



NORTHWESTERN UNIVERSITY

Notice of Privacy Practices

April 14, 2003

Notice of Privacy Practices

Purpose

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

**Plan Administrator
720 University Place
Evanston, Illinois 60208**

Protecting the privacy of personal health information

In providing employee benefit plans, the University must collect, process, and disclose to companies providing plan services certain information about applicants and participants in those plans.

The University is committed to maintaining and protecting the privacy and confidentiality of personal health information for each plan participant. In addition, the University must provide participants with a notice of its legal responsibilities and privacy practices regarding protected health information.

This is your notice of the University's responsibilities and the privacy practices of the plans.

The contents of this notice

This notice defines protected health information and identifies the benefit plans subject to this notice. The notice also describes how the plans may use and disclose your protected health information. In addition, this notice describes how you can access and restrict disclosure of your protected health information. It additionally describes procedures to amend your health information.

The terms of this notice may change, and new privacy provisions for protected health information may be added. The University will notify you in the event of a change to this Notice of Privacy Practices.

What personal health information is protected?

Protected health information is the information which the University or a benefit plan maintains and which identifies an individual applying for plan coverage, changing plan coverage, enrolled in a plan, or receiving services from a plan.

Examples of protected health information include social security number, name, date of birth, address, marital status, dependent information, the selections of benefit plan and coverage, premium payments, and medical history submitted with enrollment applications or claim forms. It also includes information submitted on behalf of plan participants to insurance companies, claims administrators and others to enroll, administer coverage, collect and process premium payments, provide treatment, and process claims.

Protected health information does not include personal identification and medical information submitted to request a leave of absence or to return to work after illness or injury, information publicly available, or information reported in a summarized fashion that does not identify individuals.

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What benefit plans are subject to this notice?

This notice applies to the Northwestern University:

- Medical Hospitalization Plan (Plan A),
- Dental Plan (Blue Cross Indemnity Plan),
- Flexible Spending Health Care Account Plan (FSA),
- Long Term Care Plan, and
- Faculty and Staff Assistance Program.

This notice uses the term “plan” or “plans” to refer to the services provided by the benefit plans listed above.

This notice does not apply to the:

- Long- and Short-term Disability Plans,
- Group Life, Optional Life, and Accidental Death & Dismemberment Plans,
- Retirement Plan,
- Educational Assistance and Tuition Plans,
- Workers’ Compensation, or
- Paid Sick Time, Paid Time Off, or Extended Illness Plans.

What is a benefit plan?

A benefit plan is a set of services provided to employees by an employer as part of an employee’s total compensation.

Each plan maintains records of services provided to participants. For example, a staff, such as the University’s Benefits Division, enrolls plan participants, pays FSA health claims, answers questions, and pays providers. Providers supply the services defined in the plan. Providers include hospitals, physicians, HMOs, insurance companies, and claim administration companies, among others. This notice applies to all of the records and to the procedures and people who use the records.

Insurance companies and claims administrators provide some of these services. If you are enrolled in a plan, you may receive a separate notice from the company describing how they use and disclose protected health information.

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Three allowed uses of protected health information

This section describes ways that the plans use and disclose protected health information. The section does not list every possible use or disclosure, but the ways your information may be used and disclosed fall into three categories:

- treatment,
- payment, and
- health care operations.

How plans use or disclose protected health information

Treatment. Health care providers may use your protected health information to deliver medical treatment or services. For example, in providing treatment, a plan could use or disclose your protected health information to prevent you from receiving inappropriate medications. A service provider, such as a prescription benefit management company like AdvancePCS could also use or disclose this information. For example, AdvancePCS could share information about prior prescriptions with your physician if a prescribed drug could endanger your health. The plans also may share information about prior treatment with a health care provider who needs such information to treat you or your family properly.

Payment. Your protected health information may be used or disclosed to determine your eligibility to participate in a plan or to receive plan benefits, to coordinate coverage between one plan and another, and to facilitate payment for services you receive. For example, Blue Cross could share your information with another insurance company for purposes of coordinating benefits. A benefit plan may hire an outside company to help a plan ensure that it is properly reimbursed if a third party is responsible for medical costs the plan would otherwise pay.

Health care operations. Administrative activities of a plan, called “health care operations,” may require the use of your protected health information. For example, an audit of a plan to review the services provided by a claims administrator such as Blue Cross may require your information to ensure that the claims administrator is performing its job as specified in the plan document.

