

National Louis University

Notice of Privacy Practices

Effective April 14, 2004

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.

Introduction

In order to provide insurance coverage and/or health plan administrative services, we must obtain and maintain Protected Health Information (PHI). This privacy notice describes the types of information that is collected and your rights regarding how that information can be used.

PHI is individually identifiable health information that is created or received by your provider, your health plan or insurer, a data clearinghouse, a health authority, employer, school or university. PHI can be maintained or transmitted in any form or medium. It relates to the past, present or future:

- condition of your physical or mental health;
- health care provided to you; or
- payment for the health care provided to you.

PHI does not include summary health information or information that has been de-identified according to the standards for de-identification provided for in the HIPAA Privacy Rule.

Permitted/Required Uses and Disclosures of PHI

Your PHI will be used and disclosed for the purpose of routine treatment, payment and health care operations.

Use and Disclosure for Treatment

Your PHI may be used by, and disclosed to, health care providers including, but not limited to, doctors, nurses, laboratory technicians, medical students and other health care personnel involved in your treatment.

Use and Disclosure for Payment

Your PHI may be used by, and disclosed to, individuals involved in the collection of your premium and the payment of your benefits and other claims administration, including claim payment and adjudication or subrogation of health benefit claims. The use and disclosure also includes verification of participation or enrollment in the plan, eligibility for coverage and plan benefits. Your PHI may be shared with persons involved in utilization review, including pre-certification, pre-authorization, and concurrent and retrospective review, to assist in reimbursement of health care claims or other claims payment.

Use and Disclosure for Health Care Operations

Your PHI may be used and disclosed for plan operation purposes including, but not limited to: underwriting; premium rating; billing and premium adjustments; submitting claims; placing a contract for reinsurance of risk relating to claims for health care, including stop-loss and excess loss insurance; quality review assessments; audits, including fraud and abuse detection and compliance programs; business management and planning; the sale, transfer, merger or consolidation of a covered entity; legal or administrative services; actuarial pricing, studies and review; complaint review; and regulatory review and other legal compliance. In addition, your PHI may be used and disclosed for case management, and care coordination, contacting of health care providers and patients with information about treatment, drug and disease management alternatives and other related functions that do not include treatment.

We may share this information with our business associates for purposes of utilization reviews, appropriateness of care reviews, peer review for resolution of grievances, consultation with outside health care providers, consultants and attorneys, and other health related benefits and services that may be of interest to you. We require our business associates to sign an agreement specifying their compliance with our privacy policies.

We have developed privacy policies and procedures in order to ensure the privacy of your PHI. These policies and procedures are based on appropriate administrative, technical and physical safeguards necessary to maintain confidentiality. Access to your PHI is limited to those individuals that have a legitimate business need for that information. This protection extends to the use of your PHI by our business associates.

Other Permitted/Required Uses and Disclosures of PHI

We, or our approved business associates, may use and disclose your protected health information for reasons permitted by the Rule, including but not limited to the following:

- those required by law;
- in response to a court order or other legal proceeding;
- judicial and administrative proceedings;
- law enforcement purposes;
- to comply with worker's compensation or other similar laws;
- public health activities;
- health oversight activities;
- reporting abuse, neglect or domestic violence;
- the military if you are a member of the armed services;
- correctional institutions if you are an inmate;
- disclosures of decedent's information to coroners, medical examiners and funeral directors;
- organ, eye or tissue donation purposes;
- national security and intelligence agencies as authorized by law.

We will only use or disclose the minimum amount necessary to perform these functions. We may disclose PHI to the sponsor of your health plan for any purpose described in this section. If you are a member of a group health plan, contact your employer for the name of your plan sponsor.

Other Uses and Disclosures of PHI

Uses and disclosures of PHI for purposes other than those described in Permitted/Required Uses and Disclosures of PHI, will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information following the specific purpose contained in the authorization. You understand that we are unable to take back any disclosures already made with your authorization, and that we are required to retain any records we may have containing your PHI. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

Your Individual Rights With Respect to PHI

Upon written request, you have the right to:

- request restrictions on certain uses and disclosures of your PHI. We are not required to agree to a requested restriction.
- receive confidential communication of PHI;
- access our records containing descriptions of your PHI;
- request an amendment to your PHI; We are not required to agree to a requested amendment.
- receive an accounting of impermissible PHI disclosures or disclosures made in compliance with the Rule for which an accounting is required.

Unless specifically requested otherwise, we will communicate PHI in connection with treatment, payment or health care operations, with any family member covered under your plan. Should any family member want a restriction on such disclosure of PHI, they must request such restriction in writing. Although we are not required to agree to a requested restriction, we will consider all factors explained in the request.

