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.

Our Commitment to Protect Your Health Information
Under the Health/Dental Insurance Portability and Accountability Act of 1996 (“HIPAA”), the CU GME Health Benefits Plan (the “Plan” for purposes of this notice) must take steps to protect the privacy of your “protected health information” (“information”). This information includes all individually identifiable health information created, received, transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

Under federal law, the Plan is required to:
- Protect the privacy of your information;
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your information; and
- Follow the terms of our Notice that is currently in effect.

How the Plan will provide you with a revised notice
The Plan reserves the right to change our privacy practices and update this notice accordingly. The most current edition of this notice will be posted on the website at www.medschool.ucdenver.edu/gme and is available at your request by contacting:
Office of Graduate Medical Education Benefits
Mailstop C293
13001 East 17th Place, Room N4223
Aurora, CO 80045
Phone: 303-724-6024
The revised or changed notice may be effective for information we already have as well as any we receive in the future.

Right to receive a paper copy of the current Notice of Privacy Practices
In addition to viewing the most current Notice of Privacy Practices at www.medschool.ucdenver.edu/gme, you may request a paper copy by contacting:
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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 the choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Provide your religious affiliation to an outside member of the clergy, such as a priest, rabbi, or pastor.

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

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes, which are private notes maintained by your psychiatrist or psychologist.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. Information on how to notify us of your request will be provided when you are contacted.

How the Plan may use and disclose medical information about you.

The following section describes different ways that the Plan may use and disclose your information. We will try to limit the amount of information that we use or disclose to that which is the “minimum necessary” to accomplish the purpose of the use or disclosure. The Plan may generally use or disclose information without your permission for the purposes under this section.

The most common uses and disclosures of your information will be for treatment, payment and health care operations. The majority of Plan functions are actually conducted by business associates of the Plan. A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of information on behalf of, or provides services to, the Plan. Examples of business associates that work with the Plan include a third party administrator (claims processor), a medical management company, a prescription drug plan company, consultants and accountants. The Plan will have a written contract in place with each business associate that requires the use of appropriate safeguards of your information.

- **Treatment**
  - We can use your health information and share it with other professionals to provide, coordinate, or manage your health care and related services. This may be accomplished electronically or through secure health information exchanges.
    - Example: Information about your visit may be provided to your primary care or referring physician.

- **Payment**
  - We can use and share your health information to bill and get payment from health plans or other entities. If you are being treated for drug or alcohol abuse we will require an authorization from you or your personal representative.
• **For our health care operations**
  o We can use and share your health information to run our organization, improve your care, and contact you when necessary.
  ▪ *Example:* We may use and disclose information to assist with customer service, claim adjudication and grievance, or to audit the accuracy of the claims processing entity.

Overall, this information is used or disclosed to allow the Plan to continue its primary function, which is to assist in the delivery of treatment and payment of health care benefits for you.

The Plan is also permitted or required to use and disclose your information without your permission for legal, governmental and other purposes, as in the following circumstances:

• **Help with public health and safety issues**
  o 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**
  o We can use or share your information for health research

• **Comply with the law**
  o 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**
  o We can share health information about you with organ procurement organizations

• **Work with a medical examiner or funeral director**
  o 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**
  o 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**
  o We can share health information about you in response to a court order, or in response to a subpoena.
In some situations, federal and state laws provide special protections for specific kinds of information and require written permission from you before that information is disclosed. Except as otherwise indicated in this notice, uses and disclosures will generally be made only with your written permission and are subject to your right to cancel such permission. Cancellation of your written permission must be supplied in writing. This cancellation will not affect information disclosed before you cancelled the permission.

Your rights regarding information we maintain about you:
The following are your various rights under HIPAA concerning your information.

- **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 say “yes” to all reasonable requests.

- **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 operations. 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.

- **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**
  - If you have given someone medical power of attorney or if someone is your legal guardian, 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.

- **File a complaint if you feel your rights have been violated**
  - You can complain if you feel we have violated your rights by contacting the University of Colorado’s Privacy Officer via phone (303) 724-0938 or email hipaa@ucdenver.edu.
  - 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/. We will not retaliate against you for filing a complaint.
Minimum necessary standard
When using or disclosing information or when requesting information from another covered entity or business associate, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of information necessary to accomplish the intended purpose of the use, disclosure or request. However, the minimum necessary standard will not apply in the following situations:

• Disclosures to or requests by a health care provider for treatment;
• Uses or disclosures made to the individual;
• Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
• Uses or disclosures that are required by law; and,
• Uses or disclosures that are required for the Plan’s compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Plan may use or disclose “summary health information” to specified business associates for obtaining premium bids or modifying, amending or terminating the Plan, which summarizes the claims history, claims expenses or types of claims experienced by individuals for whom the Plan has provided health benefits, and from which identifying information has been deleted in accordance with HIPAA. This information does not identify you and is not subject to this notice.

Whom to contact at the Plan for more information:
If you have questions regarding this notice or the subjects addressed in it, you may contact:
Office of Graduate Medical Education Benefits
Mailstop C293
13001 East 17th Place Room N4223
Aurora CO 80045
Phone: 303-724-6024

Conclusion:
Information use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find the text of HIPAA at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the HIPAA regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.