

## HIPAA Notice of Privacy Practices for Protected Health Information

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

The federal Health Insurance Portability and Accountability Act's privacy regulations provide you with important rights regarding use and disclosure of your personal health information. This notice describes practices and procedures used by Pratt Institute. Flexible Spending Account (the Plan) to protect the privacy of certain personal health information concerning individuals who are participants under the Plan, such as you, your spouse, and your dependents. The Plan must maintain the privacy of protected health information and provide plan participants with a notice about the Plan's legal duties and privacy practices regarding protected health information. The Plan is required to use and disclose protected health information as described in this notice. This notice is effective *January 1, 2008*.

**Protected health information (PHI)** means health information collected or received by Pratt Institute, the Plan, another health plan, a life insurer, a school or university, a health care clearinghouse, or a health care provider that personally identifies plan participants and relates to their health care, past, present, or future physical or mental health conditions, or past, present, or future payments for health care. It does not include certain employment records, such as medical certifications used for compliance with the federal Family and Medical Leave Act, federal Americans with Disabilities Act, or workers' compensation laws.

### **Use and Disclosure of Protected Health Information**

Unless otherwise permitted by law, the Plan generally cannot use or disclose your PHI unless you authorize the use or disclosure in writing. However, in some cases, obtaining your written authorization for certain types of use or disclosure of PHI is impractical or unduly cumbersome. For example, written authorizations are not required to use or disclose your PHI for medical treatments, payments of medical bills, and health care operations. In addition, a number of limited exceptions allow or require the Plan to use and disclose PHI without your written authorization for certain legal, public health, and medical purposes.

**Treatment, payment, and health care operations.** The Plan does not need your written authorization or permission to use or disclose your PHI for the following reasons:

- **Payment.** The Plan can use and disclose PHI for payment of your health care claims. For example, the Plan can obtain information about your medical diagnosis, treatment, supplies, or procedures from a health care provider and share this PHI with health plan administrators or insurers for billing, cost sharing, claims processing, review of benefit or coverage denials, and other purposes related to administering your benefits and coverage under the Plan.
- **Health care operations.** The Plan can use and disclose PHI to Pratt Institute for purposes of health care plan administration. For example, the Plan can use PHI in underwriting, negotiating premiums, assessing rating risks, conducting quality assessments and improvement activities, evaluating health care providers, performing audits and legal functions, conducting business management and planning, and carrying out general administrative activities.

In addition, the Plan can disclose your PHI to certain employees of Pratt Institute who are authorized and designated to handle certain health care plan administrative tasks. These employees must protect the privacy of your PHI and take steps to ensure that it is used or disclosed only as described in this notice. PHI used solely by Pratt Institute for health care operations is not used or disclosed in connection with employment decisions affecting you, such as hiring, promotions, layoffs, or terminations. Whenever possible, Pratt Institute removes information that identifies specific plan participants from medical records and uses only summary health data for operational purposes, such as negotiating coverage changes, evaluating insurance alternatives, or obtaining cost estimates.

- **Business associates.** The Plan can disclose PHI to our business associates for authorized plan administration needs related to payment and health care operations. For example, third-party administrators, auditors, attorneys, consultants, and payroll processors are considered our business

associates. Our business associates must enter contracts agreeing to safeguard the confidentiality of PHI received from the Plan.

- **Health care providers.** The Plan can disclose your PHI to health care providers and other covered entities as required for treatment or payment activities.
- **Health care education.** The Plan can use and disclose PHI to inform you about alternative treatment options and health-related benefits and services that might be of interest to you.

**Legal, public health, and related purposes.** Besides using and disclosing PHI for treatment, payment, and health care operations, the Plan is permitted or required to use or disclose PHI without your written authorization for particular purposes or under specific conditions including:

- **Legal compliance.** The Plan can use and disclose PHI as required by federal, state, or local laws or regulations, or to comply with valid legal requests, such as subpoenas, discovery requests, and other court or administrative orders. The Plan also must disclose PHI to the Secretary of the U.S. Department of Health and Human Services for HIPAA compliance purposes.
- **Abuse, neglect, or domestic violence.** The Plan can use and disclose your PHI to appropriate authorities as required for reporting abuse, neglect, or domestic violence. The Plan informs you when making such uses or disclosures.
- **Law enforcement.** The Plan can use and disclose your PHI to law enforcement officials when reporting a suspected workplace crime or a death due to a suspected crime. Law enforcement officials can request and receive your PHI for purposes of locating or identifying suspects, fugitives, witnesses, or missing persons. Law enforcement officials also can receive limited PHI when needed to identify crime victims, but only when you are unable to give consent to disclosure and certain other conditions are met. In addition, the Plan can use and disclose your PHI to correctional facilities when needed for medical or safety reasons.
- **Public health and safety.** Various federal public health agencies and certain individuals can receive your PHI to address serious and imminent safety and health threats to you or the public. The Plan also can disclose your PHI to appropriate authorities when required to comply with federal Food and Drug Administration regulations or to prevent or control diseases, injuries, or disabilities.
- **Health oversight committees.** In general, government health agencies can receive your PHI for necessary and authorized oversight activities, including audits, investigations, licensing activities, criminal or administrative proceedings, and inspections.
- **Coroners, medical examiners, and funeral directors.** Coroners and medical examiners can receive your PHI for identification purposes, determinations of the cause of death, or other authorized reasons. Funeral directors also can receive your PHI for carrying out specific duties.
- **Organ and tissue donation.** If you are an organ or tissue donor, the Plan can give your PHI to organ procurement organizations or other entities for facilitating organ or tissue donations or transplants.
- **Research purposes.** The Plan can provide your PHI for authorized research purposes.
- **Workers' compensation.** The Plan can use and disclose your PHI for workers' compensation or related purposes.
- **Military or national security functions.** If you serve, have been discharged, or are a veteran of a U.S or foreign military service, the Plan can provide your PHI as required by appropriate military authorities. The Plan also can disclose your PHI for authorized national security and intelligence activities. Although your written authorization is not required for the above-listed uses and disclosures of your PHI, the Plan releases only the minimum details necessary to carry out these authorized functions. In addition, your express written authorization almost always is required in these situations:
- **Disclosure of psychotherapy notes.** The Plan must receive your authorization in most cases before releasing your PHI that relates to psychotherapist notes taken during mental health sessions.
- **Use of PHI for marketing purposes.** The Plan generally must receive your authorization for using or disclosing your PHI for certain marketing purposes.

