

The University of Iowa Benefits Office
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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

The University of Iowa’s Benefits Office (“Benefits Office”) oversees several health plans for employees and students of The University of Iowa. In the course of applying for health benefits, processing claims, appealing the denial of claims, or administering medical spending accounts, the Benefits Office may acquire health information about you. This information might relate to your symptoms, the results of a medical examination, test results, diagnosis, treatment, or a plan for your future care and treatment. The Benefits Office might use your health information to:

- Determine your eligibility for benefits
- Process your claim for reimbursement
- Assess, improve or restructure the University’s benefits package
- Facilitate planning and marketing
- Consider your appeal from a denial of coverage

Example: Each month you contribute \$75 to your medical spending account. One month you submit a reimbursement claim for a particular medical procedure not fully reimbursed by Wellmark. Here, we will use your health information to determine whether you can be reimbursed from the medical spending account.

Much of the health information the Benefits Office has about you is “protected health information,” as defined below. Under the Health Insurance Portability and Accountability Act (HIPAA) the Benefits Office is required to maintain the privacy of your protected health information and to provide you with this Privacy Notice informing you of its policy relating to the use and disclosure of your protected health information and advising you of what rights you have to protect the privacy of that information.

The notice includes the following sections:

- I. Glossary
- II. Prohibited Disclosures
- III. Required Disclosures
- IV. Permissible Disclosures
- V. Minimizing Disclosures
- VI. Accounting for Disclosures
- VII. Your Right to Request Privacy Protection
- VIII. Consent
- IX. Authorizations
- XI. Your Right of Access and Your Right to Amend Your Protected Health Information
- XII. Miscellaneous

If this notice is sent to you electronically, you have the right to request a paper copy of it from the Benefits Office by making a written request for such copy addressed to The University of Iowa Benefits Office, 120 USB, Suite 40, Iowa City, IA 52242-1911.

I. Glossary

To assist you in reading this privacy notice, the following words and phrases mean:

- A. **“Business Associate”** means a person (which includes both individuals and organizations) who, on behalf of the Benefits Office:
1. Performs, or assists in the performance of, a function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing or other health care operations; or
 2. Provides, other than in the capacity of an employee of The University of Iowa, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for the Benefits Office, where the provision of the service involves the disclosure of individually identifiable health information from either the Benefits Office or another business associate of the Benefits Office.
- B. **“Designated record set”** means a group of records maintained by or for the Benefits Office that is: the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Benefits Office or is used, in whole or in part, by or for the Benefits Office to make decisions about you. For this purpose the terms “record” means item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for the Benefits Office.
- C. **“Disclose”** includes “disclosure” meaning the release, transfer, provision of access to, or divulging in any other manner of information outside the Benefits Office.
- D. **“Individually identifiable health information”** means information that is a subset of health information, including demographic information collected from you, and,
1. Is created or received by the Benefits Office,
 2. Relates to your past, present, or future physical or mental health or condition; the provision of your health care, or the past, present, or future payment for the provision of your health care; and
 - a. Identifies you; or
 - b. With respect to which there is a reasonable basis to believe the information can be used to identify you.
- E. **“Marketing”** means to make a communication about a product or service to encourage recipients of the communication to purchase or use the product or service. Marketing excludes a communication made to you:
1. To describe the entities participating in a health care provider network or health plan network, or to describe if, and the extent to which, a product or services (or payment for such product or service) is provided by The University of Iowa or included in a plan of benefits;
 2. For your treatment; or
 3. For your case management or care coordination, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to you.

