

## Privacy Policy

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.

### **Commitment to Privacy**

The Villanova University Health and Welfare Plan (the "Welfare Plan") and the Villanova University Cafeteria Plan (the "Cafeteria Plan") (collectively the "Plan" or the "Plans") are committed to protecting the privacy of your protected health information. Protected health information is information that identifies you and relates to a physical or mental condition, or to the provision or payment of health services for you. The Plan also pledges to provide you with certain rights related to your protected health information.

Both the Welfare Plan and the Cafeteria Plan are hybrid entities under HIPAA. This means that HIPAA only applies to the health care benefits provided under the Plans – specifically, under the Welfare Plan, the medical reimbursement (for HMO participants only), dental and employee assistance program (EAP) benefits, and under the Cafeteria Plan, the health care reimbursement benefit. You will receive a separate Notice of Privacy Practices from the carrier of your medical plan, if applicable. Please note that you are only entitled to the rights under this Notice to the extent that you are enrolled and participate in a covered health care benefit (as described above) under the Welfare or Cafeteria Plans.

By this Notice of Privacy Practices ("Notice"), the Plan informs you that it has the following legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the related regulations ("federal health privacy law"):

- to maintain the privacy of your health information;
- to provide you with this Notice of its legal duties and privacy practices with respect to your protected health information; and
- To follow the terms of this Notice currently in effect.

This Notice also informs you how the Plan uses and discloses your protected health information and explains the rights that you have with regard to your protected health information maintained by the Plan. For purposes of this Notice, "you" and "yours" refers to participants and dependents who are eligible for benefits described under the Plan.

**IMPORTANT:** Receipt of this notice does not mean you are eligible or enrolled under the Welfare or Cafeteria Plan. Eligibility and enrollment are determined by the Plan documents and your elections.

### **Information Subject to This Notice**

The Plan collects certain health information about you to help provide health benefits to you, as well as to fulfill legal requirements. The Plan collects this information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Plan's administrative staff and health care providers, and from reports and data provided to the Plan by health care service providers or other employee benefit plans. The health information the Plan has about you includes, among other things, your name, address, phone number, birth date, social security number, and medical and health claims information. This is the information that is subject to the privacy practices described in this Notice.

This Notice does not apply to health information collected or maintained by Villanova University (the "University") on behalf of the non-health employee benefits that it sponsors, including disability benefits, life insurance, accidental death and dismemberment insurance, tuition benefits, and workers' compensation insurance. This Notice also does not apply to health information that the University requests, receives, and maintains about you for employment purposes, such as determining your eligibility for medical leave benefits under the Family and Medical Leave Act or disability accommodations under the Americans with Disabilities Act.

### **The Plan's Usage and Disclosures**

Except as described in this section, as provided for by federal, state or local law, or as you have otherwise authorized, the Plan only uses and discloses your protected health information for the administration of the Plan and for processing claims. The uses and disclosures that do not require your written authorization are described below.

#### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

1. For Treatment. The Plan may use and disclose your protected health information to a health care provider, such as a hospital or physician, to assist the provider in treating you. For example, the Plan may disclose to a treating specialist the name of your primary care physician so that the specialist may communicate with your primary care physician concerning your condition.
2. For Payment. The Plan may use and disclose your protected health information so that your claims for health care services can be paid according to its terms. For example, if the Plan has a question about payment for health care services that you received, the Plan may contact your health care provider for additional information.
3. For Health Care Operations. The Plan may use or disclose your protected health information so it can operate efficiently and in the best interests of its participants. For example, the Plan may disclose health information to its auditors to conduct an audit involving the accuracy of claim payments.
4. Other Health-Related Products or Services. The Plan may use your protected health information to contact you or give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your protected health information to its third-party administrators to assist in these activities.

