



Group Health Plans Notice of Privacy Practices ***Effective April 14, 2004, Updated July 1, 2018***

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.

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of the St. Olaf College Medical Benefits Plan, the St. Olaf College Dental Plan, the Medical Reimbursement Benefit component of the St. Olaf College Flexible Benefits Plan, the St. Olaf College Employee Assistance Program, and the Emeriti Retiree Health Plan for St. Olaf College (together, the “Plans”) and your legal rights regarding your Protected Health Information held by the Plans under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Generally, your Protected Health Information (also called “PHI”) is information meeting these conditions:

- You can be identified from the information,
- The information relates to your past, present, or future health, or to your health care, or to payment for your health care, and
- The information was created, received, transmitted or maintained by the Plans.
- Your PHI includes any genetic information as defined in the Genetic Information Nondiscrimination Act of 2008 (“GINA”).

HIPAA and HITECH require that PHI used or disclosed by the Plans in any form, whether electronically, on paper, or orally, be kept properly confidential. These laws also give you significant rights to understand and control how your PHI is used. HIPAA provides penalties for covered entities that misuse PHI.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your health information for treatment, payment and healthcare operations.

- Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Healthcare operations include the business aspects of running our health plans, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review. We may disclose your PHI for underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits. However, we cannot use your medical information that is genetic information for underwriting purposes.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to process your claims for benefits under the Plans or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

The uses and disclosures listed above are the most common uses and disclosures the Plans may make of your PHI. However, in special circumstances, there are additional purposes for which we may use or disclose your health information:

- Required by Law. We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.
- To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.
- To St. Olaf College. For the purpose of administering the Plans, we may disclose to certain employees of St. Olaf College PHI. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.
- Organ and Tissue Donation. If you are an organ donor, we may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Military. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation. We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- Public Health Risks. We may disclose your protected health information for public health activities such as prevention or control disease, injury, or disability; reporting of births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notifying the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this last disclosure if you agree, or when required or authorized by law.
- Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.
- Law Enforcement. We may disclose your PHI if asked to do so by a law-enforcement official in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; about a death that we believe may be the result of criminal conduct; and about criminal conduct.
- Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your PHI to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- Research. We may disclose your protected health information to researchers when the individual identifiers have been removed; or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.
- Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Any other uses and disclosures will be made only with your written authorization. For example, you can authorize us to disclose your PHI to your personal representative. We cannot sell your protected health information, and we cannot use or disclose your protected health information for marketing purposes, unless we first have your authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your Protected Health Information, which you can exercise by presenting a written request to the Privacy Official, St. Olaf College.

- The right to request restrictions on certain uses and disclosures of Protected Health Information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, our agreement must be in writing, and we must abide by it (except in an emergency) unless you agree in writing to remove it.
- The right to receive confidential communications of Protected Health Information from us by alternative means or at alternative locations.

- The right to inspect and obtain copies, including electronic copies, of your Protected Health Information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.
- The right, upon written request, to amend your Protected Health Information, subject to certain conditions.
- The right to receive an accounting of non-routine disclosures of Protected Health Information.
- The right to be notified in the event that we (or a Business Associate) detect a breach of your unsecured PHI.
- If you receive this notice electronically or on a website, we have the obligation to provide and you have the right to obtain a paper copy of the current Notice of Privacy Practices from us every three years.

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plans has requested restrictions or confidential communications, and if we have agreed to the request, we will send mail as provided by the request for restrictions or confidential communications.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information. We are required to provide notice to you if ever there is a breach of your unsecured Protected Health Information.

This notice is effective as of April 14, 2004 and updated July 1, 2018, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all Protected Health Information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from Human Resources or the Privacy Official.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the appropriate regional office of the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of the company. We will not retaliate against you for filing a complaint.

Please contact us for more information or to communicate a complaint:

Health Plan Privacy Officer
 Human Resources Department
 St. Olaf College
 1520 St. Olaf Avenue
 Northfield, Minnesota 55057-1098
 (507) 786-3068

For more information about HIPAA or to file a complaint, the regional office for Minnesota is:

U.S. Department of Health and Human Services
 Office for Civil Rights
 Region V
 233 N. Michigan Ave., Suite 240
 Chicago, IL 60601
www.hhs.gov/ocr/privacy/hipaa/complaints/.