- F. **“Personal Representative”** means a person authorized by law to make health care decisions on your behalf. For most employees and students, that person would be your agent acting under a health care power of attorney, if any. If you are:
1. An adult for whom a guardian has been judicially appointed, then your guardian is your personal representative.
 2. An unemancipated minor, your parent, guardian, or other person acting in loco parentis with the authority to make health care decisions on your behalf is your personal representative. However, if you are an unemancipated minor, such person may not be your personal representative with respect to your protected health information that relates to health care service you received if
 - a. You consented to the health care service;
 - b. No other person was legally required to consent to the service, and
 - c. You had not requested such person to be your personal representative.
 3. In the event of your death, your personal representative includes your executor, administrator or other person authorized by law to act your behalf or on behalf of your estate, as personal representative.
 4. The Benefits Office may elect not to treat a person otherwise treated as your personal representative as such if it has reason to believe that you have been or may be subjected to domestic violence, abuse or neglect by such person or that treating such person as your personal representative could endanger you and the Benefits Office also determines that it is not in your best interest to treat that person as your personal representative.
- G. **“Protected Health Information”** means individually identifiable health information that is transmitted in electronic media or maintained in any medium described in the definition of electronic media at § 162.103, or transmitted or maintained in any other form or medium. However, it does not include individually identifiable health information contained in educational records covered by the Family Educational Rights and Privacy Act, as amended, records described in 20 USC 1232g(a)(4)(B)(iv) and employment records held by The University of Iowa.
- H. **“Summary health information”** means information, that may be individually identifiable health information that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom The University of Iowa has provided benefits under the group health plan but from which names and other information that might permit you to be identified have been deleted.
- I. **“Use”** means with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within the Benefits Office.

II. Prohibited Disclosures:

- A. The Benefits Office shall not disclose protected health information in violation of disclosure restriction to which you and it have agreed.
- B. The Benefits Office will not disclose your protected health information if you are an unemancipated minor to your parent, guardian, or other person acting in loco parentis when prohibited from doing so by other laws.
- C. The Benefits Office will not disclose your protected health information in any manner inconsistent with this privacy notice.

III. Required Disclosures:

The Benefits Office will disclose your protected health care information:

- A. To you at your request unless the requested information is:
 - 1. Psychotherapy notes;
 - 2. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 - 3. Health information it maintains that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to you would be prohibited by law; or is exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).
 - 4. Information contained in records that are subject to the Privacy Act, 5 U.S.C. 552a, that cannot be disclosed under the Privacy Act, or
 - 5. Information obtained from someone other than a health care provider under a promise of confidentiality and disclosing the information to you would likely reveal the source of the information.
- B. When required by the Secretary of Health and Human Services to investigate or determine the Benefits Office's compliance with the laws relating to the privacy of individually identifiable health information

IV. Permissible Disclosures

Subject to Sections VIII and IX of this Privacy Notice, the Benefits Office may:

- A. Disclose any of your protected health information to you.
- B. Use or disclose your protected health information for its own payment or health care operations without your prior consent or authorization, including:
 - 1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities.
 - 2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner, provider and health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities.
 - 3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that if the Benefits Office received any of your protected health information and does not provide you with any health plan, the Benefits Office may not use or disclose that information for any other purpose except as may be required by law.
 - 4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

5. Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
 6. Conducting business management and general administrative activities of the Benefits Office, including, but not limited to:
 - a. Management activities relating to implementation of and compliance with the requirements of HIPAA;
 - b. Customer service, including the provision of data analysis for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.
 7. Resolving internal grievances
 8. Creating de-identified health information in the manner provided by law and fund-raising for the benefit of the Benefits Office or The University of Iowa.
 9. Disclosing your protected health information to another covered entity or health care provider for the payment activities of the Benefits Office.
- C. Use your protected health information to create information that is not individually identifiable health information or disclose your protected health information only to a business associate for such purpose, whether or not such de-identified information is to be used by the Benefits Office.
 - D. Disclose your protected health information to a business associate and allow that associate to create or receive protected health information on its behalf so long as the Benefits Office receives satisfactory assurance that the business associate will appropriately safeguard the information in the manner provided by law.
 - E. Disclose your protected health information to another health plan, health plan clearinghouse, or health care provider for its health care operations if it has a relationship with you so long as the disclosure is for:
 1. The purposes described in B 1 and 2 above or
 2. The purpose of health care fraud and abuse detection or compliance.
 - F. Disclose your protected health information when you have authorized the disclosure in the manner provided in IX below.
 - G. Disclose your protected health information if you are an unemancipated minor to your parent, guardian, or other person acting in loco parentis as permitted or required by law.
 - H. Contact you to provide information about health related benefits that may be of interest to you.
 - I. Disclose summary health information upon request to The University of Iowa, as sponsor of the University's health plan, so long as such information is used solely for the purpose of obtaining premium bids from health plans to provide health insurance coverage under the University's group health plan, or modifying, amending or terminating The University's group health plan. Disclose protected health information to The University of Iowa, as sponsor of the University's health plan, to permit it to carry out plan administration functions as provided by law.
 - J. Disclose information on whether an individual is participating in the group health plan or has dis-enrolled from the plan.
 - K. Use or disclose your protected health information to the extent such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

