



## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

#### **Healthcare Components in the Hybrid Entity Covered by this Notice**

Central Michigan University is a covered entity under HIPAA law. Because only some of its units handle medical information that is subject to HIPAA ("Protected Health Information"), Central Michigan University has decided to designate itself as a hybrid entity. This notice applies to the privacy practices of the following health care components included in the hybrid entity that may share your Protected Health Information as needed for treatment, payment and health care operations.

- **Carls Center for Clinical Care and Education**
- **University Health Services (UHS)**
- **Self-funded health plan components of the Central Michigan University Flexible Benefits Plan (administered by HR/Benefits & Wellness)**

#### **Our Commitment Regarding Your Protected Health Information**

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you, or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We are required to provide you with a summary of our Notice of Privacy Practices, and a copy of the Notice of Privacy Practices upon request. We must follow the privacy practices described in this notice while it is in effect. This notice took effect April 14, 2003, and was most recently revised September 23, 2013, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide you with a revised Notice of Privacy Practices.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protection. For example, when you authorize disclosure to a third party, state law may require us in certain circumstances to condition the disclosure on the recipient's promise to obtain your written permission to disclose to someone else.

*CMU student medical records are subject to requirements of the Federal Educational Rights and Privacy Act of 1974 (FERPA) rather than HIPAA. In order to provide quality and effective care, CMU requires that students provide written consent, in a manner compliant with FERPA, to allow Carls Center and University Health Services to use and disclose his or her PHI for those purposes permitted by HIPAA, such as for the student's treatment, to obtain payment from the student's health insurance plan, or for the health care operations of the Carls Center or University Health Services.*

## **Our Uses and Disclosures of Protected Health Information**

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g., catalog or telemarketing firms).

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

### **• To You:**

We may disclose your PHI to you, for example:

- Supplying you with information about your diagnosis or treatment
- Communicating with you about treatment alternatives or other health-related benefits and services

### **• For Treatment:**

The Carls Center and University Health Services may use and disclose your PHI to health care providers and our business associates who request PHI in connection with your diagnosis, treatment, management of your care, coordination of benefits, and insurance eligibility, for example:

- Physicians and physician's assistants
- Nurses and nurse practitioners
- Dentists
- Audiologists
- Recreational therapists
- Speech-language pathologists
- Physical therapists
- Occupational therapists
- Music therapists
- Registered dietitians
- Psychologists, counselors, or social workers
- Schools/educators
- Pharmacies
- Hospitals
- Nursing homes
- Hearing instrument manufacturers
- Augmentative communication device manufactures

In order to provide effective care, the Carls Center and University Health Services may disclose your PHI to health care providers in connection with:

- Disease and case management programs
- Prescribing medications or therapeutic services
- Ordering lab work or diagnostic imaging at an outside facility
- Referring you to an outside provider
- Providing emergency medical treatment
- Orders and service for hearing instruments and augmentative communication devices
- Clinical services relating to speech, language, swallowing, or hearing disorders, as well as psychological consultations, driving safety fitness, physical therapy and nutrition
- Other health care services

Our self-funded health plans may use and disclose your health information to facilitate your health care, for example:

- to coordinate care between different health care providers
- to provide case management and disease management services
- to provide wellness counseling services

**• For Payment:**

The Carls Center and University Health Services may use and disclose your PHI for billing and collection activities, for example:

- determining coverage under a health insurance or a health plan
- obtaining precertification from insurers or health plans for medical services
- determining co-pay or co-insurance amounts
- submitting claims for payment to your insurer or health plan
- billing and collecting for services provided

Our self-funded health plans may use or disclose your PHI for payment-related activities, including for example:

- Determining eligibility for benefits (however, we will not use your genetic information to determine eligibility or for other underwriting purposes)
- Paying claims for health care services that are covered by the plans
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have
- Assisting with inquiries and claims submissions to the plans' third-party administrators

**• For Health Care Operations:**

The Carls Center, University Health Services and our self-funded health plans may use and disclose your PHI for managing their health care operations, for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers, and accreditation
- Auditing billing processes
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities, except we will not use genetic information for such purposes.
- Coordinating case and disease management activities
- Performing business management and other general administrative activities, including systems management and customer service
- Scheduling appointments and keeping records
- Conducting training of students, including videotaping of treatment sessions

Carls Center for Clinical Care and Education clients: We may use your PHI to contact you in connection with fundraising for The Herbert H. and Grace A. Dow College of Health Professions. We will always give you the opportunity to opt out of receiving future fundraising communications.

