

University of California Student Health Insurance Plan Notice of Privacy Practices

In effect: September 23, 2013

THIS NOTICE IS DIRECTED TO THE DEPENDENTS OF STUDENTS WHO ARE ENROLLED IN THE UNIVERSITY OF CALIFORNIA STUDENT HEALTH INSURANCE PLAN (“COVERED DEPENDENTS”). IT DESCRIBES HOW THE MEDICAL INFORMATION OF COVERED DEPENDENTS MAINTAINED BY THE STUDENT HEALTH INSURANCE PLAN (“PLAN”) MAY BE USED AND DISCLOSED AND HOW COVERED DEPENDENTS CAN GET ACCESS TO THIS INFORMATION CONSISTENT WITH THE REQUIREMENTS OF A FEDERAL PRIVACY LAW KNOWN AS THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OR “HIPAA.”¹

This Notice also describes the legal obligations of the Plan and your legal rights as a Covered Dependent regarding your medical information that is maintained by the Plan. HIPAA requires that the Plan provide you, as a Covered Dependent, with this Notice. Please review it carefully. You may request a copy of this Notice at any time by calling 866-940-8306. The Notice is also available at the Plan’s website at www.ucop.edu/ucship. Click on “Privacy Policy” at the bottom of the page.

TREATMENT OF COVERED DEPENDENTS

The University is the Plan sponsor and designated plan administrator. The University has delegated claims administrative duties to Anthem Blue Cross Life and Health Insurance Company under an agreement between the parties. As third party claims administrator, Anthem Blue Cross Life and Health Insurance Company interacts with the health care providers and handles claims of student members and Covered Dependents. At some campus locations, Covered Dependents are treated by health care providers at Student Health Services and referred to outside providers only as needed. At other campus locations, Covered Dependents receive all treatment by health care providers within Anthem Blue Cross Life and Health Insurance Company’s preferred provider network or by an authorized outside provider. This Notice applies only to medical information maintained by the Plan, which generally will be information related to claims. If a Covered Dependent is treated by a provider at the Student Health Services or by a network provider authorized under the Plan, the Covered Dependent will receive a separate notice from the provider that explains the provider’s HIPAA privacy practices.

¹ The confidentiality of medical information of student members in the Plan is protected by a different federal privacy law known as “FERPA” (the Family Educational Rights and Privacy Act) and by state privacy laws. The University’s FERPA policy is available at www.ucop.edu/ucophome/coordrev/ucpolicies/-aos/toc130.html.

WHAT INFORMATION IS PROTECTED

HIPAA protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including protected health information collected from an individual or created or received by a health care provider, a health care clearinghouse, a health plan, or an employer on behalf of a group health plan, which relates to an individual’s physical or mental health, your healthcare or payment for your healthcare.

THE PLAN’S RESPONSIBILITIES

The Plan is required by law to:

- Secure the privacy of protected health information it maintains;
- Explain your rights with respect to your protected health information;
- Provide you with a copy of this Notice explaining the Plan’s legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice.

HOW THE PLAN MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

HIPAA allows the Plan to use or disclose your protected health information under certain circumstances without your permission provided it uses the “minimum necessary standard.” That standard requires using the minimum amount of protected health information needed to accomplish the intended purpose of the use or disclosure. It does not apply if the protected health information is disclosed to or requested by a health care provider in order to provide treatment.

The following categories describe the different ways that protected health information maintained by the Plan may be used and disclosed without first obtaining your permission.