Establishing premium rates, changing plan features and benefit coverage, renewing or replacing a claims administrator or other related actions may also require using your protected health information along with that of all other plan participants.

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Disclosures for treatment, payment, and health care operations

A benefit plan often relies on outside service providers (identified in the law as “business associates”) to handle administrative tasks for the plan. These tasks may involve the use or disclosure of protected health information for treatment, payment, or health care operations. In these cases, the plan may share your information with these outside providers. For example, the companies like Blue Cross that process claims for benefits may use your information.

Companies that administer prescription drug benefits may use protected health information. Whenever an arrangement between a plan and a business associate involves the using or disclosing of your protected health information, that business associate must keep your information confidential.

As the sponsor of the benefit plans, the University may also use your protected health information. For instance, the University needs to learn whether you are participating in, enrolled in, or have waived plan participation. Generally, the plan sponsor may use the information to carry out the plan’s administrative functions. The University, as the plan’s sponsor, will prevent unauthorized use or disclosure of the information and will limit the employees who have access to such information.

In no event may a plan’s sponsor use the protected health information of a plan for benefit programs that do not provide health benefits. Nor may the University make any employment-related decisions based on health plan information or use the information for any purpose other than as required by law or permitted by the plan.

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Limitation of the University
and its employees

As sponsor of these plans, the University's access to protected health information for administrative purposes is limited to employees who need such information to perform the plans' administrative functions. These employees receive only the protected health information necessary to perform the plan administrative functions assigned to them.

The University enforces this policy on the same basis as enforcement for the policy on confidential records, as provided in Chapter 6, "Payroll and Records," of the *Human Resources Policies and Procedures* manual with respect to disclosure of private or confidential information, page 6-7; and as provided in the manual, Chapter 7, "Conduct, Violations warranting immediate discharge," page 7-4. This policy is also found in the *Staff Handbook*, with the title "Security of confidential information." Both the manual and the handbook can be found at <http://www.nortwestern.edu/hr/policies>. As plan sponsor, the University will report to the Plan Administrator or its delegate any improper use or disclosure of protected health information of which it becomes aware.

When the plan sponsor no longer needs protected health information for the purposes for which it was received originally, the plan sponsor will return or destroy the information. If return or destruction is not feasible, the plan sponsor will safeguard the protected health information as required by federal law and limit further uses and disclosures to the purposes that make return or destruction infeasible.

An agent or contractor to whom the plan sponsor provides protected health information received from the plan must agree to the same restrictions and conditions that apply to the plan sponsor. However, the plan sponsor and its service providers may have different procedures to follow regarding protected health information. If necessary, the plan sponsor will also make its internal records relating to the use and disclosure of protected health information available to the Department of Health and Human Services for purposes of determining compliance with the federal law governing protected health information.

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Additional uses and disclosures allowed by law

Federal law on health record privacy allows covered health care entities, including our plans, to use and disclose protected health information without obtaining an individual's written authorization in the following circumstances:

- As authorized by and to the extent necessary to comply with workers' compensation or similar laws;
- For judicial and administrative proceedings, such as lawsuits or other disputes in response to a court order or subpoena; and
- For public health activities, such as preventing or controlling disease and reporting reactions to medications.

The law allows several other uses and disclosures but they are unlikely to affect the plans, including disclosures:

- to government agencies regarding abuse, neglect, and violence, audits, health oversight, inspections, licensure, or for law enforcement purposes,
- to coroners and medical examiners for identification or to determine a cause of death, or funeral directors as needed to carry out their duties
- to an organ procurement organization,
- for certain research activities,
- to avert a serious threat to the health or safety of a person or the public
- for military, veterans', national security, or protective services, or
- to correctional institutions or law enforcement officials with custody of an inmate or other person.

Other rights you may have

State insurance laws and other laws may give you greater rights than those provided under federal law. When the Plan Administrator becomes aware of state laws that offer you greater rights to protect your information, the Plan Administrator will notify you within a reasonable time and tell you how the state laws affect you.

No other uses or disclosures without your authorization

Other than the uses and disclosures described in this notice, a benefit plan may not disclose your protected health information or make any other use of it without your written authorization. You may revoke any such authorization in writing except for past disclosures based on your authorization.

