HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

NOTICE OF PRIVACY PRACTICES

Effective Date of this Notice: April 1, 2015

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

Grand Valley State University (GVSU) is required by HIPAA and associated government regulations to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. This Notice applies to the health plans that GVSU offers to GVSU employees.

HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

Most of your actual health/medical information is maintained by insurance carriers and contracted third party providers that provide health coverage and administrative services to University employees.

Please be aware that the University maintains only limited health information that relates to enrollment and health insurance premium costs. So when this notice uses ‘we’ or ‘us’ it refers to the insurance carriers and contracted third party administrators as well as GVSU employees who administer the health plan.

The following categories describe the different ways government regulations allow us to use and disclose your health information. Not every use or disclosure in a category will be listed.

For Treatment
Government regulations allow the use or disclosure of health information to facilitate medical treatment by healthcare providers. For example, if you are being treated for a knee injury, your health information may be given to the people who are providing your physical therapy.

For Payment
Government regulations allow the use or disclosure of health information about you to determine eligibility for plan benefits, obtain payment for benefits, process and pay your claims, and coordinate benefits. For example, payment functions may include reviewing submitted claims or determining whether a particular treatment is covered under the plan.

For Health Care Operations
Government regulations allow the use and disclosure of health information about you to administer necessary activities related to your coverage. For example, setting rates, conducting assessment and improvement activities, reviewing your treatment, performing fraud and abuse detection, and handling general administration.

Personal Representatives
Government regulations allow the use or disclosure of health information about you when dealing with individuals involved in your care or the payment for your care. For example, health information may be disclosed to an individual who has legal authority to make health care decisions on your behalf.

Other categories describing how your health information may be used and disclosed are listed below, along with an example. Not every use or disclosure in a category will be listed.

As Required By Law
For example, when required in a litigation proceeding such as a malpractice suit and/or as required by federal or state statute or regulation.

To Avert A Serious Threat To Health Or Safety
For example, to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Military And Veterans
For example, if required by military command authorities.

Workers’ Compensation
For example, to comply with workers’ compensation or similar laws.

Public Health Risks
For example, to help health agencies during audits, investigations or inspections.

Health Oversight Activities
For example, to help health agencies during audits, investigations or inspections.

Lawsuits And Disputes
For example, in the course of any administrative or judicial proceeding.

Law Enforcement
For example, to identify or locate a suspect or to comply with a court order, a court-ordered warrant or a subpoena or summons issued by a court.
National Security And Intelligence Activities
For example, for military, national security, prisoner and government benefit purposes.

Disclosures To Plan Sponsors
For example, to help the sponsor of your group health plan administer your benefits.

Sale and Marketing
GVSU does not sell your health information or disclose it to companies that wish to sell you their products. GVSU may communicate with you to describe a health-related product or service that is provided by, or included in a plan of benefits. Before GVSU can use medical information for other marketing purposes or receive payment for sending marketing communications, GVSU must first obtain your written authorization.

Genetic Information
If GVSU uses or discloses your health information for underwriting purposes, GVSU is prohibited from using or disclosing health information that is genetic information of an individual for those purposes.

WHEN YOUR HEALTH INFORMATION MAY NOT BE USED OR DISCLOSED
GVSU, insurance carriers and contracted third party providers will use or disclose your health information only as described in this Notice. It is not necessary for you to do anything to allow us to disclose your health information as described here. If you want us to use or disclose your health information for another purpose, you must authorize us to do so; you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
You have several rights regarding your health information that we maintain and we will respect your right to exercise them. If you wish to exercise your rights, you must submit a written request on a standard form we will provide to you. You can obtain this form by calling human resources or by emailing benefit@gvsu.edu

Your Right To Inspect And Copy Your Health Information
You have the right to inspect and copy your health information that we maintain. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. We may deny your request to inspect and copy in very limited circumstances. If we deny your request, we will explain why the request was denied and whether you have the right to a further review of the denial.

If your medical information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your medical information in the form or format you request, if it is readily producible in such form or format. If the medical information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Your Right To Amend Incorrect Or Incomplete Health Information
You may request a correction of your health information. You must provide a reason for your request. If your request for correction is agreed to, we will take reasonable steps to inform others of the correction. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial.

We 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, we may deny your request if you ask us to amend information that:
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information maintained by the health plans;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

Your Right To An Accounting Of Disclosures
You may request an accounting of disclosures. This is a list of certain disclosures of your health information that we have made to third parties. Your request should specify a time period of no longer than 6 years. We will provide one list per 12-month period free of charge; we may charge you for additional lists.

Your Right To Request Restrictions On Uses And Disclosures
You have the right to request a restriction on how we use or disclose your health information to third parties for your medical treatment, payment of your medical claims, or management of our health care operations. We are not required to agree to the restrictions that you request.
Your Right To Request Confidential Communications Through A Reasonable Alternative Means Or At A Reasonable Alternative Location
We communicate to you information about your health care treatment and payment. If you feel that our communicating with you may endanger you, you may request that we communicate with you using a reasonable alternative means or location. For instance, you could request that correspondence be sent to a P.O. box rather than your home address. All reasonable requests will be accommodated.

Please note that we are not required to agree to your request unless the request is made to restrict disclosure to an insurer or health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full.

Your Right To A Paper Copy Of This Notice
To obtain a paper copy of this Notice, send us a written request. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

Your Right To Receive Notice of a Breach
You have the right to be notified upon a breach of any of your unsecured health information.

Changes To This Notice
This Notice may be amended at any time in the future and the new Notice provisions will be effective for all health information that we maintain. We will promptly revise our Notice and distribute it to you whenever we make significant changes. Until then, we are required by law to comply with the current version of this Notice.

Complaints
You may file a complaint with us if you believe your privacy rights have been violated. You may also file a complaint with the Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

Send All Complaints Or Written Requests You Wish To File With Grand Valley State University To:
HIPAA Privacy Officer
1 Campus Drive
1090 James H Zumberge Hall
Allendale, MI 49401