#### **Uses and Disclosures to Business Associates**

The Plan may disclose your protected health information to third parties that assist the Plan in its operations. For example, the Plan may share your protected health information with its business associate if the business associate is responsible for paying medical claims for the Plan. The Plan's business associates have the same obligation to keep your protected health information confidential as the Plan does. The Plan must require its business associates to ensure that your protected health information is protected from unauthorized use or disclosure.

#### **Uses and Disclosures to the Plan Sponsor**

The Plan may disclose your protected health information, without your consent, to the University for administration purposes, such as determining the amount of benefits you or your eligible dependent is entitled to from the Plan, determining or investigating facts that are relevant to a benefit claim,

determining whether your benefits should be terminated or suspended, performing duties that relate to the establishment, maintenance, administration and/or amendment of the Plan, communicating with you about the status of a claim, recovering any overpayment or mistaken payments made to you, and handling issues related to subrogation and third party claims.

### **Other Uses and Disclosures That May Be Made Without Your Authorization**

The federal health privacy law provides for specific uses or disclosures of your protected health information that the Plan may make without your authorization, which are described below.

1. **Required by Law.** The Plan may use and disclose protected health information about you as required by federal, state or local law. For example, the Plan may disclose your protected health information for certain law enforcement purposes or pursuant to a court order or other legal process.
2. **Health and Safety.** Your protected health information may be disclosed to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Your protected health information also may be disclosed for public health activities, such as preventing or controlling disease or disability.
3. **Government Functions.** Your protected health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, and protection of public officials. Your protected health information also may be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.
4. **Active Members of the Military and Veterans.** Your protected health information may be used or disclosed to comply with laws related to military service or veterans' affairs.
5. **Workers' Compensation.** Your protected health information may be used or disclosed in order to comply with laws related to Workers' Compensation.
6. **Emergency Situations.** Your protected health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.
7. **Others Involved In Your Care.** In limited instances, your protected health information may be used or disclosed to a family member, close personal friend, or others who the Plan has verified are involved in your care or payment for your care. For example, if you are seriously injured and unable to discuss your case with the Plan, the Plan may so disclose your protected health information. In addition, upon request, the Plan may advise a family member or close personal friend about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.
8. **Personal Representatives.** Your protected health information may be disclosed to people you have authorized or people who have the right to act on your behalf. Examples of personal representatives are parents for minors, and those who have Power of Attorney for adults.
9. **Treatment and Health-Related Benefits Information.** The Plan and its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services or medication.

10. Research. Under certain circumstances, the Plan may use or disclose your protected health information for research purposes, as long as the procedures required by law to protect the privacy of the research data are followed.
11. Organ and Tissue Donation. If you are an organ donor, your protected health information may be used or disclosed to an organ donor, eye, or procurement organization to facilitate an organ or tissue donation or transplantation.
12. Deceased Individuals. The protected health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.
13. Lawsuits and Disputes. The Plan may disclose protected health information in response to a court or administrative order, if you are involved in a lawsuit or dispute. The Plan may also disclose protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the health information requested.

In most situations, reasonable measures will be taken to limit the use and disclosure of protected health information to the individuals who need it and to the amount of information necessary to perform a particular function.

#### **Uses and Disclosures for Fundraising and Marketing Purposes**

The Plan does not use your protected health information for fundraising or marketing purposes.

#### **Any Other Uses and Disclosures Require Your Express Authorization**

Uses and disclosures of your protected health information other than those described above will be made only with your express written authorization. You may revoke your authorization in writing. If you do so, the Plan will not use or disclose your protected health information authorized by the revoked authorization, except to the extent that the Plan already has relied on your authorization.

Once your protected health information has been disclosed pursuant to your authorization, the federal privacy protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or the Plan's knowledge or authorization.

#### **Your Health Information Rights**

You have the following rights regarding your protected health information that the Plan collects and maintains. If you are required to submit a written request related to these rights, as described below, you should address such requests to HIPAA Privacy Officer, Office of Human Resources, Villanova University, 800 Lancaster Avenue, Villanova, PA 19085, (610) 519-7900.

