

HIPAA Privacy Notice

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice describes how your protected health information (PHI) may be used or disclosed under the privacy and security rules of the Health Insurance Portability and Accountability Act 1996 (HIPAA).

Specifically, this Notice describes the privacy practices of the following Northern Arizona University (NAU) and Arizona State health plans: NAU Blue Cross Blue Shield medical, State of Arizona Blue Cross Blue Shield medical, State of Arizona UnitedHealthcare medical Cigna dental, Delta Dental, and ASI flexible spending. These plans are collectively referred to as NAU Benefit Services in this Notice, unless otherwise specified.

Use and Disclosure of Your Protected Health Information

Generally, Arizona NAU Benefit Services may use your protected health information for purposes of treating you, making or obtaining payment for your care, and/or for conducting healthcare operations. This may be done without your prior authorization or written consent. Here are some examples of what that might entail:

- **To Treat You**

NAU Benefit Services may use or disclose your PHI in order to provide treatment or care for you. Treatment includes providing, coordinating, or managing your care by and/or between one or more providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and/or consultations and referrals between providers. For example, NAU Benefit Plans may share your protected health information with physicians who are treating you.

- **To Make or Obtain Payment**

NAU Benefit Plans may use or disclose your protected health information to make payment to, or collect payment from, third parties, such as other health plans or providers, for the care you receive. For example, NAU Benefit Plans may provide information regarding your coverage or healthcare treatment to other health plans to coordinate payment of benefits.

- **To Conduct Health Care Operations**

NAU Benefit Plans may use or disclose your PHI for its own operations to facilitate and, as necessary, to provide coverage and services to all NAU Benefit Plans participants. As an example, NAU Benefit Plans may use your PHI to conduct case management, quality improvement and utilization review, and provider credentialing activities, or in order to engage in customer service or grievance resolution activities.

NAU Benefit Plans also may use or disclose your PHI where required or permitted by law. Federal law, under HIPAA, generally permits health plans to use or disclose PHI for the following purposes:

- Where required by law;
- For public health activities;
- To report child or domestic abuse;
- For governmental oversight activities;
- Pursuant to judicial or administrative proceedings;
- For certain law enforcement purposes;
- For a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- For organ, eye, or tissue donation purposes;
- For certain government-approved research activities;
- To avert a serious threat to an individual's or the public's health or safety;
- For certain government functions, such as those related to military service or national security;
- To comply with Workers' Compensation laws;
- To a family member or close friend that you have identified and who is directly involved in your care or payment for your care; or
- To notify a family member or other individual involved in your care of your location, general condition, or death or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

For any other uses and disclosures of your PHI, NAU Benefit Plans will obtain your written authorization. In addition, NAU Benefit Plans will obtain your written authorization to use or disclose PHI for marketing purposes where it receives financial remuneration, for the sale of PHI, or with respect to psychotherapy notes, except for limited healthcare operations purposes. You may revoke your authorization in writing at any time, provided NAU Benefit Plans has not yet taken action in reliance on your authorization.

Under HIPAA, NAU Benefit Plans is also required to comply with Arizona State laws that are applicable and not contrary to HIPAA.

Your Rights with Respect to Your Protected Health Information

You or a personal representative with legal authority to make health care decisions on your behalf, you have several rights with respect to your PHI, which are described below. Please call the privacy contact listed below if you have questions about your rights.

- You have the right to request restrictions on how your PHI may be used or disclosed. NAU Benefit Plans is generally not required to agree to your requested restriction, except in limited circumstances.
- You have the right to receive your PHI confidentially, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- You have the right to inspect and copy your PHI that is maintained by NAU Benefit Plans in a designated record set or to request an electronic copy. NAU Benefit Plans may charge a reasonable, cost-based fee for such copies.
- You have the right to request an amendment to your PHI that NAU Benefit Plans maintains in a designated record set. NAU Benefit Plans may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than NAU Benefit Plans.
- You have a right to request an accounting of disclosures NAU Benefit Plans has made of your PHI for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations of NAU Benefit Plans.

- You have a right to request a paper copy of this notice, even if you have agreed to receive this notice electronically.
- You have the right to file a privacy complaint with the Covered Entity or the OCR (Information listed below) without fear of retaliation or denial of service. Covered Entity shall generally have the same meaning as the term “covered entity” at 45 C.F.R. §160.103, and in reference to the party to this Agreement, shall mean the Arizona Department of Administration (ADOA).

NAU Benefit Plans Duties with Respect to Your Protected Health Information

NAU Benefit Plans is required by law to maintain the privacy of your PHI and to provide you with a notice of its legal duties and privacy practices with respect to your PHI. NAU Benefit Plans is required to abide by the terms of this Notice. NAU Benefit Plans is required to notify you if there is a breach of your unsecured PHI. NAU Benefit Plans reserves the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this Notice, NAU Benefit Plans will distribute a revised Notice.

Questions or Complaints

For more information, or if you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact NAU Benefit Plans:

NAU Human Resources – Benefit Services
 Address: PO Box 4113, Flagstaff AZ 86011
 Email: nauhrbenefits@nau.edu
 Phone: (928) 523-2223

You also may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights:

The OCR office for Arizona is located at:
 Denver Office
 Office for Civil Rights
 U.S. Department of Education
 Cesar E. Chavez Memorial Building
 1244 Speer Boulevard,
 Suite 310 Denver, CO 80204-3582

Telephone: 303-844-5695
 FAX: 303-844-4303;
 TDD: 800-877-8339
 Email: OCR.Denver@ed.gov

The OCR National Headquarters is located at:
 U.S. Department of Education
 Office for Civil Rights
 Lyndon Baines Johnson
 Department of Education Building
 Washington, DC 20202-1100

Telephone: 800-421-3481
 FAX: 202-453-6012;
 TDD: 800-877-8339
 Email: OCR@ed.gov