We may also disclose your PHI to other providers and health plans who have a relationship with you for their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

**• To Others Involved in Your Care:**

We may disclose your PHI to someone who has the legal right to act on your behalf. We may under certain circumstances disclose to a designated contact person (e.g.: a member of your family, a relative, a close friend or any other person you identify), the PHI directly relevant to that person's involvement in or payment for your health care. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.

• **When Required by Law:**

We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI

- To report infectious diseases
- To respond to court and administrative orders and subpoenas
- To comply with workers' compensation laws
- To report congenital hearing losses in infants and children
- To report occupational noise induced hearing loss
- To report suspected abuse and neglect to the proper authorities
- To report PHI as required by the Secretary of Health and Human Services and state regulatory authorities
- To report threats to safety of self or others

• **For Matters in the Public Interest:**

We may use or disclose your PHI without your written permission for matters in the public interest, including for example:

- Public health and safety activities, including Food and Drug Administration oversight, reporting disease and vital statistics.
- Averting a serious threat to the health or safety of others, e.g.: as required under the Patriot Act.

• **To Communicate About Our Services and Your Treatment Options**

Without your prior authorization, we may also engage in face-to-face communication with you about alternative treatment options available to you or communicate with you about University health related services and health plans available to you. We may also give you promotional gifts of nominal value as a method of marketing our services or health plans to you. Before we can use your PHI for other marketing purposes or receive payment for sending marketing communications, we must first obtain your written authorization.

• **For Research:**

We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place, e.g. as required by the Institutional Review Board.

• **To Our Business Associates:**

From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

**Disclosures You May Request**

You may instruct us and give your written authorization to disclose your PHI to a designated individual or agency for any purpose. We require that your authorization be on our standard form. To obtain the form, contact the applicable health care component:



CENTRAL MICHIGAN  
UNIVERSITY

Carls Center for Clinical Care and Education

(989) 774-3904 Voice/TTY

University Health Services

(989) 774-3055, TTY: (989) 774-3055

HR/Benefits & Wellness

(989) 774-3661, TTY: (989) 774-6566

### Individual Rights

*You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, contact the designated covered component (see above). Forms are also available online at [https://www.cmich.edu/office\\_president/general\\_counsel/hipaa/Pages/default.aspx](https://www.cmich.edu/office_president/general_counsel/hipaa/Pages/default.aspx). We must generally act upon your written request within sixty (60) days.*

- **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our medical files, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review. You may request access to PHI in an alternative communication format and/or location.

- **Disclosure Accounting:** You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. You may request information for up to six years prior to the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.

- **Restriction Requests:** You have the right to request in writing that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are generally not required to agree to these requests and will not agree to any restrictions that may interfere with our ability to provide care, supervise our medical staff, seek payment for our services, administer our health plans, or that impose an undue administrative burden. We will honor any reasonable restrictions to which we have agreed in writing (except as needed for emergency treatment or as required by law). You have the right to request that we not share your treatment information with your health plan for payment or health care operation purposes, and if you (or someone on your behalf) paid the full cost of the treatment without contribution from your health plan, we are required to agree to your request.

- **Revoke Prior Authorization:** You may revoke your authorization, except to the extent that we have taken action upon it.

- **Amendment:** You have the right to inspect PHI and request that we amend it in the set of records we described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement or your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including individuals you name.

