

Muhlenberg College

NOTICE OF PRIVACY PRACTICES

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

Effective Date of Notice

This Notice is effective April 1, 2008.

General Information

This Notice applies to the following group health benefits (the "Plan") sponsored by Muhlenberg College: Medical, Prescription, and Flexible Spending Account. The Plan is required by the Health Insurance Portability and Accountability Act of 1996 and its regulations (the "Law") to maintain the privacy of your protected health information ("PHI") and to provide plan participants with notice of its legal duties and privacy practices with respect to PHI. PHI is any individually identifiable information that is received or maintained by the Plan in electronic, written, or oral form that pertains to your past, present or future mental or physical condition, the provision of health care services for that condition, and the payment for those services.

The Plan will abide by the terms of the Notice currently in effect, but it reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. A revised Notice will be delivered to you at least 60 days prior to the date that it will become effective.

The Plan is required by law to tell you:

- The Plan's uses and disclosures of your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person to contact for further information about the Plan's privacy practices.

Notice of PHI Uses and Disclosures

The Plan will use and disclose your PHI as follows:

- Upon your request, the Plan will give you access to your PHI so that you can look at or copy it.
- The Plan may be required by the Secretary of the Department of Health and Human Services to disclose your PHI in connection with an investigation to determine the Plan's compliance with the privacy regulations.
- The Plan and any business associates may use or disclose your PHI to carry out claims payment activities and healthcare operations. The Plan will also disclose your PHI to the Plan Sponsor related to claims payment activities and healthcare operations. The Plan Sponsor has amended its plan documents to protect your PHI as required by law. For example, the Plan or a business associate may tell your doctor whether you are eligible for coverage and the limits on your coverage.
- The Plan may disclose summary information to the plan sponsor for obtaining premium bids or modifying, amending or terminating the Plan. Summary information does not include any information that has been determined under the Law to be capable of identifying you in any way.

- The Plan may disclose your PHI as required by law, including disclosures about victims of abuse, neglect or domestic violence (but then must inform you (with certain exceptions) that the disclosure has been made), disclosures for law enforcement purposes, and disclosures for judicial or administrative proceedings.
- The Plan may disclose your PHI for public health activities for the purpose of preventing or controlling disease, injury or disability.
- The Plan may disclose your PHI to a coroner, medical examiner, or a funeral director for the purpose of performing their duties as authorized by law.
- The Plan may use or disclose your PHI when it believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, but only to someone who can prevent or lessen the threat.
- The Plan may disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- Except as otherwise indicated in this Notice, the Plan will disclose your PHI only with your written authorization and subject to your right to revoke that authorization.

The Plan's Duties with respect to Use and Disclosure of your PHI

The Plan will use and disclose (and will request disclosure of) only the minimum amount of PHI about you as needed under the circumstances, taking into consideration any practical and technological limitations. This requirement does not apply when disclosing information to a provider for treatment, when disclosing information to you or at your request, when disclosing information to the Secretary of the Department of Health and Human Services, or when disclosing information that is required by law or regulations.

This Notice does not apply to information that does not identify you, or for which there is no reason to believe that it can be used to identify you.

Your Rights

The Law provides you with the following rights with respect to your PHI that the Plan and its business associates or subcontractors maintain:

- **Right to Request Restrictions.** You have the right to request restrictions on our uses and disclosures of PHI. You may request that we limit disclosures of your PHI only for our payment or healthcare operations and to certain individuals. However, we are not required to agree to your request. We will accommodate reasonable requests to receive communications by alternative means or at alternative locations.
- **Right to Inspect and Copy.** You have the right to inspect and copy the PHI that the Plan maintains. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if it is maintained off site. We may request a 30-day extension of this time frame, but will notify you if we elect the extension and will provide you with the reason. If we deny you access to your PHI, we will provide you with a written denial, which will include the reason for the denial along with other relevant information.
- **Right to Request Amendment.** You have the right to request that we amend your PHI. Within 60 days of receiving your request we will respond. We may request an additional 30-day extension, but if we do this we will explain our reasons. If we deny your request, we will provide you with a written denial that clearly explains why we denied it. You will then be given the opportunity to give us a statement of disagreement. We will include your statement with the PHI that is the subject of your request.

- Right to Receive an Accounting. You have the right to receive a list of our disclosures of your PHI, except for those disclosures that are made in connection with claims payment or our health care operations. We will also not include any disclosures we have made to you or at your request, or any disclosures made prior to April 14, 2004. We will provide you with the list within 60-days after we receive your request, except that we may request a 30-day extension. If you request more than one accounting within a 12-month period, we will charge you a reasonable fee for each subsequent request.
- Copy of Notice. You have the right to receive a copy of this Notice upon request.

In order to exercise any of these rights, you will be required to complete a form that we will provide to you upon request. All requests should be made to the individual contact shown at the end of this Notice.

Complaints

If you feel that your privacy rights as described in this Notice have been violated, you may complain to the Plan as described under Contact Information, below. You may also file a complaint with the Department of Health and Human Services at the Office for Civil Rights, Region III, 150 S. Independence Mall West, Suite 372, Philadelphia PA 19106-9111. Phone: (800) 368-1019. The Plan will not retaliate or discriminate against you for filing a complaint.

Contact Information

If you have any questions about this notice or would like to file a complaint, you may contact: Privacy Officer, Muhlenberg College, 2400 Chew Street, Allentown, PA 18104