### **Your Rights**

You have certain rights regarding your PHI. These rights include the following:

- ***The right to designate a relative or representative to access your PHI.*** You can provide written notice to the Plan to designate a relative, friend, lawyer, or other individual as someone closely involved in your health care to whom the Plan can disclose your PHI for any purpose you specifically permit. This authorization allows the Plan to release all appropriate records to your designated representative without obtaining a separate authorization from you for each record request. You can revoke this authorization at any time.
- ***The right to request restrictions on certain uses and disclosures of PHI.*** You can request the Plan to restrict any use or disclosure of your PHI for carrying out treatment, payment, or health care operations or to your personal representative, including family members. The Plan does not have to agree to your request and can disclose your PHI as allowed or required by law or if an emergency arises.
- ***The right to receive confidential communications of PHI.*** You can receive PHI communications through alternative means or at alternative locations if the communication channels normally used would jeopardize your physical safety. To exercise this right, you must give the Plan a written statement to the effect that disclosing all or part of your PHI through normal channels could endanger you. For example, you can request that communications be mailed to you at an address that is different from your home address.
- ***The right to inspect and copy your PHI.*** You can make a written request to inspect and copy your PHI that the Plan retains, excluding psychotherapy notes, information compiled for use in any legal proceeding, or records otherwise restricted or exempt from disclosure under federal laws or regulations. The Plan will either mail the requested records to you or send you a letter explaining why your request is denied. The Plan will respond to your request within certain deadlines, usually 30 or 60 days, depending on how recently the requested records were created and whether records are maintained on site. If your request is denied, a review of the denial is available in most cases.
- ***The right to amend protected health information.*** You can amend your PHI by sending the Plan a written request explaining the need for changing your PHI. Your request can be denied if the PHI is not available for inspection by law or if the Plan did not create the PHI record, does not maintain the record, or determines that the record is complete and accurate. The Plan also will amend your PHI if it receives amended PHI from an appropriate entity covered by the law.
- ***The right to receive an accounting of disclosures of protected health information.*** You can make a written request to the Plan to provide you with a statement of the disclosures of your PHI that were made by the Plan for up to six years before the date of your request. However, the Plan does not have to supply an accounting of certain routine or permitted PHI disclosures, such as disclosures made to your designated representative or to carry out treatment, payment, or health care operations. No charge applies to your first request for an accounting of disclosures in a given year. A nominal administrative fee applies if you submit additional requests within the same 12-month period; however, you can reduce or avoid extra charges by modifying or withdrawing additional requests. The Plan will supply this accounting of disclosures of your PHI within 60 days after the Plan receives your request unless it notifies you in writing of the need for a 30-day extension.
- ***Your rights under state law.*** In addition to your rights described in this notice, you might have additional rights regarding your PHI under the laws of the state where you live, such as rights relating to mental health, pregnancy, HIV/AIDS, and health treatment of minors.
- ***The right to receive a privacy notice.*** Plan participants receive this notice when they enroll in the Plan and you can request additional copies of this notice at any time. You also can request a paper copy of this notice if you first received it electronically. The Plan issues notice reminders at least every three years informing plan participants of their right to receive this notice and where to obtain it.

### **Changes to This Notice**

The Plan can change provisions of this notice at any time for compliance or other reasons. In general, changes to the notice are effective on the date the notice is revised. Plan participants receive information regarding changes to this notice within 60 days after revisions are made and can request a revised copy of the notice.

### **Complaints**

If you believe that the Plan has not complied with its obligations or your rights as described in this notice have been violated, you can submit a written complaint to the Pratt Institute privacy officer, the Plan, or the Secretary of the U.S. Department of Health and Human Services, Kathleen Sebelius, 200 Independence Way, S.W. Washington, D.C. 20201 or call 877-696-6775.

You will not be retaliated against or penalized in any manner for filing a complaint, participating in any legal proceeding, or opposing any unlawful act or practice.

**Employer Contact Information**

For more information about this notice or your privacy rights, you can contact Pratt Institute's privacy officer NAKisha Henry, 200 Willoughby Avenue, Brooklyn NY 11205 or call 718-636-3787 or email [nhenry@pratt.edu](mailto:nhenry@pratt.edu).