- **Confidential Communication:** Our health plans communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits to a post office box instead of the home address. Also, The Carls Center and University Health Services may mail invoices or other communications that contain PHI. The Carls Center and University Health Services will accommodate any reasonable request for communicating through alternative means or location. To request confidential communications, contact the appropriate health care component (UHS, Benefits & Wellness, or Carls Center for Clinical Care and Education).

- **Right to Receive Notification of a Breach:** We will provide you with timely notification if we discover a breach of your PHI.

### Questions and Complaints



If you need more information about our privacy practices, or a written copy of this notice, please contact us at:

University Health Services Foust 249, Mount Pleasant, MI 48859 (989) 774-3944 TTY: (989) 774-3055

Human Resources, Benefits & Wellness Rowe 108, Mount Pleasant, MI 48859 (989) 774-3661 TTY: (989) 774-6566

Carls Center for Clinical Care and Education, 1101 Health Professions Bldg., Mt. Pleasant, MI 48859 (989) 774-3904 Voice/TTY

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at [https://www.cmich.edu/office\\_president/general\\_counsel/hipaa/Pages/default.aspx](https://www.cmich.edu/office_president/general_counsel/hipaa/Pages/default.aspx)

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, please contact:

HIPAA Complaint Officer, Office of General Counsel, Central Michigan University Mount Pleasant, Michigan 48859 (989) 774-3971

You may also submit a written complaint to: Region V, Office of Civil Rights

U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite 240  
Chicago, IL 60601  
Voice: (312) 866-2359,  
Fax: (313) 866-1807  
TTY: (312) 353-5693  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

*We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.*

**Carls Center for Clinical Care and Education**  
**SUMMARY NOTICE OF PRIVACY PRACTICES**

*This is a summary of the Carls Center for Clinical Care and Education's Notice of Privacy Practices (NPP) and describes how the Carls Center may use and disclose protected health information (PHI) and how you can access this information. Please review this information carefully.*

This Summary applies to the clinical programs of the Carls Center, including the Audiology Clinics, the Fall and Balance Center, the Physical Therapy Clinics, the Psychological Training and Consultation Center (PTCC), and the Speech-Language Pathology Clinics.

The Carls Center serves as a training site for clinical students and interns. The conducting of student and intern training, in the areas of health care learning under supervision to practice or improve their skills as health care providers, is defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.501, as a covered function of health care operations.

The Health Insurance Portability and Accountability Act (HIPAA) rule also requires that we protect the privacy of health information that identifies clients, or when there is reasonable basis to believe the information can be used to identify a client. This notice describes your rights as a client and our obligations regarding the use and disclosure of PHI.

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g. catalog or telemarketing firms). We must have your authorization to use or disclose your PHI, except for the uses and disclosures described below.

**USES AND DISCLOSURE**

**Uses and Disclosures Statement**

- We may disclose your PHI to you.
- We may use or disclose your PHI without your authorization or opportunity to object, to treat you, obtain payment, or operate the Carls Center.\*
- Other uses and disclosures may be made without your authorization or opportunity to object if the law requires us to disclose PHI.
- In most situations not associated with treatment, payment or operations, we may use or disclose your PHI only with your written authorization.

\*The Federal Education Rights and Privacy Act (FERPA), state law, and professional ethics also protect the privacy of a CMU student's PHI when they are more stringent than HIPAA. In order to provide quality and effective care, the Carls Center requires a CMU student to consent to the Carls Center's use and disclosure of the student's PHI for those purposes permitted by HIPAA.

**Examples of Uses and Disclosures for Treatment**

***Authorization Not Required***

We may consult with other health care providers in connection with your diagnosis and treatment.

- We may consult with other health care providers who request PHI in connection with your diagnosis and treatment.
- We may disclose PHI regarding treatment, coordination, and management of your health care as it relates to (1) services related to your psychological care; or (2) other health care services.
- If you are referred to a physician or other psychologist or a new health care provider, we may disclose PHI to the new provider relating to your diagnosis and treatment.

