Health Insurance Portability and Accountability Act (HIPAA)

**Notice of Privacy Practices for Retirees**
**Participating in the Princeton University**
**Health Care Plans**

**Effective October 2017**

**Disclosure Limitations of Your Plan Information**


The Princeton University healthcare plans listed above (hereinafter referred to collectively as “the PLAN”) are committed to both protecting the privacy of health information maintained by the PLAN and ensuring that outside vendors who perform services for the PLAN, such as the PLAN’s third-party administrators, also protect the privacy of such information. The PLAN is required by law to maintain the privacy of your “Protected Health Information” (as described below) and is committed to doing so. The PLAN also is required to provide you with this Notice of its legal duties and privacy practices with respect to your Protected Health Information and comply with the terms of this Notice.

Protected Health Information generally includes information that identifies plan participants, including you and your dependents (such as name or unique identifying numbers or geographic information), and that relates to payment for plan participants’ health care, health condition (such as an illness a plan participant may have), or health services a plan participant has received or may receive in the future (such as an operation).

**How We May Use and Disclose Your Protected Health Information.**
The PLAN will generally obtain your written authorization before sharing your health information with others outside of the PLAN. However, the PLAN is permitted to use and disclose your health information without your authorization in the following circumstances:

- **For payment purposes.** We may use or disclose health information about you to determine eligibility for PLAN benefits, facilitate payment for the treatment and services you receive from healthcare providers, determine responsibility under the PLAN or to coordinate PLAN coverage. For example, we may disclose information to another entity to assist with the adjudication or subrogation of claims or disclose information to a doctor to determine if a service is payable under the PLAN.

- **For health care operations.** We may use or disclose health information about you to conduct healthcare operations (such as using health information to do a cost analysis of the PLAN, to coordinate or manage care, to assess and improve the quality of health care services or to review the qualifications and performance of providers).
For treatment purposes. We may use or disclose health information to health care providers to help them treat you or to recommend treatment alternatives. For example, we may disclose health information to a doctor who is determining how to treat your health condition or to ensure that you receive the services that you need. We may also use your health information to send you information about health-related benefits and services, provided we do not receive financial remuneration from a third party for purposes of making such communications.

Uses and Disclosures without an Acknowledgement, Authorization or Opportunity to Object.
We may use or disclose your Protected Health Information without your consent, authorization or opportunity to verbally agree or object for the following purposes:
• We may disclose your Protected Health Information to comply with a court order or administrative proceeding or for law enforcement purposes or other specialized government functions (such as related to military missions), and to comply with a federal, state or local legal requirement (for example workers’ compensation law).
• We may disclose information where a law requires that we report information about suspected abuse, neglect or domestic violence or relating to suspected criminal activity. We may also disclose your Protected Health Information to authorities who monitor compliance with these privacy requirements.
• We may disclose Protected Health Information to a public health authority for public health activities, such as responding to public health investigations. We may also disclose Protected Health Information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections.
• We may disclose information about an individual’s death in certain circumstances to funeral directors, coroners and medical examiners or to facilitate organ, eye or tissue donation.
• We may allow business associates of the PLAN (such as third party administrators) to provide payment, treatment or healthcare operation services.
• In certain circumstances, we may disclose Protected Health Information to assist medical/psychiatric research.

Uses and Disclosures Requiring Patient Opportunity to Object.
We are permitted to disclose your Protected Health Information without your written consent or authorization to a family member, other relative, close personal friend or other person identified by you, if the information is directly relevant to that person’s involvement in your care or payment for your care. We may also use or disclose Protected Health Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures to your family, relatives, friends or others identified by you. If you are able and available to agree and object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to object, we will exercise our professional judgment in communications with your family and others.

Uses and Disclosures Requiring Participant Authorization.
Other than as set forth above or as set forth in the laws applicable to the PLAN, the PLAN cannot disclose information about you or your dependents’ health insurance, prescription drug coverage, or medical plan enrollment with anyone without a written authorization from you or your dependents. If you authorize us to use and disclose Protected Health Information, you may revoke that authorization, in writing, at any time. You understand that we cannot take back any disclosure we have already made with your permission and that we are required to retain certain records that contain your Protected Health Information. The PLAN cannot retaliate against you or your dependents for refusing to sign an authorization or revoking an authorization previously given.