#### **Right to Inspect and Copy Protected Health Information**

You have the right to inspect and obtain a copy of your health record. This includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records. To inspect and copy your health record maintained by the Plan, submit your request in writing. The Plan charges a reasonable fee for the cost of copying your health record, and charges you the cost of mailing your health record to you. If the Plan maintains your protected health information in an electronic format, you can receive it electronically or have it sent electronically to a designated person. In certain

limited circumstances, the Plan may deny your request to inspect and copy your health record. If the Plan does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

### **Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location**

You have the right to request that the Plan communicate your protected health information to you in confidence by alternative means or in an alternative location. For example, you can ask that the Plan only contact you at work or by mail, or that the Plan provide you with access to your protected health information at a specific location. To request confidential communications by alternative means or at an alternative location, submit your request in writing, including, the reason(s) for your request and the alternative means by or location at which you would like to receive your protected health information. If appropriate, your request should state that the disclosure of all or part of your protected health information by non-confidential communications could endanger you. The Plan will accommodate reasonable requests and will notify you appropriately.

### **Right to Request That Your Protected Health Information Be Amended**

You have the right to request that the Plan amend your protected health information if you believe the information is incorrect or incomplete. To request an amendment, submit a detailed request in writing that provides the reason(s) that support your request. The Plan may deny your request if you have asked to amend information that:

- Was not created by the Plan, unless you provide the Plan with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of your protected health information maintained by or for the Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

The Plan will notify you in writing as to whether it accepts or denies your request for an amendment to your protected health information. If the Plan denies your request, it will explain the reason(s) for the denial, and describe how you can continue to pursue the denied amendment.

### **Right to an Accounting of Disclosures**

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your protected health information by the Plan to others, except that disclosures for treatment, payment or health care operations, disclosures made to or authorized by you, and certain other disclosures are not part of the accounting. The accounting covers up to six years prior to the date of your request. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.

To request an accounting of disclosures, submit your request in writing. The first accounting that you request within a twelve-month period will be free. For additional accountings in a twelve-month period, the Plan will charge you for the cost of providing the accounting, but the Plan will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request restrictions on your protected health care information that the Plan uses or discloses about you to carry out treatment, payment or health care operations. In addition, you have the right to request restrictions on your protected health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Plan is not required to agree to your request for such restrictions, and the Plan may terminate its agreement to the restrictions you requested. However, the Plan will agree to appropriate restrictions if your protected health information pertains to health care items or services that you paid for entirely out-of-pocket and the disclosure of the protected health information is for purposes of payment or health care operations. To request restrictions, submit your request in writing, and advise the Plan as to what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Plan will notify you in writing as to whether it agrees to your request for restrictions. The Plan will also notify you in writing if it terminates an agreement to the restrictions that you requested.

### **Right to Complain**

You have the right to complain to the Plan and/or to the Department of Health and Human Services, if you believe your privacy rights have been violated. To file a complaint with the Plan, submit your complaint in writing to HIPAA Privacy Officer, Office of Human Resources, Villanova University, 800 Lancaster Avenue, Villanova, PA 19085, (610) 519-7900.

You may contact the Department of Health and Human Services at the Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC, 20201, (202) 619-0251/(877) 696-6775, <http://www.hhs.gov/contactus.html>.

You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Plan or with the Department of Health and Human Services.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice. To make such a request, submit a written request to HIPAA Privacy Officer, Office of Human Resources, Villanova University, 800 Lancaster Avenue, Villanova, PA 19085, (610) 519-7900.

You may also obtain a copy of this Notice at the University's Web site, [www.hr.villanova.edu](http://www.hr.villanova.edu)

### **Changes in the Plan's Privacy Practices**

The Plan reserves the right to change its privacy practices and make the new practices effective for all health information that it maintains. If the Plan materially changes any of its privacy practices covered by this Notice, it will provide you with a revised Notice.

### **Effective Date**

This Notice is effective as of February 17, 2010, and will remain in effect unless and until the Plan publishes a revised Notice.