- L. Disclose your protected health information for the following public health activities and purposes, namely,
1. A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
 2. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
 3. A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:
 - a. To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
 - b. To track FDA-regulated products;
 - c. To enable product recalls, repairs, or replacement, or look back (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of look back); or
 - d. To conduct post-marketing surveillance
 4. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the Benefits Office or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.
- M. Disclose, except for reports of child abuse or neglect permitted above, protected health information about an individual whom it reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:
1. To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
 2. If the individual agrees to the disclosure; or
 3. To the extent the disclosure is expressly authorized by statute or regulation and:
 - a. The Benefits Office, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to you or other potential victims; or
 - b. If you are unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against you and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to agree to the disclosure.

4. If the Benefits Office makes a disclosure under this section II L, it will promptly inform you that such a report has been or will be made, except if:
 - a. In the exercise of professional judgment, it believes informing you would place you at risk of serious harm; or
 - b. It would be informing a personal representative, and it reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the Benefits Office, in the exercise of professional judgment.
- N. Disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
1. The health care system;
 2. Government benefit programs for which health information is relevant to beneficiary eligibility;
 3. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
 4. Entities subject to civil rights laws for which health information is necessary for determining compliance.
 5. For these purposes a health oversight activity does not include an investigation or other activity in which you are the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:
 - a. The receipt of health care;
 - b. A claim for public benefits related to health; or
 - c. Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.
 - d. Notwithstanding paragraph L 5, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of L1 through L 4.
- O. Disclose protected health information in the course of any judicial or administrative proceeding:
1. In response to an order of a court or administrative tribunal, provided that the Benefits Office will only disclose the protected health information expressly authorized by such order; or
 2. In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if:
 - a. The Benefits Office receives satisfactory assurance, as prescribed by law, from the party seeking the information that reasonable efforts have been made by such party to ensure that you have been given notice of the request; or
 - b. The Benefits Office receives satisfactory assurance, as described by law, from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order.

- P. Disclose protected health information for a law enforcement purpose to a law enforcement official as required by law or in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that it can disclose only the following information:
1. Name and address;
 2. Date and place of birth;
 3. Social security number;
 4. ABO blood type and rh factor;
 5. Type of injury;
 6. Date and time of treatment;
 7. Date and time of death, if applicable; and
 8. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.
 9. Except as permitted by paragraph O 1-8. the Benefits office will not disclose in response to a request from a law enforcement office for the purposes of identification or location of a suspect, fugitive, material witness or missing person any protected health information related to your DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.
- Q. Disclose protected health information in response to a law enforcement official's request for such information about you if you are or are suspected to be a victim of a crime as authorized by law.
- R. Disclose protected health information about you after your death to a law enforcement official for the purpose of alerting law enforcement of your death if the Benefits Office has a suspicion that such death may have resulted from criminal conduct.
- S. Disclose to a law enforcement official protected health information that the Benefits Office believes in good faith constitutes evidence of criminal conduct that occurred on the premises of The University of Iowa.
- T. Disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. When another unit or department of The University of Iowa also performs the duties of a coroner or medical examiner it may use protected health information for the purposes described in this paragraph.
- U. Disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to a decedent. If necessary for funeral directors to carry out their duties, the Benefits Office may disclose the protected health information prior to, and in reasonable anticipation of, your death.
- V. Disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- W. Disclose protected health information for research, regardless of the source of funding of the research if it obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required by law for use or disclosure of protected health information has been approved by either and institutional review board or a privacy board as permitted by law in addition to the required representations from the researcher.

- X. Use or disclose, consistent with applicable law and standards of ethical conduct, protected health information, if the Benefits Office, in good faith, believes the use or disclosure:
 - 1. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
 - 2. Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or
 - 3. Is necessary for law enforcement authorities to identify or apprehend an individual for the reasons provided by law.
- Y. Use and disclose your protected health information if you are a member of the Armed Forces for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when disclosure is permitted by law.
- Z. Use and disclose your protected health information if you are a foreign military personnel to the appropriate foreign military authority for the same purposes for which uses and disclosures are permitted by law.
- AA. Disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities as authorized by law.
- BB. Disclose protected health information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or to for the conduct of investigations authorized by 18 U.S.C. 871 and 879.
- CC. Disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- DD. Disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, your protected health information directly relevant to such person's involvement with your care or payment related to your health care.
- EE. Use or disclose your protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for your care of your location, general condition, or death as permitted by law. Any such use or disclosure of protected health information for such notification purposes must be in accordance with paragraphs (b)(2), (3), or (4) of this section, as applicable.
- FF. Use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by law.
- GG. Use or disclose to a business associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for its own benefit, without your authorization:
 - 1. Demographic information relating to you; and
 - 2. Dates of health care provided to you.

