

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.

PLEASE DIRECT ANY QUESTIONS YOU HAVE ABOUT THIS NOTICE TO THE PRIVACY CONTACT IDENTIFIED IN THE NOTICE. YOU CAN REACH THE PRIVACY CONTACT THROUGH THE HUMAN RESOURCES DEPARTMENT.

Protected Health Information (or “PHI”) is information, including demographic information, that may identify you and that relates to: (1) your physical or mental health or condition, in the past, present or future, (2) health care services provided to you, or (3) the payment of health care services provided to you. This Notice of Privacy Practices describes how the Saint Joseph’s College Medical Reimbursement Plan (the “Plan”) may use your PHI and disclose your PHI to other entities, including to the College as “Plan Sponsor”. The Notice also describes your rights to access and control your PHI to the extent it is created or received by the Plan.

The Plan is required by federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your PHI and to provide you with this Notice of the Plan’s privacy practices and related legal duties. The Plan document has been amended to reflect your rights as described in this Notice, and the Plan and the Plan Sponsor are required to abide by the terms of this Notice. However, the Plan and the College reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI maintained by the Plan at that time. If a change is made to this Notice, a copy of the revised Notice will be provided within 60 days of the date the change takes effect.

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations

Under HIPAA, the Plan may use and disclose PHI, for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that the Plan may make under each section are listed below:

- Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. The Plan itself does not provide treatment, but could conceivably need to disclose PHI to a health care provider in connection with your treatment.
- Payment. Payment refers to the activities of the Plan in collecting premiums and paying claims for health care services you receive. Examples of uses and disclosures under this section include sending PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with other payors (such as insurance companies) to determine coordination of benefits or settle subrogation claims; providing PHI to the Plan’s third party administrator for pre-certification or case management services; providing PHI in the billing, collection and payment of premiums and fees to Plan vendors such as preferred provider networks, prescription drug card companies and reinsurance carriers; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the Plan.
- Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate the Plan many of which are carried out by the Plan Sponsor. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the Plan’s

performance or the performance of a particular health care provider, network, or vendor; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the plan; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the plan; disclosure of PHI to plan consultants who provide legal, actuarial and auditing services to the plan; and use of PHI in general data analysis used in the long term management and planning for the Plan.

Other Uses and Disclosures Without Authorization

HIPAA also allows the Plan to use and disclose PHI, without your consent or authorization, in the following ways:

- To you, as the covered individual.
- To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
- To the Secretary of Health and Human Services (“HHS”) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA privacy rule.
- To a “business associate” of the Plan under an agreement to perform services for the Plan.
- To a “health oversight agency” such as the U.S. Department of Labor, or the Internal Revenue Service to respond to inquiries or investigations of the Plan, or requests to audit the Plan.
- In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
- As required for law enforcement purposes (for example, to notify authorities of a criminal act), or to avert a threat to public health or safety.
- As required to comply with Workers’ Compensation or other similar programs established by law.
- To the Plan Sponsor, as necessary to carry out administrative functions of the Plan such as evaluating renewal quotes for reinsurance of the Plan, funding check registers, reviewing claim appeals, approving subrogation settlements, evaluating the performance of the Plan and Plan management.
- In providing you with information about treatment alternatives and health services that may be of interest to you as a result of a specific condition that the Plan is case managing.

Please note that the examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Other Uses and Disclosures With Authorization

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an

authorization. The Plan will honor a request to revoke as of the day it is received and to the extent that it has not already used or disclosed your PHI in good faith with the authorization.

CERTAIN OTHER HEALTH INFORMATION

Please note that not all of your health information is considered PHI and therefore may not be subject to these rules. In particular, the use or disclosure of health information that you provide (or that is provided by someone else at your request) to your employer, and is maintained as part of your employment records, is not subject to these rules. Your employer may use or disclose such health information to for employment-related purposes, for example to fulfill its legal obligations under the federal Family and Medical Leave Act or under the Americans With Disabilities Act, or to provide life insurance or disability benefits to you (or your beneficiaries). In addition, information created or received by your employer in connection with workers' compensation benefits is not protected under the HIPAA privacy rule.

YOUR RIGHTS UNDER HIPAA REGARDING PROTECTED HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures

You have the right to request that the plan limit its uses and disclosures of PHI in relation to treatment, payment, and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request the plan restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Contact listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The Plan is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Contact listed in this Notice.

Right to Access to Your Protected Health Information

You have the right to inspect and copy your PHI that is contained in a "designated record set" for as long as the Plan maintains the PHI. A designated record set contains claim information, payment, and billing records and any other records the Plan has created in making claim and coverage decisions relating to you. You may not have access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. Requests for access to your PHI should be in writing and directed to the Privacy Contact listed in this Notice.

Right to Amend Protected Health Information

You have the right to request that PHI in a designated record set be amended for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI, and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be in writing and directed to the Privacy Contact listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, if any, other than disclosures: (1) for treatment, payment and health care operations, as described above, (2) disclosures made to you or to your personal representative, (3) disclosures made pursuant to your written authorization, and (4) certain other disclosures permitted or required under HIPAA. Your right to an accounting of disclosures applies only to PHI created by the plan after April 14, 2004 and cannot exceed a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Receive a Paper Copy of this Notice

If you have received this Notice in electronic form and you would like to receive a paper copy of this Notice, please direct your request for a paper copy to the Privacy Official listed in this Notice. You have the right to receive a paper copy even if you have previously agreed to accept this Notice electronically.

COMPLAINTS

If you believe your privacy rights under HIPAA have been violated, or if you believe that the College has violated the policies adopted by the Plan Sponsor for the protection of your rights, you may file a complaint with the Privacy Contact listed in this Notice. Upon your request, the Privacy Contact will provide to you a complete copy of the Plan's complaint procedure and the form necessary to file a complaint. Neither the Plan nor the College will retaliate against you for filing a complaint. If you are not satisfied with the handling of your complaint, you are free at any time to file a complaint with the Secretary of Health and Human Services.

PRIVACY OFFICIAL AND PRIVACY CONTACT

The Plan Sponsor and the Plan have designated a Privacy Official, who has a general duty to oversee compliance with the privacy standards of HIPAA under the Plan and a Privacy Contact who can answer questions and provide information to you about your privacy rights. As of the effective date of this Notice, the Privacy Official is the Director of Human Resources and the Privacy Contact is the Assistant to the Director of Human Resources. You may contact the Privacy Official and the Privacy Contact through the Human Resources Department of the College, 278 Whites Bridge Road, Standish, ME 04084, (207) 893-7755.

EFFECTIVE DATE OF NOTICE

This notice published and becomes effective on April 14, 2004.