Except for uses and disclosures associated with treatment, payment, or health care operations, we do not use or disclose PHI when specifically protected by more stringent state law. Examples of more stringent state laws include those protecting HIV status, results of genetic testing, and indications of domestic abuse. We will follow state privacy laws that are more stringent than this federal law.

If you have chosen to receive this privacy notice electronically, you may also receive a paper copy from us upon your request.

Our Duties Regarding the Use and Disclosure of PHI

We are committed to maintaining your privacy and are required:

- by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI;
- to abide by the terms of the Notice of Privacy Practices currently in effect.

We reserve the right to change the terms of this privacy notice, and have such change be effective for all PHI that is maintained. Notification of a revised privacy notice will be provided through one of the following:

- U.S. Postal Service;
- revised Plan Document;
- Internet E-mail.

Up to date privacy notices are maintained on our Website.

How to File a Complaint Regarding the Use and Disclosure of PHI

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be in writing. Please be assured that you may not be retaliated against for filing a complaint.

How to Contact Us

You may contact our representative at:

Privacy Officer
Human Resources Department
National Louis University
1000 Capitol Drive
Wheeling, IL 60090

National Louis University

HIPAA Privacy Amendment

Effective April 14, 2004

This amendment is attached to and made a part of the health benefit plan. Except as stated in this amendment, it shall not change any of the terms or provisions of the health benefit plan.

Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule, the following language is attached to and becomes part of your health benefit plan.

DEFINITIONS

Plan Sponsor:

- the employer in the case of an employee benefit plan established or maintained by a single employer;
- the employee organization in the case of a plan established or maintained by an employee organization; or
- the association, committees, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan in the case of a plan established or maintained by two or more employers or jointly by one or more employers and one or more employee organizations.

Protected Health Information (PHI): Protected Health Information (PHI) includes individually identifiable health information that is created or received by your provider, your health benefit plan or insurer, a data clearinghouse, a health authority, employer, school or university. PHI can be maintained or transmitted in any form or medium. It relates to the past, present, or future:

- condition of your physical or mental health,
- health care provided to you; or
- payment for the health care provided to you.

PERMITTED/REQUIRED USE AND DISCLOSURE OF YOUR PHI

- Your PHI will be used and disclosed for the purpose of routine treatment, payment of your benefits and health care operations, including plan and benefit administration. Your PHI may also be used or disclosed between your health plan, plan sponsor and any approved business associates as required or permitted by law, including the HIPAA Privacy Rule.

AMENDMENT PROVISION

The plan sponsor may receive information as to whether individuals are participating in the group health plan, or are enrolled or dis-enrolled in the plan.

The plan sponsor may also request summary health information for:

- obtaining premium bids from health plans for providing health insurance coverage, or
- modifying, amending or terminating the plan.

Summary health information summarizes claim history, claims expenses or types of claims experienced by individuals under the plan and also contains information which has been de-identified. De-identification deletes PHI and leaves only geographic information.

Your plan sponsor is required by law to:

- not use or disclose to anyone the PHI of any individual covered under this health benefit plan other than as permitted or required by the health benefit plan or by law;
- ensure that any agents, including subcontractor(s), to whom your plan sponsor provides PHI received from the health benefit plan, agree to the same restrictions and conditions that apply to the plan sponsor with respect to such information;
- not to use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;
- report to the health benefit plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for or which your plan sponsor becomes aware;
- allow you, upon written request, to:
 - access and amend your PHI;
 - receive an accounting of disclosures of PHI for other than treatment, payment and healthcare operations.
- make its internal practices, books and records relating to the use and disclosure of PHI received from the health benefit plan available to the Secretary of the Office of Civil Rights of HHS for the purposes of determining compliance by the group health plan;
- return or destroy, if feasible, all PHI received from the health benefit plan that your plan sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made; if destruction is not feasible, limit further uses and disclosures to those purposes that made the return or destruction of the information infeasible;
- provide PHI only to those individuals, under the control of the plan sponsor who perform plan administrative functions for the health benefit; (i.e. eligibility, enrollment, payroll deduction, benefit determination; claim reconciliation assistance), and to make clear to such individuals that they are not to use PHI for any reason other than for plan administrative functions nor to release PHI to an unauthorized individual;
- provide PHI only to those entities required to receive the information in order to maintain the health benefit plan (i.e. claim administrator, case management vendor, pharmacy benefit manager, claim subrogation, vendor, claim auditor, network manager, stop loss insurance carrier, insurance broker/consultant, and any other entity subcontracted to assist in administering the health plan; and
- provide an effective mechanism for resolving any issues of noncompliance with regard to the items mentioned in this Amendment.

HOW TO FILE A COMPLAINT REGARDING THE USE AND DISCLOSURE OF YOUR PHI

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be in writing. Please be assured that you may not be retaliated against for filing a complaint

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