V. Minimizing Disclosures:

- A. Except as provided in IV B below, when the Benefits Office uses or discloses protected health information and when it requests protected health information from any health clearinghouse, health care provider, or other health plan, it will make reasonable efforts to limit the use, disclosure, or request to the minimum necessary to accomplish the intended purposes of the use, disclosure, or request..
- B. However this rule is inapplicable to:
 - 1. Disclosures to a health care provider for your treatment.
 - 2. Disclosures by the Benefits Office to you
 - 3. Disclosures made pursuant to your authorization
 - 4. Disclosures, as required, to be made to the Secretary of Health and Human Services;
 - 5. Disclosures required by law

VI. Accounting for Disclosures:

- A. The Benefits Office will provide you with an accounting of its disclosures of your protected health information for the immediate six (6) years prior to your request of an accounting except for disclosures:
 - 1. To carry out payment and health care operations;
 - 2. To you;
 - 3. To others pursuant to your authorization;
 - 4. For national security or intelligence purposes as required by law;
 - 5. That occurred prior to April 14, 2003.
- B. By law your right to an accounting of disclosures of your health information to a health oversight agency or law enforcement official may be temporarily suspended for the time specified by such agency or official, if such agency or official provides the Benefits Office with a written statement that an accounting to you would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required. However, if the statement of the agency or official is oral, then the temporary suspension can be no longer than 30 days from the date of the oral statement, unless the written statement is submitted during that time.
- C. You may request an accounting of disclosures for a period of time less than six years from the date of the request.
- D. Any accounting you request will include our disclosures of your protected health information that occurred during the six years (or such shorter time as you requested) prior to your request and all disclosures of our business associates during the same period. The accounting will include:
 - 1. The date of the disclosure;
 - 2. The name of the entity or person who received the protected health information and, if known, the address of such entity or person;
 - 3. A brief description of the protected health information disclosed; and
 - 4. A brief statement of the purpose of the disclosure that is intended to reasonably inform you of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure, if any.

5. In the case of multiple disclosures of protected health information to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide:
 - a. The information set forth in D(1)-(4) above for the first disclosure during the accounting period;
 - b. The frequency, periodicity, or number of the disclosures made during the accounting period; and
 - c. The date of the last such disclosure during the accounting period.
- E. The Benefits Office will act on your request for an accounting no later than 60 days after receipt of your request by either:
 1. Providing you with the requested accounting, or
 2. If we are unable to provide you the accounting within that time, then it can extend that time for up to 30 days, if there have been no prior extensions, so long as it provides you with a written statement of reasons for the delay and the date it will provide the accounting to you.
- F. The Benefits Office will provide the first accounting to you in any 12-month period without charge. Thereafter, it may charge a reasonable, cost-based fee for each subsequent request for an accounting within the 12-month period, so long as it informs you in advance of the fee and provides you with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.
- G. Your rights under this section are exercisable by you (even if you are an unemancipated minor), your personal representative, or both.

VII. Your Right to Request Privacy Protection

- A. You are entitled to request the Benefits Office to restrict the use or disclosure of your protected health information
 1. To carry out treatment, payment or health care operations,
 2. To family members, other relatives, or others where such information is directly relevant to such person's involvement with your care or payments relating to your health care.
- B. The Benefits Office, however, is not required to agree to any requested restriction.
- C. If the Benefits Office agrees with your requested restriction, then the Benefits Office may not use or disclose your protected health information in violation of the restriction agreement.
- D. A restriction agreement can not be used to prevent uses or disclosures of your protected health information to you, to the Secretary of Health and Human Services when required to investigate or determine the Benefits Office with the requirements of HIPAA, or when otherwise required or permitted as set forth in IV M through DD of this notice.
 1. The Benefits Office may terminate any restriction agreement if:
 2. You agree to such termination in writing;
 3. You request such termination in writing;
 4. You orally agree to such termination and the oral agreement is documented, or
 5. The Benefits Office informs you it is terminating the restriction agreement in which case the termination is effective only with respect to your protected health information the Benefits Office created or received after you were so informed.

