

**Southern Methodist University
Health and Wellness Plan
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 IT CAREFULLY.**

Southern Methodist University's Pledge to You

This notice is intended to inform you of the privacy practices followed by the ***Southern Methodist University ("SMU") and its Health and Wellness Plan*** (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on ***October 01, 2013***

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. ***SMU*** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How SMU May Use Your Protected Health Information

Under the HIPAA Privacy Rule, SMU may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. SMU uses or discloses your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. SMU uses that information in order to determine whether those services are eligible for payment under the SMU group health plan.

Health Care Operations. SMU uses and discloses your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, SMU reviews claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. Other examples of health care operations include, but are not limited to, (1) contracting for services with business associates; (2) quality assessment and improvement activities; (3) audit services, legal services, and data aggregation; (4) business planning and development; (5) administrative activities relating to compliance; and (6) customer service. SMU is also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition.

However, SMU is prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

Other Uses and Disclosures without Authorization. There are a number of situations that would permit use or disclosure of protected health information without an authorization.

- **As permitted or required by law.** SMU may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by federal, state, or local law.

- **Disclosures for Public Health Activities.**

Public Health Authorities. The Plan may disclose your protected health information to public health authorities who need the information to prevent or control disease, injury, or disability or handle situations where children are abused or neglected.

Food and Drug Administration (FDA). The Plan may disclose protected health information when there are problems with a product that is regulated by the FDA. For instance, when the product has harmed someone, is defective, or needs to be recalled.

Communicable Diseases. The Plan may disclose protected health information to a person who has been exposed to a communicable disease or may be at risk of spreading or contracting a disease or condition.

Employment-Related Situations. The Plan may disclose protected health information to an employer when the employer is allowed by law to have that information for work-related reasons. The Plans may also disclose protected health information for workers' compensation programs.

- **Disclosures about Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose protected health information to appropriate authorities if they have reason to believe that a person has been a victim of abuse, neglect, or domestic violence.
- **Disclosures for Health Care Oversight.** The Plan may disclose protected health information so that government agencies can monitor or oversee the health care system and government benefit programs and be sure that certain health care entities are following regulatory programs or civil rights laws like they should.
- **Disclosures for Judicial or Administrative Proceedings.** The Plan may disclose protected health information in a court or other type of legal proceeding if it is requested through a legal process, such as a court order or a subpoena.
- **Disclosures for Law Enforcement Purposes.** As permitted or required by State law, the Plan may disclose your protected health information to a law enforcement official for certain law enforcement purposes as follows: (1) as required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process; (2) for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; (3) under certain limited circumstances, when you are the victim of a crime; (4) to a law enforcement official if the Plan has a suspicion that your death was the result of criminal conduct including criminal conduct at SMU; and (5) in an emergency in order to report a crime.

- **Uses or Disclosures in Situations Involving Decedents.** The Plan may use or disclose protected health information to coroners, medical examiners, or funeral directors so that they can carry out their responsibilities.
- **Uses or Disclosures Relating to Organ Donation.** The Plan may use or disclose protected health information to organizations involved in organ donation or organ transplants.
- **Uses or Disclosures Relating to Research.** The Plan may use or disclose protected health information for research purposes if the privacy of the information will be protected in the research.
- **Uses or Disclosures to Avert Serious Threat to Health or Safety.** The Plan may use or disclose your protected health information to appropriate persons or authorities if there is reason to believe it is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Uses or Disclosures Related to Specialized Government Functions.** The Plan may use or disclose protected health information to the federal government for military purposes and activities, national security and intelligence, or so it can provide protective services to the U.S. President or other official persons.

Pursuant to your Authorization. When required by law, SMU will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures. However, the revocation will not affect any uses or disclosures that have been made with your authorization before it was revoked.

To Business Associates. SMU may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. SMU may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, SMU may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. SMU may disclose protected health information to certain employees of **SMU** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the

missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for confidential communications must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

SMU is required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

SMU may change our policies at any time and reserve the right to make the change effective for all protected health information that we maintain. In the event that SMU makes a significant change in our policies, SMU will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about SMU's privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Sheri Starkey
Director, Total Compensation and
Senior Associate Director of Human Resources
SMU

***PO Box 750232
Dallas TX 75275
214-768-3311
HR@smu.edu***

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.