclosures to Business AssociatesWe contract with individuals and entities (business associates) to perform various functions on our behalf or provide information to facilitate the duties of these individuals

Immunization Records: We may disclose immunization records to schools where state law allows for such disclosures.

Organ procurement: We may disclose protected health information to facilitate organ donation and transplantation.

Medical research We may disclose protected health information for medical research projects, subject to strict legal restrictions. Right to obtain a list of the disclosures You have the right to get dist of protected health information disclosures, which is also referred to as an accounting. You must make a written request to the Privacy Officer to obtain this information.

The list will not include disclosures we have made as authorized by law. Foexample, the accounting will not include disclosures made for treatment, payment and health care operations purposes (except as noted in the following paragraph). Also, no accounting will be made for disclosures made directly to you or under an authoriztion that you provided or those made to your family or friends. The list will not include other disclosures. including incidental disclosures. disclosures we have made for national security purposes, disclosures to law enforcement personnel or disclosuresmade before April 14, 2003. The list we provide will include disclosures made within the last six years (subject to the April 14, 2003 beginning date) unless you specify a shorter period.

The first list you request within a **1**/2 onth period will be free You may be charged for providing any additional lists within a 1-2 nonth period.

Right to choose how we communicate with you You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) omia specific manner (for exafspeou