**Examples of Uses and Disclosures to Obtain Payment**

***Authorization Not Required***

- We may use and disclose your PHI to 1) submit a claim with your name, birth date, address, insurance or social security number, diagnoses, and procedures performed to your health plan for payment; 2) submit PHI for coordination of benefit purposes; 3) respond to inquiries for purposes of obtaining payment.
- We may disclose PHI to other health care providers in connection with coordination of benefits or insurance eligibility.

**Examples of Uses and Disclosures to Operate the Carls Center**

*Authorization Not Required*

- We may mail you reminders of upcoming appointments.
- We may leave telephone messages asking that you return our call or reminding you of an appointment.
- We may use and disclose your PHI to audit billing processes and evaluate the quality of our services.
- We may share PHI with organizations that assess the quality of care that we provide, e.g., accreditation agencies.
- We may provide PHI to you as needed to supply you with information about your diagnosis or treatment.
- We may provide PHI to students as part of their training and educational programs.
- We may communicate with you about your treatment alternatives or other health related benefits and services.
- We may use your PHI to market our clinic services and goods, e.g.: to tell you about available therapy programs, hearing aids or rehabilitative programs. Other communications that are considered marketing require your authorization.
- We may use your PHI to contact you for fundraising purposes, but will always give you the opportunity to opt out of future fundraising communications.
- We may use your PHI to file reports required by law, e.g.: when abuse or neglect is suspected, when subpoenaed, etc.
- We may use your PHI if you pose a danger to yourself and/or others.

**YOUR RIGHTS**

You have the following rights regarding your PHI, and the Carls Center must generally act on your request within 60 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.
- You may restrict disclosures of PHI to a health plan with respect to healthcare for which you have paid out of pocket in full.
- You may request access to PHI in alternative communication format and/or location.
- You may request that you receive confidential communications of PHI.
- You may request to inspect and/or request a copy of your own PHI.
- You may request that your records be amended.
- You may request a copy of our Notice of Privacy Practices on paper or in an alternative format, e.g., electronic.
- You may revoke an authorization, except to the extent that we have taken action on it.

**OUR RESPONSIBILITIES**

- The law requires us to maintain the privacy and security of PHI.
- The law requires that we provide individuals with notice of our privacy practices.
- The law requires that we notify affected individuals of any breach of unsecured PHI.
- The law requires that we abide by the terms of the Notice of Privacy Practices and provide notice of revisions.

**QUESTIONS/CONCERNS**

For more information, or a copy of the entire Notice of Privacy Practices, contact the Privacy Officer, Carls Center for Clinical Care and Education, 1101 Health Professions Building, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3904 voice/TTY, or

[https://www.cmich.edu/office\\_president/general\\_counsel/hipaa/Pages/default.aspx](https://www.cmich.edu/office_president/general_counsel/hipaa/Pages/default.aspx)

**COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint in writing to: Central Michigan University HIPAA Complaint Officer, Office of General Counsel, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3971, or to the U.S. Department of Health and Human Services (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>). No one will retaliate against you for filing a complaint.

Effective December 10, 2012, Revised September 23, 2013



**Central Michigan University Health Services  
SUMMARY OF NOTICE OF PRIVACY PRACTICES**

*This is a summary of our University Health Services (UHS) Notice of Privacy practices and describes how we may use and disclose your protected health information (PHI) and how you can access this information. Please review this information carefully.* The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires that we protect the privacy of health information that identifies a patient, or when there is reasonable basis to believe the information can be used to identify a patient. This notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI.

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g. catalog or telemarketing firms). We must have your authorization to use or disclose your PHI, except for the uses and disclosures described below.

**USES AND DISCLOSURES**

**Uses and Disclosure Statement**

- We may use or disclose your PHI without your authorization or opportunity to agree or object, to treat you, to obtain payment, and to operate University Health Services\*.
- Other uses and disclosures can be made without your authorization or opportunity to agree or object, e.g., if the law requires us to disclose information to government authorities such as legal requests, suspected abuse, and infectious diseases
- In most situations not associated with payment, treatment, or operations, we may use or disclose your PHI only with your written authorization.

