

**NOTICE OF PRIVACY PRACTICES**  
**THIS NOTICE IS REQUIRED BY LAW AND 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: April 14, 2003

**Introduction**

Drake University is committed to ensuring the privacy and security of employee health information. While employee health information must be available to health care professionals in the process of ensuring proper care and payment, we should avoid disclosing more employee health information than needed to perform our respective duties. To support our commitment to employee confidentiality, Drake University will ensure that appropriate steps are taken to use and disclose protected health information only as permitted with our respective policies and procedures, according to applicable federal, state, and/or local laws and regulations.

**Purpose**

This Notice of Privacy Practices describes how protected health information may be used or disclosed by your Group Health Plans to carry out payment, health care operations and for other purposes that are permitted or required by law. The Group Health Plans covered by this Notice include medical, medical flexible spending accounts and employee assistance plans. This Notice also sets out our legal obligations concerning your protected health information, and describes your rights to access and control your protected health care information. "Protected Health Information" (or "PHI") is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices is drafted to be consistent with what is known as the HIPAA Privacy Rule, and any of the terms not defined in this Notice will have the same meaning as they have in the HIPAA Privacy Rule. For additional information regarding Drake University's privacy policies contact the designated Privacy Officer.

**Our Responsibilities**

We are required by law to maintain the privacy of your PHI. We are obligated to abide by and provide you with a copy of this Notice. We reserve the right to change the provisions of our Notice so long as such changes are consistent with all applicable laws and regulations.

In the course of paying for health care services provided to you, information regarding your health care may be originated and/or received by our Business Associates or us. The following is a description of how we, or our Business Associates, are most likely to use and/or disclose your protected health information. The term "we" refers to the Group Health Plans sponsored by Drake University and the Business Associates with whom we contract to provide services on our behalf. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted by law to use and disclose information falls into one of these categories:

**For Payment and Healthcare Operations:** We have the right to use and disclose your PHI for all activities that are included within the definitions of "payment" and "healthcare operations" as set out in 45 C.F.R. section 164.501 (this provision is a part of the HIPAA Privacy Rule). We will use or disclose your PHI to pay claims for services provided to you and to obtain insurance reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, your PHI may be disclosed when a care provider requests information regarding your eligibility for coverage under our health plan, to investigate a complaint you may have or to determine if a treatment that you received was covered by the health plan or eligible for flexible spending reimbursement. Your PHI may be disclosed by us to support business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, insurance and underwriting. For example, we may use or disclose your PHI to (i) provide you with information about one of our disease management programs; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.

**Plan Sponsor:** We may disclose your PHI to the plan sponsor, provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

**Business Associates:** We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our Business Associates will receive, create, maintain, use or disclose protected health information, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide member service support or pharmacy benefit management. Examples of our business associates would be First Administrators, which handle many of the functions in connection with the operation of our Group Health Plan, PTI-NPS, our Pharmaceutical Benefit Manager and Principal Life Insurance Company, the administrator of our medical spending account plan.

**Other Covered Entities:** We may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that we may disclose or share your protected health information with other insurance carriers in order to coordinate benefits, if you or your family members have coverage through another carrier.

**Other uses:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke this authorization, at any time, in writing, except to the extent that our Business Associates or we have taken an action in reliance on the use or disclosure indicated in the authorization.

**The following explains how your PHI may be disclosed without your authorization:**

**Required By Law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system and government benefit programs.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Drake University, and (6) medical emergency (not on the premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Government Functions:** We may disclose your protected health information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**YOUR RIGHTS** Federal law grants you certain rights with respect to your PHI. You may exercise the following rights by sending a written request to Drake University Human Resources, Attn: Privacy Officer, 1331 – 27<sup>th</sup> Street, Des Moines, Iowa 50311. Specifically, you have the right to:

- Obtain an accounting of certain disclosures by us of your PHI;
- Revoke any prior authorizations or consents for use or disclosure of PHI, except to the extent that action has already been taken;
- Receive notice of our policies and procedures used to protect your Protected Information. You may access these policies by contacting the Privacy Officer.
- Request that certain uses and disclosures of your PHI be restricted pursuant to the HIPAA Privacy Regulations; however, we are not required to agree to a requested restriction;
- Access to your PHI; provided, however, the request is in writing and requests information permitted for release under the HIPAA regulations;
- Request that your PHI be amended in certain cases;
- Request communications of your PHI by alternative means or at alternative locations; and
- Receive a paper copy of this Notice if you originally received the Notice electronically by e-mail.

**CONTACT INFORMATION** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. Drake University will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Marlene Heuertz at 271-1901 for further information. This notice was published and becomes effective on April 14, 2003.