We must obtain your authorization to use or disclose your Protected Health Information for marketing
activities, unless such activities involve face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you. Communications that involve a drug or biologic that is being prescribed to you are not marketing activities that require your authorization, unless we receive remuneration for such communications that is not reasonably related to our cost in making such communications. Further, communications regarding case management or care coordination or to direct or recommend alternative treatments, therapies, health care providers or settings of care do not require your authorization, unless we receive financial remuneration in exchange for making the communication.

Prohibited Uses of Protected Health Information. Your health information cannot be used for employment-related purposes. This means that the PLAN cannot disclose your Protected Health Information with officers and other employees of Princeton University, other than those who are involved in PLAN administration. Further, if health information is used for medical underwriting purposes, genetic information will not be used or disclosed for any underwriting purposes, including determining eligibility for benefits or premiums, as prohibited by the Genetic Information Nondiscrimination Act of 2008 (GINA).

Your Rights Regarding Your Protected Health Information. Your rights regarding your health information include the right to:

• request restrictions beyond those outlined above by making such request in writing to the Privacy Officer as set forth below. The PLAN is not required to agree to a requested restriction but, in the event we do agree to such a restriction, it is binding upon us.

• receive confidential communications at only a specified phone number or mail or email address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

• inspect and copy your Protected Health Information by making such request in writing to the Privacy Officer. We must respond to your request within 30 days. To the extent we maintain your health information electronically in one or more designated record sets, we must provide you access to the information in the electronic form and format requested by you, if it is readily producible in such electronic form and format or, if not, in a readable electronic form and format as agreed to by us. We may charge you a reasonable fee for a copy of your health information. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

• amend your Protected Health Information, by a written request to the Privacy Officer specifying the reason for such request. Any denial by us will be provided to you in writing within 60 days. It will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your health information. If we approve the request for amendment, we will amend the health information and so inform you.

• be notified promptly in the event of a breach of your Protected Health Information.

• an accounting of instances when your Protected Health Information has been disclosed for up to six years prior to the date your ask. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You may request one such accounting free of charge each year. There may be a charge for more frequent requests.

• receive a paper copy of this Notice upon request at any time.

Personal Representative
You have the right to name a personal representative who may act on your behalf with regard to your Protected Health Information. If you wish to take advantage of this right, please contact the Office of Human Resources at (609) 258-3302. We will make sure the person has this authority and can act for you before we take any action.

Policy Modifications
The PLAN may change its privacy practices from time to time. However, if a material change is made, the PLAN will revise this Notice and will notify you either by e-mail or mail of the changes within 60 days.
Complaints
Federal law requires the PLAN to maintain the privacy of your PLAN records as set forth in this policy. If you believe your privacy rights have been violated, you can file a complaint with the PLAN by contacting the Privacy Officer at (609) 258-2169.

You may also file complaints with the secretary of the Department of Health and Human Services (1-877-696-6775/www.hhs.ocr.privacy/hipaa/complaints) or with the third-party administrator for your particular plan. No one will retaliate or take action against you for filing a complaint.

Privacy Officer
To exercise your HIPAA rights under the PLAN, please contact the PLAN’s designated Privacy Officer:
Megan Adams
701 Carnegie Center, Suite 439
Princeton, NJ 08544
E-mail: adamsm@princeton.edu
Campus Phone: (609) 258-2169
Campus Fax: (609) 258-3448

You can also contact the third-party administrator for your PLAN or the Office of Human Resources to discuss the privacy of your Protected Health Information. The contact information for the various third-party administrators and the Office of Human Resources is provided below.

HIPAA Contacts:
UnitedHealthcare (Princeton Health Plan)
Chief Privacy Officer at UnitedHealthcare
UHG Center, 2nd Floor West
Mail Route MN008 W211
9900 Bren Road East
Minnetonka, MN 55343, or
Contact Member Services at (877) 609-2273

Aetna (Princeton Health Plan, HMO and Retiree Healthcare Plans)
Contact Member Services at (800) 535-6689

OptumRx
Attn: Member Services
P.O. Box 3410
Lisle, IL 60532-8410
Contact Member Services:
• Post-65 Retiree at (855) 209-1299
• Pre-65 Retiree, Pre-65 Dependent or P84 Plan Member at (877) 629-3117

Office of Human Resources
2 New South
Princeton, NJ 08544
(609) 258-3302 or benefits@princeton.edu
Fax: (609) 258-5920