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

Notice of Privacy Practices for Retirees Participating in the Princeton University HEALTH CARE PLANS

Effective January 1, 2013

Disclosure Limitations of YOUR Plan Information


The Princeton University health care 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 you (such as your name or unique identifying numbers or geographic information), and that relates to payment for your health care, your health condition (such as an illness you may have), or health services you have received or may receive in the future (such as an operation).

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 written consent to:

- make or obtain payments (such as disclosing health information to a doctor to determine if a service is payable under the PLAN);
- conduct health care operations (such as using health information to do a cost analysis of the PLAN);
• recommend treatment alternatives (such as disclosing health information to a doctor who is determining how to treat a health condition);
• provide information about health-related benefits and services;
• communicate with an individual—that is, a friend or family member—involved in your care or the payment for your care (if agreed to by you, unless you are incapable of agreeing) or in an emergency situation;
• comply with a federal, state, or local legal requirement;
• comply with a court order or administrative proceeding or for law enforcement purposes;
• conduct health oversight activities or public health activities (such as to prevent a disease);
• counter serious threats to your health and safety or to provide reports to an appropriate government authority about possible victims of abuse, neglect, or domestic violence;
• provide information about decedents to funeral directors, coroners, or medical examiners or to facilitate organ, eye or tissue donation;
• provide information for specialized governmental functions (such as related to military missions);
• comply with workers compensation law;
• allow business associates of the PLAN (such as third-party administrators) to provide payment, treatment, or health care operation services.

Otherwise, 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. In addition, the PLAN cannot retaliate against you or your dependents for refusing to sign an authorization or revoking an authorization previously given. Further, 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;
• spouses or other family members not directly involved in your care or the payment for your care, unless agreed to by you.

Your rights regarding your health information include the right to:
• request restrictions beyond those outlined above (although the PLAN is not required to agree to a requested restriction);
• receive confidential communications at only a specified phone number or mail or email address;
• inspect and copy your Protected Health Information;
• amend your Protected Health Information;
• an accounting of instances when your Protected Health Information has been disclosed;
• receive a paper copy of this Notice upon request.
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.

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.

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 Office of Human Resources at (609) 258-3302.

You may also file complaints with the Secretary of the Department of Health and Human Resources 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: adamsam@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:

1. 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 1-877-609-2273.
2. **Aetna** (HMO Plan and Retiree Healthcare Plan)

Contact Member Services at 1-888-287-4296.

3. **Aetna** (Princeton Health Plan and Retiree Healthcare Plans)

Contact Member Services at 1-800-535-6689.

3. **Express Scripts Prescription Drug Plan (formerly Medco)**

Express Scripts

P.O. Box 800

Franklin Lakes, NJ 07417

800-987-5237, or

Contact Member Services at 1-800-711-0917

4. **Office of Human Resources**

2 New South

Princeton, NJ 08544

(609) 258-3302

E-mail: benefits@princeton.edu

Fax: (609) 258-5920