

Colorado State University Self-funded Plan Notice of Privacy Practices

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

**This notice describes how medical information about you may be used and disclosed
and how you can get access to this information (effective 04/14/03).**

The Department of Health and Human Services and Colorado State University Self-funded Plan ("The Plan") are committed to protecting your health information. The Plan is required by HIPAA law to maintain the privacy of your medical information by the terms of the most current Notice of Privacy Practices, and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Plan reserves the right to change the terms of this Notice of Privacy and to make any new Notice provisions effective for all Protected Health Information (known as "PHI"). The Plan will inform all participants of changes to this Notice and provide a new and updated Notice of Privacy each time a change in content occurs.

I. Confidentiality Practices and Uses

The Plan may access, use or share medical information:

1. **Treatment.** During the course of your care, Protected Health Information (known as "PHI") may be disclosed to medical/mental health care providers as appropriate/necessary to ensure the quality and continuity of your care. The treatment exception allows doctors to share health information about a patient in order to assure that the patient receives proper care.
2. **Payment.** We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. The Privacy Rule permits The Plan to disclose health information without individual authorization for the purpose of paying a claim.
3. **Regular Health Care Operations.** To maintain efficient, quality and cost effective medical care, PHI is routinely reviewed by authorized personnel to ensure that the highest quality standards of patient care are consistently being practiced. For example, PHI may be seen by regulatory agencies that oversee clinical laboratories during routine quality assurance procedures.
4. **Information Provided Directly to You or Mailed to You.** For example, your medical provider may give you a copy of your lab results or you may receive a bill sent to your address on file for any outstanding balances.

II. Disclosures Not Requiring Your Permission

1. **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your emergency contact or another person responsible for your care about your location, general condition or in the event of your death. However, if you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
2. **Required by Law.** As required by law, we may use and disclose your health information.
3. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.
4. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. **Deceased Person Information.** We may disclose your health information to coroners, medical examiners or funeral directors.
8. **Organ Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
9. **Research.** We may disclose your health information to researchers conducting research that has been approved.
10. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent, lessen or coordinate a response to a serious and imminent threat to the health/safety of a particular person, the campus community or the general public.

11. **Specialized Government Functions.** We may disclose your health information for military, national security, intelligence and/or protective services for the President, prisoner and government benefits required by law.
12. **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws.
13. **Marketing.** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
14. **Fund-Raising.** We may contact you to participate in fund-raising activities associated with The Plan.

III. Your Rights to Privacy

Except as described in this Notice of Privacy Practices, The Plan will not use or disclose your health information without your written authorization. If you do authorize The Plan to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. Human Resource Services has procedures to assist you with your rights to your medical information. You may ask Human Resource Services staff for a hard copy of this notice at any time. An electronic copy of this notice is also available on our web site at www.hrs.colostate.edu.

Any request you may have of The Plan must be submitted in writing, including complaints. All required forms are available in the Human Resource Services Office. You have the right to:

1. Request restrictions on certain uses and disclosures of your health information. The Plan is not required to agree to the restriction that you requested.
2. Request The Plan to contact you by E-mail or fax, at a specific address or fax number.
3. Inspect (w/no charge) and receive a copy of your protected health information. If copies are requested, you may be charged for copies made and any associated postage fees.
4. Change or add information to your designated records; however, The Plan may not change the "original" documents.
5. An accounting of disclosures of your protected health information made by The Plan. However, The Plan does not have to account for disclosures related to treatment, payment, health care operations, information provided to the patient, specialized government functions, and disclosures authorized by the patient.

IV. Complaints

1. If you need more information, have complaints, or feel that your privacy rights have been violated, contact Teri Suhr by phone at (970) 491-6737 or by mail at Colorado State University, Human Resource Services, 555 S. Howes, Suite 210, Fort Collins, CO 80523-6004. Remember, any request you may have of The Plan must be submitted in writing, including complaints to the above address.
2. If you are not satisfied with how Human Resource Services handles your concern, you may submit a formal complaint to: Department of Health and Human Services – Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201.

If you file a complaint, we will not take any action against you or change your treatment in any way.

(Distributed to campus staff on April 14, 2003 by the Director of Human Resource Services.)