\* The Federal Educational Rights and Privacy Act (FERPA), other federal or state laws, and professional ethics also protect the privacy of the CMU student's PHI when they are more stringent than HIPAA. In order to provide quality and effective care, University Health Services requires a CMU student to consent to University Health Service's use and disclosure of the student's PHI for those purposes permitted by HIPAA.

**Examples of Uses and Disclosures for Treatment**

*Authorization not required.*

- We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others.
- We may disclose PHI when you need a prescription, lab work, an x-ray, or other health care services from an outside organization, e.g., Mid Michigan Radiology Associates.
- If a clinician in our practice refers you to an outside physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.
- A clinician from our practice may call you to advise you of treatment alternatives.

**Examples of Uses and Disclosures to Obtain Payment**

*Authorization not required.*

- Our Business Office may submit a claim form that contains your name, date of birth, address, social security number, diagnoses, and procedures performed in our clinic to your health insurance company for payment.

**Examples of Uses and Disclosures to Operate our Practice**

*Authorization not required.*

- We may use and disclose your PHI to audit our billing practices, or for quality assurance purposes.
- We may mail you reminders of upcoming appointments.
- We may leave telephone messages asking that you return our call.
- We may share PHI with organizations that assess the quality of care we provide, e.g., the COLA Laboratory Accreditation reviewers.
- We may communicate with you about your treatment alternatives or about other health related benefits and services that we offer. Other communications that are considered marketing require your authorization.

### **YOUR RIGHTS**

You have the following rights regarding your PHI, and University Health Services must act on your written request within 60 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.
- You may restrict disclosures of PHI to a health plan with respect to healthcare for which you have paid out of pocket in full.
- You may request access to your PHI in an alternative communication format or location.
- You may request that you receive confidential communications of PHI.
- You may request to inspect and receive a copy of your PHI.
- You may request that your information be amended.
- You may request a copy of our Notice of Privacy Practices on paper or in an alternative format, e.g., electronic.
- You may revoke an authorization, except to the extent that we have taken action on it.

### **OUR RESPONSIBILITIES**

- The law requires that we maintain the privacy of PHI.
- The law requires that we provide individuals with notice of our privacy practices.
- The law requires that we notify affected individuals of any breach of unsecured PHI.
- The law requires us to abide by the terms of the Notice of Privacy Practices and provide notice of revisions.

### **QUESTIONS/CONCERNS**

For more information, or a copy of the entire Notice of Privacy Practices, contact the Privacy Officer, Central Michigan University Health Services, 249 Foust, Mt. Pleasant, MI 48859. Voice Phone (989) 774-3944 , Fax (989) 774-1187, TTY (989) 774-3055, or [https://www.cmich.edu/office\\_president/general\\_counsel/hipaa/Pages/default.aspx](https://www.cmich.edu/office_president/general_counsel/hipaa/Pages/default.aspx)

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint in writing to: Central Michigan University HIPAA Complaint Officer, Office of General Counsel, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3971, or to the U.S. Department of Health and Human Services (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> ). No one will retaliate against you for filing a complaint.

Revised and Effective September 23, 2013

**Central Michigan University Flexible Benefits Plan  
SUMMARY OF NOTICE OF PRIVACY PRACTICES**

*This is a summary of our Central Michigan University Flexible Benefits Plan Notice of Privacy Practices and describes how as the sponsor of self-funded group health plans we may use and disclose your protected health information (PHI) and how you can access this information. Please review this information carefully.* This Summary applies to Human Resources—Benefits and Wellness, which is responsible for the administration of the self-funded group health benefits offered under the Plan. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires that we protect the privacy of health information that identifies individuals covered under our self-funded health plans, or when there is reasonable basis to believe the information can be used to identify an individual. This notice describes your rights as someone covered under CMU’s self-funded health plans and our obligations regarding the use and disclosure of PHI. Individuals covered under an insured coverage are subject to the Notice of Privacy Practices issued by the insurer with respect to that coverage.