- **Treatment.** The Plan may use and disclose your protected health information to doctors, nurses, technicians and other personnel who are involved in providing you with medical treatment or services.
- **Payment.** The Plan may use and disclose your protected health information 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.** The Plan may use and disclose your protected health information to carry out business operations and to assure that Plan members receive quality care. For example, the Plan may disclose your protected health information to a business associate that handles planning, 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. In order to perform these services, business associates must agree in writing to implement appropriate safeguards regarding your protected health information.
- **Plan Sponsor.** The Plan may disclose summary health information (that is, claims data that is stripped of most individual identifiers) to the University in its role as plan sponsor so the University can obtain bids for health insurance coverage or to facilitate modifying, amending or terminating the Plan.
- **As Required By Law.** The Plan will disclose your protected health information if required to do so by federal, state or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** The Plan may disclose your protected health information 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 a member of the armed forces, the Plan may release your protected health information to military command authorities as authorized or required by law. The Plan may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.
- **Research.** In limited circumstances, the Plan may use and disclose protected health information for research purposes, subject to the confidentiality provisions of state and federal law.
- **Workers' Compensation.** The Plan may release protected health information 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.** The Plan may disclose protected health information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.
- **Legal Proceedings.** The Plan may disclose protected health information to courts, attorneys and court employees in the course of conservatorships and certain other judicial or administrative proceedings.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or other legal proceeding, the Plan may disclose your protected health information 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, the Plan may disclose your protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime.
- **National Security and Intelligence Activities.** If authorized or required by law, the Plan may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities.
- **Protective Services for the U.S. President and Others.** The Plan may disclose protected health information to authorized federal and state officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations, as authorized or required by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your protected health information to the correctional institution or law enforcement official, as authorized or required by law. The release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of protected health information maintained by the Plan that are 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 protected health information for marketing purposes, and uses and disclosures of protected health information that constitute sales of protected health information. If you provide us permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your protected health information for the reasons stated in your written authorization. Please understand that the Plan cannot take back any disclosures already made with your permission.

REQUIRED DISCLOSURE

The Plan may be required to disclose your protected health information to the Department of Health and Human Services if the Secretary is conducting a compliance audit.

YOUR RIGHTS

You have the following rights regarding the protected health information that the Plan maintains on you:

- **Inspect and Copy.** With certain exceptions, you have the right to inspect and obtain a copy of your protected health information that is maintained on behalf of the Plan. To inspect and obtain a copy of your protected health information maintained by the Plan, you must contact Anthem Customer Service at 866-940-8306. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan 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.

- **Request an Amendment.** If you believe that your protected health information maintained by the Plan is incorrect or incomplete, you may request the Plan to 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 to Anthem Customer Service at 866-940-8306. In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request to amend information in the following instances: the information was not created by the Plan or maintained by or for the Plan; the information is not part of the information that you would be permitted to inspect and copy under the law; or the information is determined to be 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 protected health information maintained by the Plan has been disclosed to Student Health Services so that it may help to coordinate benefits, you may direct the Plan to share the correction with Student Health Services.

- **Accounting of Disclosures.** You have the right to receive an accounting of disclosures, which is a list of disclosures made of your protected health information maintained by or on behalf of the Plan, **with the exception** of certain documents, including those relating to treatment, payment, and healthcare operations. To request an accounting of disclosures, you must contact Anthem Customer Service at 866-940-8306. **Your request must state a time period, and may not include dates before August 1, 2010.** Your request should indicate in what form you want the list (for example, on paper or electronically). 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.

- **Request Restrictions.** You have the right to request a restriction or limitation on the use and disclosure of your protected health information for treatment, payment or healthcare operations. You may also request a restriction on the protected health information 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. The Plan is not required to agree to your request. If the Plan agrees to your request, it 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 contact Anthem Customer Service at 866-940-8306. Your request should state the information you want to restrict; whether you want to restrict the Plan's use or disclosure of such information or both; and

to whom you want the restrictions to apply (for example, disclosures to your spouse).

- **Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail to a specific address. To request confidential communications, you must contact Anthem Customer Service at 866-940-8306. 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.
- **Notified of a Breach.** You have the right to be notified if the Plan discovers a breach of unsecured protected health information.
- **Genetic Information Is Protected Health Information.** In accordance with the Genetic Information Nondiscrimination Act (GINA), the Plan may 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.

Responses to requests will be completed within the time limits established by HIPAA.

CHANGES TO THIS NOTICE

The Plan may change the terms of this Notice and make new provisions regarding your protected health information maintained by the Plan to the extent allowed or required by law. The modified Notice will contain the effective date on the first page, in the top right-hand corner. In addition, if the Plan makes any material change to the Notice, the Plan will notify you of the change and advise you how to obtain a copy of the revised Notice of Privacy Practice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice, which can be obtained by calling 866-940-8306.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint on the Plan, contact the UC Student Health Insurance Plan Privacy Office, 1111 Franklin Street, 10th floor, Oakland, CA 94607, Attention: HIPAA Privacy Officer. E-mail 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 the UC Student Health Insurance Plan HIPAA Privacy Officer at ucshiprivity@ucop.edu.

**UNIVERSITY Human
OF Resources
CALIFORNIA**

PO Box 24570
Oakland, CA 94623-1570