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Restricting uses of your
protected health information

You may request restricted uses and disclosures of your protected health information to carry out treatment, payment, or health care operations as described in this notice. For example, you may ask that a plan not disclose information regarding your health to your spouse or children. The plans are not required to agree to the requested restriction. But if a plan does agree to your request, it will not use or disclose your information in the way you specified unless it is needed to provide emergency treatment. If a plan discloses restricted information due to an emergency, the plan will request assurances from the service provider that it will not further disclose your restricted information.

If the U. S. Department of Health and Human Services requests any of your protected health information during an investigation of a plan, the plan must disclose the information even though it is restricted. Additionally, if the disclosure is of the type for which your authorization is not required and you would not otherwise be given an opportunity to object to the disclosure, the plan may disclose the restricted information.

You may make your requests to restrict the use and disclosure of your protected health information by writing to the appropriate contact for the applicable benefit plan. Your request must state the specific restriction requested and to whom you want the restriction to apply. Requests to place or remove a restriction should be sent to the appropriate plan contact listed on page 12.

Requesting removal of a
restriction

If you have requested a restriction and later want it removed, your request for removal of a restriction must state the specific restriction to be removed. If you orally inform a plan of your desire to remove the restriction, the plan may terminate the restriction if it makes a record of your request. Additionally, the plan may remove a restriction without your consent on a going-forward basis, which means that previously restricted information would remain restricted but new information would not be subject to the restriction.

Change of address for
protected health information

In certain circumstances, you may request that a plan communicate with you in confidence about your protected health information by means other than the usual way you receive such information. For example, if receiving communications at a particular location could put you in danger, you may request that a plan contact you only at your work telephone number or address. Reasonable requests that clearly state, in writing, that the disclosure of all or part of your protected health information could endanger you will be honored by the plan. You may make your requests for change of address for communication of protected health information by writing to the appropriate contact listed in "Plan contacts" on page 12.

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Seeing your protected health information maintained by a plan

You have rights to inspect and copy your protected health information as long as it is maintained by a plan or on behalf of a plan. These rights do not apply to certain narrow types of information such as psychotherapy notes, information that may be used in a civil, criminal, or administrative action or proceeding, or information that is not part of the records maintained by or on behalf of the plan.

Generally, your information will be provided to you in a form regularly maintained by the plan. If you consent, the plan may provide a summary or explanation of your information that it holds instead of providing you access to the information.

Requesting Access. You must make your request for access to your information in writing to the appropriate contact listed under “Plan contacts” on page 12.

The plan or service provider will respond to your request within 30 days after its receipt if the information is maintained or accessible at the location where you have written or 60 days after receipt if the information is not maintained or accessible at that location. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the will act on your request within 60 days after its receipt if the information is readily available or 90 days after receipt if the information is not readily available. The plan will notify you of its decision in writing.

Copying Fees. You may be charged a reasonable fee to cover costs related to copying your information, preparing an explanation or summary of the protected health information, and postage.

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Denial of request to see your protected health information

Your request may be denied. A plan may deny your request for access to your protected health information only under certain limited circumstances, such as if your or another's physical health or safety is endangered, if there is reference to another person in the information, or if providing information to a representative you have chosen may harm you or someone else. In the event of a denial, the plan will provide access to any part of the requested material that would not cause these problems

When your request is denied. In most situations, you may request review of a denial of access. In these instances, a health care professional that the plan has chosen may review your protected health information. This person will not have been involved in the original decision to deny your request.

In the following limited cases, your request for access may be denied without giving you an opportunity to request review of that decision:

- the information is excepted from the right to access as described above;
- the information was created or obtained in the course of ongoing research;
- the information would risk the safety of you as an inmate of a correctional institution or of other inmates;
- the information is contained in records protected by the Federal Privacy Act; or
- the information was from obtained someone other than a health care provider under a promise of confidentiality and your access request might reveal the source of the information.

If your request for access to your information is denied and you are able to request review of the denial, you may request review by writing to the appropriate contact listed under "Plan contacts" on page 12.

You will receive written notification of the decision on review within a reasonable time after you submit your request for review.

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Amending your protected health information

You have the right to request that a plan amend your protected health information. When the request is approved, the plan will revise its records accordingly. Additionally, you may have your protected health information amended, as described in this notice, for as long as it is maintained by the plan or on behalf of the plan.

Procedures for amending your protected health information. You must submit your request for amending your protected health information in writing to the appropriate contact listed under “Plan contacts” on page 12.

You also must provide a reason or reasons to support the requested amendment.

The plan will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the plan will act on your request within 90 days after its receipt.