- E. You have the right to make a written request to receive communication of protected health information by alternative means or at alternative locations if you state clearly in your written request that disclosure of some or all of the information could endanger you. The Benefits Office will accommodate all reasonable requests but may condition its compliance, when appropriate, on information as to how payment, if any, will be handled and specification of an alternative address or other method of contact.

VIII. Consent

- A. By law, the Benefits Office may, but is not required, to seek your consent to use or disclose your protected health information to carry out treatment, payment or health care operations.
- B. Your consent would not apply to uses or disclosure which require an authorization rather than a consent. (See IX below)

IX. Authorizations

- A. Your authorization is required for the use and disclosure of your protected health information for reasons other than those listed in III and IV above. However, the Benefits Office must obtain your authorization for use or disclosure of psychotherapy notes except: when disclosure without your authorization is allowed by law.
- B. Your authorization is required for any use or disclosure of your protected health information for marketing except if the communication is in the form of a face-to-face communication between you and the Benefits Office or in the form of a gift of nominal value provided to you by the Benefits Office. Furthermore, if the marketing is expected to result in direct or indirect remuneration to the Benefits Office from a third party, your authorization must specifically state that such remuneration is expected.
- C. The Benefits Office will not use or disclose your protected health information in any manner inconsistent with your authorization, when your authorization is required.
- D. Your authorization, when required, shall be evidenced by a written document meeting all of the requirements of law.
- E. The Benefits Office may not condition the provision to you of treatment, payment, enrollment in the University's health plan or eligibility for benefits on the provision of an authorization, except that prior to your enrollment in the University's health plan it may condition your enrollment in the University's health plan or your eligibility for benefits on the provision of an authorization if the authorization is for the determination of your eligibility to enroll in the plan or for underwriting or risk rating determinations and is not for a use or disclosure of protected psychotherapy notes
- F. You may revoke your authorization for the use and disclosure of your protected health information at any time by writing unless the Benefits Office has relied and taken action on the authorization.
- G. The Benefits Office will provide you with a copy of your authorization for the use or disclosure of your protected health information.

XI. Your Right of Access and Your Right to Amend your Protected Health Information

- A. You have the right of access to inspect and obtain a copy of your protected health information maintained in a designated record set except for:
 - 1. Psychotherapy notes;
 - 2. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 - 3. Protected health information maintained by the Benefits Office that is:
 - a. Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to you would be prohibited by law; or
 - b. Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).
- B. If you are denied access to your protected health information under the following circumstances you do not have the right for a review:
 - 1. The protected health information is described in X A 1-3
 - 2. Your protected health information is contained in records that are subject to the Privacy Act, 5 U.S.C. 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
 - 3. Your access was denied because the protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- C. If you are denied access under the following circumstances you have the right to have the denial reviewed by an appropriate person:
 - 1. The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
 - 2. The request for access was made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to your or to another person.
- D. The Benefits Office must act on a request for access no later than 30 days (or 60 days if the protected health information is not maintained by or accessible to the Benefits Office on-site or within such extended time up to 30 additional days as may be provided by law) after receipt of the request as follows:
 - 1. If the Benefits Office grants the request, it must inform you of that acceptance and provide the requested access in the following manner:
 - a. The Benefits Office will provide the access requested by you, including inspection or obtaining a copy, or both, of the protected health information about you in designated record sets. If the same protected health information that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the Benefits Office need only produce the protected health information once in response to a request for access.
 - b. The Benefits Office will provide you with access to the protected health information in the form or format you request, if it is readily producible in such form or format; or, if not, in a readable hard copy form or such other form or format as agreed to you and the Benefits Office.

