

**Group Health Plans of Rosalind Franklin University of Medicine and Science
Notice of Privacy Practices**

**THIS NOTICE DESCRIBES
HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

All of the individual group health plans sponsored by Rosalind Franklin University of Medicine and Science (“Group Health Plans” or “we”) have agreed to abide by the terms of this joint notice. We are required by law (the federal HIPAA Privacy Rule) to maintain the privacy of protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices regarding PHI. We are required to abide to the terms of this notice. We may change at any time the terms of this notice for all PHI we maintain. If we do so, we will revise this notice to reflect the new terms and mail (using the last known address in our files) a copy of the new notice to you.

PERMITTED USES AND DISCLOSURES

At times, other federal laws and the laws of the State of Illinois impose stricter limits on the use and disclosure of PHI than the HIPAA Privacy Rule. In those cases, the HIPAA Privacy Rule states that we must follow the laws that provide you with the greater amount protection over your PHI. Subject to those stricter limits, we may use and disclose your PHI as follows:

Treatment. We may use or disclose your PHI (including within the Group Health Plans) for treatment activities of a health care provider. For example, we may disclose your PHI to a physician who is providing medical care to you.

Payment. We may use or disclose your PHI (including within the Group Health Plans) for activities relating to health care reimbursement, obtaining premiums, and determining coverage and providing benefits under the Group Health Plans. In addition, we may disclose your PHI for similar activities of a health care provider or other group health plan that relates to you. For example, we may use your PHI to make payments for health care services that were provided to you.

Health Care Operations. We may use or disclose your PHI (including within the Group Health Plans) for certain activities relating to the operation of the Group Health Plans. In addition, we may disclose your PHI for those activities relating to the operation of a health care provider or other group health plan with which you have a relationship. For example, we may use and disclose your PHI for activities relating to underwriting (except we may not use or disclose PHI that is genetic information for underwriting purposes), reinsurance, fraud and abuse detection, and compliance programs.

Other Permitted Uses and Disclosures. We may use and disclose your PHI so long as certain conditions that relate to your privacy and public necessity are met:

- * to **Persons Involved in Your Care or Payment of Your Care**, but you will have the opportunity to object and, if you do object, we will abide by your wishes.
- * to **Business Associates** who perform functions for us and who have promised in a written agreement to safeguard your PHI.
- * as **Required by Law**, so long as the specifics of the use or disclosure is no more than that required by the law.
- * for **Public Health Activities**, such as reporting disease, injury, and vital statistics.
- * to **Report Adult Abuse, Neglect, and Domestic Violence**, under certain conditions.
- * to a **Health Care Oversight Agency** that oversees the health care system.
- * for **Judicial and Administrative Proceedings**, so long as there is a lawful court order or other legal demand.
- * for certain **Law Enforcement Purposes**, such limited PHI relating to fugitives, crime victims, suspicious deaths, crimes on our premises, and crimes in emergencies.

- * certain information about **Decedents** to coroners, medical examiners, funeral directors, and organ/tissue donation entities.
- * for **Research Purposes**, so long as an oversight board approves the request under strict guidelines, is preparatory work that does not leave the University, or is about decedents.
- * to **Avert a Serious Threat to Health or Safety**, as necessary under the circumstances.
- * for certain **Specialized Government Functions**, such as Armed Forces personnel, national security activities, correctional facilities, and government health benefit programs.
- * for **Workers' Compensation** programs.
- * to contact you and provide information about **Health-Related Benefits and Services** that may be of interest to you.
- * to the **Plan Sponsor**, if applicable, of the group health plan.
- * a **Limited Data Set**, which deletes certain information about you, so long as the PHI is only used for research, public health, or health care operations purposes and the recipient agrees in writing to safeguard your PHI.

Your Written Authorization. Other than the uses and disclosures discussed above, we will not use or disclose your PHI without your written authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure that occurred prior to this University receiving your revocation.

YOUR RIGHTS

A brief summary of your rights are as follows. For additional information regarding these rights, you may contact the office listed at the end of this notice.

Access. You have the right to inspect and obtain a copy of your PHI records. To do so, you must seek access in writing. A reasonable fee may be charged for copying and postage, if applicable.

Amendment. You have the right to seek an amendment to your PHI records. To do so, you must make your request in writing. Even if the PHI record is determined to be accurate and complete, you have the right to submit a statement of disagreement.

Accounting. You have the right to obtain a list of certain uses and disclosures that occurred regarding your PHI. To do so, you must seek your accounting in writing. Some uses and

disclosures would not be mentioned on that list, such as those associated with treatment, payment, and health care operations and disclosures you personally authorized in writing.

Further Restrictions. You have the right to seek further restrictions on how we use or disclose your PHI. To do so, you must make your request in writing. Although we are not required to agree to most of those requests, we will review them and, if we do agree, we will document it and abide by it. We are required to agree to a request to restrict a disclosure of your PHI to a health plan for payment or health care operations purposes when the PHI relates to a health care item or service for which we have been paid in full by you or by other alternative means.

Confidential Communications. You have the right to request that we communicate with you using alternative means or at alternative locations if you request it in writing and state that disclosure of your PHI could endanger you. If the request is reasonable, we will accommodate it.

Copy of this Notice. You have the right to receive a paper copy of this notice upon request, even if you previously agreed to receive this notice electronically.

File a Complaint. You may file a complaint with us and to the U.S. Department of Health and Human Services if you believe we have violated your privacy rights and we will not retaliate against you in any way. To file a complaint with us, you should contact the office listed at the end of this notice.

Notice of Breach. You have the right to receive notifications of breaches of your unsecured PHI.

FURTHER INFORMATION

If you have any questions, desire to file a complaint, or seek further information about matters contained in this notice, you may contact:

Manager of Benefits and Compensation
Rosalind Franklin University
of Medicine and Science
3333 Green Bay Road
North Chicago, Illinois 60064-3095
Tel: (847) 578-8756