When your request is approved. If your request for amending your protected health information is granted, the plan will make the appropriate amendment by identifying the records that are affected by the amendment and appending (or otherwise including) the amendment to the original record. The plan will notify you that the amendment has been made and request your permission to notify others of the amendment.

These “other” individuals may include those you have identified to receive the amendment as well as individuals the plan knows have the original protected health information and who may have relied, or could foreseeably rely, on that information to your detriment.

Denial of request to amend health information

When your request is denied. Your request for amending your protected health information may be denied if:

- The plan or its service providers did not create the information;
- The information is not part of the records maintained by or on behalf of the plan
- The information would not be available for your inspection for one of the reasons described above; or
- The plan determines that the information is accurate and complete without the amendment.

If your request for amending your protected health information is denied, you will be notified in writing with the reason for the denial. You also may then submit a written statement of reasonable length disagreeing with the denial. On behalf of the plan, the plan administrator or provider may prepare a rebuttal statement and will send you a copy.

Your statement of disagreement and any corresponding rebuttal statement will be included with any subsequent disclosures of applicable information. If you do not file a statement of disagreement, the plan must submit your request for amendment (or a summary of such request) with any disclosure of the applicable information.

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Accountings of disclosures of your protected health information

Effective April 14, 2003, you have the right to receive a list of instances in which your protected health information has been disclosed or shared with others. You may request this information if a plan or its service providers discloses your protected health information to anyone besides you for reasons that you have not authorized other than for the “payment, treatment, and health care operations” described above. This information is called an “accounting.”

A few minor exceptions apply. You may not request accountings described in “Additional uses and disclosures allowed by law” above or accountings for disclosures to persons involved in your care, for national security or intelligence purposes, for disclosures to correctional institutions or law enforcement officials, or for disclosures where the information is limited to:

- your age or date of admission,
- your discharge or death and
- your city, state, county, precinct or zip code.

Procedures for requesting an accounting. You must make your request for an accounting of disclosures of your protected health information in writing to the appropriate contact listed under “Plan contacts” on page 12.

Your request must specify a time period for the accounting, which may not be longer than six years and no earlier than April 14, 2003. The plan will respond to your request within 60 days after the request is received. If additional time is needed, the plan administrator will notify you in writing to explain the delay and to give you the date by which your response will be sent. In any event, the plan will act on your request within 90 days after its receipt.

For each disclosure, you will receive:

- the date of the disclosure;
- the name of the receiving entity and address, if known;
- a brief description of the protected health information disclosed; and
- a brief statement of the purpose of the disclosure or a written copy of the request for the information, if any.

Accounting Fee. In any given 12-month period, you may receive one accounting of the disclosures of your protected health information at no charge. Any additional request for an accounting during that period will be subject to a reasonable fee to cover the plan’s costs in preparing the accounting

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Plan contacts

Contact	Address
Medical Hospitalization Plan (Plan A) and Dental Plan (Blue Cross Indemnity Plan) Phone: 800-607-7418	Director, Privacy Office Health Care Service Corporate P. O. Box 804836 Chicago, IL 60680-4110
Flexible Spending Account Phone: 847-497-7513	Plan Administrator 720 University Place Evanston, Illinois 60208
Long Term Care Plan Phone: 800-528-4582	CNA Group Long Term Care P. O. Box 946760 Maitland, FL 32794-7670
Perspectives, Ltd. Phone: 800-456-6327	Privacy Officer 20 N. Clark Chicago, IL 60602

Complaints

If you believe a plan has violated your privacy rights, you may file a complaint with the plan or with the U. S. Secretary of Health and Human Services. Complaints to a plan should be filed in writing with the

Privacy Officer
Northwestern University
720 University Place,
Evanston, Illinois 60208.

There is no penalty for you for filing such a complaint.

Update of Summary Plan Descriptions

This notice is a “summary of material modifications” (SMM) for the

- Northwestern University Medical Hospitalization Plan,
- Northwestern University Dental Plan,
- Northwestern University Long Term Care Plan, and
- Northwestern University Flexible Spending Account.

It updates your “summary plan description” (SPD) for these plans. To the extent of these changes, this SMM takes precedence over your SPD. Both the SMM and the SPD describe the major provisions of the plan documents themselves.

The summary plan descriptions are available on line at <http://www.northwestern.edu/hr/benefits>, or may be obtained by submitting written request to the University’s Benefits Division. You may inspect copies of the plan documents themselves during normal business hours by contacting the same address. The University may amend, modify, or terminate these plans at any time.