- c. The Benefits Office may provide you with a summary of the protected health information requested in lieu of providing access to the protected health information or it may provide an explanation of the protected health information to which access has been provided, if:
 - 1) You agree in advance to such a summary or explanation; and
 - 2) You agree in advance to the fees imposed, if any, by the Benefits Office for such summary or explanation.
 - d. The Benefits Office must provide the access as requested by you in a timely manner, including arranging with you for a convenient time and place to inspect or obtain a copy of the protected health information, or mailing the copy of the protected health information at your request. The Benefits Office may discuss the scope, format, and other aspects of the request for access with you as necessary to facilitate the timely provision of access.
 - e. If you request a copy of the protected health information or agree to a summary or explanation of such information, the Benefits Office may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:
 - 1) Copying, including the cost of supplies for and labor of copying, the protected health information requested by you;
 - 2) Postage, when you have requested the copy, or the summary or explanation, be mailed; and
 - 3) Preparing an explanation or summary of the protected health information, if agreed to by you.
- E. If the Benefits Office denies the request, in whole or in part, it must:
 - 1. To the extent possible, give you access to any other protected health information requested, after excluding the protected health information as to which Benefits Office has a ground to deny access.
 - 2. Provide a timely, written denial to you in plain language which contains:
 - a. The basis for the denial;
 - b. If applicable, a statement of your review rights, including a description of how you may exercise such review rights; and
 - c. A description of how you may complain to the Benefits Office or to the Secretary of Health and Human Services. The description must include the name, or title, and telephone number of the contact person or office designated for complaints.
 - 3. If the Benefits Office does not maintain the protected health information that is the subject of your request for access, but it knows where the requested information is maintained, it must inform you where to direct the request for access.
- F. You have the right to have the Benefits Office amend protected health information or a record about you in a designated record set for as long as the protected health information is maintained in the designated record set.
- G. The Benefits Office has the right to deny your request for amendment, if it determines that the protected health information or record that is the subject of the request:
 - 1. Was not created by it, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - 2. Is not part of the designated record set;
 - 3. Would not be available for inspection, or
 - 4. Is accurate and complete.

- H. Any request to amend your protected health information must be in writing and provide a reason to support the requested amendment.
- I. Your request to amend will be acted upon within 60 days after receipt of the request.
 - 1. If the Benefits Office grants the requested amendment, it whole or in part, it will:
 - a. Make the appropriate amendment to the protected health information or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
 - b. Timely inform you that the amendment is accepted and obtain your identification of, and agreement to have it notify, the relevant persons with which the amendment needs to be shared as provided in c below
 - c. Make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - 4) Persons identified by you as having received protected health information about you and needing the amendment; and
 - 5) Persons, including business associates, that the Business Office knows have the protected health information that is the subject of the amendment and that may have relied, or could foresee ably rely, on such information to your detriment.
 - 2. If the Benefits Office denies the requested amendment, in whole or in part, it must:
 - a. Provide you with a timely, written denial, written in plain language which contains:
 - 1) The basis for the denial;
 - 2) Your right to submit a written statement disagreeing with the denial of all or a part of the requested amendment, the basis of your disagreement, and how you may file such a statement;
 - 3) A statement that, if you do not submit a statement of disagreement, you may request that the Benefits Office provide your request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and
 - 4) A description of how you may complain to the Benefits Office or the Secretary of Health and Human Services, which description shall include the name, or title, and telephone number of the contact person or office designated for complaints.
 - 3. The Benefits Office may prepare a written rebuttal to your statement of disagreement and provide a copy of it to you.
 - 4. The Benefits Office will identify the record or protected health information in the designated record set that is the subject of the disputed amendment and append or otherwise link your request for an amendment, the Benefits Office's denial of the request, your statement of disagreement, if any, and the Benefit Office's rebuttal, if any, to the designated record set.
 - 5. If you submit a statement of disagreement, the Benefits Office will include it, or, at its election, an accurate summary of it with any subsequent disclosure of the protected health information to which the disagreement relates.
 - 6. If you have not submitted a written statement of disagreement, the Benefits Office must include your request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the protected health information only if you have requested such action.

XI. Miscellaneous

- A. The Benefits Office reserves the right to change or amend this Privacy Notice from time to time and to make a new notice effective for all protected health information that it maintains.
 - 1. While the Benefits Office may amend this notice from time to time it will always abide by the terms of this notice until such time as it has been appropriately amended.
 - 2. Amendments will be distributed in the same manner as this notice.
- B. You may complain to the Benefits Office or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. Complaints to the Benefits Office must be in writing addressed to The University of Iowa Benefits Office, 120 USB, Suite 40, Iowa City, IA 52242.
- C. No person, including you, will ever be retaliated against for filing a complaint.

This notice becomes effective on April 14, 2003.