

# FRANKLIN & MARSHALL

## Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review this notice carefully.

### Effective Date of Notice

This Notice is effective as of April 14, 2004. This Notice has been revised as of February 9, 2007, and January 1, 2010.

### Group Health Plans

This Notice applies to the following Group Health Plans (the "Plans") sponsored by Franklin & Marshall College: the Franklin & Marshall College Group Health Plan, the Shared Services Health Plan, the Franklin & Marshall College Flexible Spending Accounts Plan, and the Employee Assistance Program (which is part of the Franklin & Marshall College Long-Term Disability Plan).

### General Information

The Plans are required by the Health Insurance Portability and Accountability Act of 1996 and its regulations (the "Law") to maintain the privacy of protected health information ("PHI") and to provide plan participants with notice of their legal duties and privacy practices with respect to PHI.

PHI is any *individually-identifiable* information about your mental or physical condition in electronic, written, or oral form that pertains to your past, present, or future mental or physical condition, the provision of health care services for that condition, and the payment for those services.

The Plans will abide by the terms of the Notice currently in effect, but reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that is maintained. A revised Notice will be delivered to you at least 60 days prior to the date that it will become effective.

The Plans are required by law to tell you:

- the Plans' uses and disclosures of PHI;
- the Plans' duties with respect to your PHI;

- your right to file a complaint with the Plans and with the Secretary of the U.S.
- Department of Health and Human Services; and
- the person to contact for further information about the Plans' privacy practices.

Such information is contained in this Notice.

### **Notice of PHI Uses and Disclosures Permitted by Law**

The Plans are permitted to use and disclose your PHI as follows:

- Upon your request, the Plans will give you access to your PHI so that you can look at or copy it.
- The Plans may be required by the Secretary of the Department of Health and Human Services to disclose your PHI in connection with an investigation to determine the Plans' compliance with the privacy regulations.
- The Plans and their Business Associates may request your PHI to carry out claim payment activities and healthcare operations. The Plans may also disclose your PHI to the Plan Sponsor, Franklin & Marshall College, related to claims payment activities and healthcare operations. For example, the Plans or one of their Business Associates may tell your doctor whether you are eligible for coverage and the limits on your coverage. The Plan Sponsor has amended its plan documents to protect your PHI as required by law.
- The Plans may disclose summary information to the Plan Sponsor for obtaining premium bids or modifying, amending, or terminating the Plans. Summary information does *not* include any information that has been determined under the Law to be capable of identifying you in any way.
- The Plans may disclose your PHI as required by law and as provided by the Law, including disclosures about victims of abuse, neglect, or domestic violence (but then must inform you, with certain exceptions, that the disclosure has been made), disclosures for law enforcement purposes, and disclosures for judicial or administrative proceedings.
- The Plans may disclose your PHI for public health activities for the purpose of preventing or controlling disease, injury, or disability. This includes disclosures for communicable disease reporting, FDA reports relating to adverse medical reactions, and disclosures to health oversight agencies.
- The Plans may disclose your PHI to a coroner, medical examiner, or a funeral director for the purpose of performing their duties as authorized by law.
- The Plans may disclose your PHI for research, subject to certain conditions.

- The Plans may use or disclose your PHI when it believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, but only to someone who can prevent or lessen the threat.
- The Plans may disclose your PHI when authorized and to the extent necessary to comply with Workers' Compensation or other similar programs established by law.
- Except as otherwise indicated in this Notice, the Plans will disclose your PHI only with your written authorization and subject to your right to revoke that authorization.

### **The Plans' Duties with Respect to Use and Disclosure of Your PHI**

The Plans will use and disclose (and will request disclosure of) only the minimum amount of PHI about you as needed under the circumstances, taking into consideration any practical and technological limitations. The minimum necessary information will be based on a limited data set established by the Department of Health and Human Services (DHHS). This requirement does not apply when disclosing information to a provider for treatment, when disclosing information to you at your request, when disclosing information to the Secretary of the DHHS, or when disclosing information that is required by law or regulations.

This Notice does not apply to information that does not identify you, or for which there is no reason to believe that it can be used to identify you.

### **The Plans' Duty to Notify You in the Event of Breach**

In the event that the Plans' PHI is unsecured based on standards set by the DHHS, the Plans will notify you within 60 days of the date of discovery of any breach of your PHI or within the date that there is reason to believe that there has been a breach of your PHI. The notice will include the circumstances of the breach, the date of the breach, the date of discovery of the breach, the type of information involved, steps you should take to protect yourself, steps that the Plans are taking to mitigate the harm and protect against future breaches.

### **Your Rights**

The Law provides you with the following rights with respect to your PHI that the Plans and their Business Associates or subcontractors maintain:

**Right to Request Restrictions.** You have the right to request restrictions on our uses and disclosures of PHI. You may request that we limit disclosures of your PHI only for our payment or healthcare operations and to certain individuals. However, we are not required to agree to your request. We will accommodate reasonable requests to receive communications by alternative means or at alternative locations.

Right to Inspect and Copy. You have the right to inspect and copy your *own* PHI that the Plans maintain. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if it is maintained off site. We may request a 30-day extension of this time frame, but will notify you if we elect the extension and will provide you with the reason. If we deny you access to your PHI, we will provide you with a written denial which will include the reason for the denial along with other relevant information.

Right to Request Amendment. You have the right to request that we amend your PHI. Within 60 days of receiving your request, we will respond. We may request an additional 30-day extension, but if we do this we will explain our reasons. If we deny your request, we will provide you with a written denial that clearly explains why we denied it. You will then be given the opportunity to give us a statement of disagreement. We will include your statement with the PHI that is the subject of your request.

Right to Receive an Accounting. You have the right to receive a list of our disclosures of your PHI, except for those disclosures that are made in connection with claims payment or our healthcare operations. We will also not include any disclosures we have made to you or at your request, or any disclosures made prior to April 14, 2004. We will provide you with the list within 60 days after we receive your request, except that we may request a 30-day extension. If you request more than one accounting within a 12-month period, we may charge you a reasonable fee for each subsequent request.

Copy of Notice. You have the right to receive a copy of this Notice upon request. This Notice is posted on the Franklin & Marshall College website.

In order to exercise any of these rights, you will be required to complete a form that we will provide to you upon request. All requests should be made to the individual contact shown at the end of this Notice.

### **Complaints**

If you feel that your privacy rights as described in this Notice have been violated, you may complain to the Plans by contacting the individual named below.

You may also file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. SW., Washington, DC 20201.

The Plans will not retaliate or discriminate against you for filing a complaint.

**Contact Information**

If you have any questions about this Notice or would like to file a complaint, you may contact:

The Director, Human Resources  
Franklin & Marshall College  
P.O. Box 3003  
Lancaster, PA 17604-3003  
(717) 291-3995