

## HIPAA Privacy Notice

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information

**Effective date.** The effective date of this Notice is September 23, 2013.

**This Notice is required by law.** The Skidmore College Flexible Benefits Program (the “Plan”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information (“PHI”).

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.

### Your Rights.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get a copy of your health and claims records

- You can ask to see or get a copy (hardcopy or electronic form) of your health and claims records and other health information we have about you. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request, but we may notify you if there will be a delay and provide an expected date. We may charge a reasonable, cost-based fee.
- If access is denied, you will receive a written notice with the basis for the denial and a description of how to exercise your review rights and how you may file a complaint to the Secretary of the US Department of Health and Human Services.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. We may notify in writing you of a delay (up to 30 additional days).
- You may submit a written statement disagreeing with the denial and have that statement included with future disclosures of your PHI.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations.
- You can ask us not to share information to family members, relatives, friends or other persons identified by you who are involved in your care.
- You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- We will provide this information within 60 days of your written request. We may notify in writing you of a delay (up to 30 additional days).

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you (Personal Representative)

- If you have given someone medical power of attorney, if someone is your legal guardian, if you have completed an Appointment of Personal Representative form, or proof of the person's status as a parent of a minor child, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- We may deny access to your PHI to a personal representative to protect vulnerable people or people who may be subject to abuse or neglect, including personal representatives of minors.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting Skidmore College's Privacy Office (information at the end of this Notice).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### Disclosing Only the Minimum Necessary Protected Health Information (PHI)

- We will make reasonable efforts not to use, disclosure or request more than the minimum amount of PHI necessary to accomplish the intended purposes of the use, disclosure or require, taking into consideration practical and technological limitations.

## **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

*For Example:* A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

*For Example:* We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

*For Example:* We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

*For Example:* Your employer contracts with insurance carriers to provide a health plan, and the carrier provides your employer with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)**.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to Skidmore College. If you have questions regarding this notice or the subjects addressed in it, you may contact the following Privacy Officer:

Barbara E. Beck  
Associate VP for Finance and Administration and Director of Human Resources  
Skidmore College  
815 N. Broadway  
Saratoga Springs, NY 12866  
(518) 580-5809