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g. catalog or telemarketing firms). We must have your authorization to use or disclose your PHI, except for the use and disclosures described below.

<b>USES AND DISCLOSURE</b>	
<b>Uses and Disclosures Statement</b>	
<ul style="list-style-type: none"> <li>• We may use or disclose your PHI without your authorization or opportunity to agree or object, to provide for your treatment, to pay benefits, and to operate CMU’s health plans.</li> <li>• Other uses and disclosures can be made without your authorization or opportunity to agree or object, e.g., if the law requires us to disclose information to government authorities, such as law enforcement agencies requests for information or to respond to subpoenas.</li> <li>• In most situations not associated with payment, treatment, or operations, we may use or disclose your PHI only with your written authorization.</li> </ul>	
<b>Examples of Uses and Disclosures for Treatment</b>	<i>Authorization Not Required</i>
<ul style="list-style-type: none"> <li>• We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and in certain cases to designated family members) who request it in connection with your eligibility for treatment or for claims processing.</li> <li>• We may disclose PHI when you need a prescription, lab work, an x-ray or other health care services.</li> <li>• If you are referred to a physician or new provider, we may disclose PHI relating to your eligibility and enrollment to your new physician/provider or to the health plan.</li> </ul>	
<b>Examples of Uses and Disclosures to for Payment Purposes</b>	<i>Authorization Not Required</i>
<ul style="list-style-type: none"> <li>• We may use and disclose your PHI for payment related activities and those of health care providers and other health plans including for example:</li> <li>• Obtain medical information from your health care provider in order to evaluate and pay claims for benefits</li> <li>• submit PHI to other insurers that cover you for coordination of benefit purposes</li> <li>• responding to inquiries relating to payment and to resolve benefit appeals</li> </ul>	
<b>Examples of Uses and Disclosures to Operate the Health Plan</b>	<i>Authorization Not Required</i>
<ul style="list-style-type: none"> <li>• We may mail an explanation of benefits containing PHI to the participating employee to describe benefits provided and amounts paid by the plan.</li> <li>• We may leave telephone messages asking that you return our call.</li> <li>• We may use and disclose your PHI to audit billing processes. We may also use or disclose your PHI to complete underwriting, rating, and reinsurance activities, except we will not use genetic information for such purposes.</li> <li>• We may share PHI with organizations that provide disease management or wellness counseling services.</li> <li>• We may communicate with you about your treatment alternatives or about other health related benefits and services that we offer. Other communications that are considered marketing require your authorization.</li> </ul>	

### **YOUR RIGHTS**

You have the following rights regarding your PHI, and HR – Benefits & Wellness must generally act on your written request within 60 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.
- You may request access to PHI in alternative communication format and/or location.
- You may request that you receive confidential communications of PHI.
- You may request to inspect and receive a copy of your PHI.
- You may request that your information be amended.
- You may request a copy of our Notice of Privacy Practices on paper or in an alternative format, e.g., electronic
- You may revoke an authorization, except to the extent that we have taken action on it.

### **OUR RESPONSIBILITIES**

- The law requires that HR – Benefits & Wellness maintain the privacy of PHI.
- The law requires that we provide notice of our privacy practices.
- The law requires that we notify affected individuals of any breach of unsecured PHI.
- The law requires us to abide by the terms of the Notice of Privacy Practices and provide notice of revisions.

### **QUESTIONS/CONCERNS**

For more information, or a copy of the entire Notice of Privacy Practices, contact the Privacy Officer, Central Michigan University Benefits & Wellness, 108 Rowe, Mt. Pleasant, MI 48859, (989) 774-3661, TTY (989) 774-6566, or [https://www.cmich.edu/office\\_president/general\\_counsel/hipaa/Pages/default.aspx](https://www.cmich.edu/office_president/general_counsel/hipaa/Pages/default.aspx)

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint in writing to: Central Michigan University HIPAA Complaint Officer, Office of General Counsel, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3971, or to the U.S. Department of Health and Human Services (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>). No one will retaliate against you for filing a complaint.

Revised and Effective September 23, 2013