

## **BOWDOIN COLLEGE HEALTH PLANS 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.**

THIS NOTICE PROVIDES YOU WITH INFORMATION REQUIRED BY LAW about how the Bowdoin College Health Plan, the Bowdoin College Dental Plan, and the Bowdoin College Health Care Reimbursement Plan (the "Plans") sponsored by Bowdoin College (the "Plan Sponsor") may use and disclose your medical information. It also describes your rights to access and control your medical information. The Plans provide group health benefits to you as described in your respective summary plan descriptions for the Plans. The Plans receive and maintain your medical information in the course of providing these health benefits to you. The Plans are required by Federal law to maintain the privacy of your medical information and to provide you with this Notice.

As used in this Notice, your medical information means your "protected health information" or "PHI." PHI is information, including demographic information, that may identify you and that relates to health care services provided to you, payment for health care services provided to you, or your physical or mental health or condition, in the past, present or future.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2004. The Plans are required to follow the terms of this Notice until it is replaced. The Plans reserve the right to change the terms of this Notice at any time. In that event, the Plans will send a new notice to all participants covered by the Plan at that time. The Plans reserve the right to apply the changes to all of your PHI maintained by the Plans before and after the effective date of the new Notice.

### **Purposes for which the Plan May Use or Disclose PHI Without Your Authorization**

The Plans may use and disclose your PHI for treatment, payment, and health care operations:

- Health Care Providers' Treatment Purposes. Treatment refers to the provision and coordination of health care by a doctor, hospital, or other health care provider. For example, the Plans may disclose your PHI to your doctor, at the doctor's request, for your treatment by him or her. The Plans themselves do not provide treatment.
- Payment. Payment refers to the activities of the Plans in collecting contributions and paying claims for health care services you receive. For example, the Plans may use or disclose your PHI to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment. Other examples include sending your 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; and providing PHI to the pertinent Plan's third party administrators for pre-certification or case management services.
- Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate the Plans. For example, the Plans may use or disclose your PHI (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop one of the Plan's business.

In addition, the Plans may use and disclose your PHI 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.
- In providing you with information about treatment alternatives and other benefits and services that may be of interest to you as a result of a specific condition that the Plan is case managing.
- 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 medical privacy rules.
- To a "business associate" that performs services for the pertinent Plan. Each business associate must agree in writing to ensure the continuing confidentiality and security of your PHI.
- To the Plan Sponsor, under these circumstances: (i) Each Plan may disclose, in summary form, claims history and other similar information, that does not disclose your name or other distinguishing characteristics. (ii) Each Plan may disclose the fact that you are enrolled in, or disenrolled from the Plan. (iii) Each Plan may disclose your PHI to the Plan Sponsor for Plan administrative functions if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your PHI. The Plan Sponsor also must agree not to use or disclose your PHI for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.
- 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 Plans, or requests to audit the Plans; to federal officials for lawful intelligence, counterintelligence and other national security purposes; to public health authorities for public health purposes; and to appropriate military authorities, if you are a member of the armed forces.
- In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
- As required for limited law enforcement purposes or to avert a serious threat to an individual's health or safety (for example, to notify authorities of a criminal act).
- As required to comply with Workers' Compensation or other similar programs established by law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.

**Uses and Disclosures with Your Authorization**

None of the Plans will use or disclose your PHI for any other purposes except those listed above unless you give the applicable Plan your written authorization to do so. If you give a Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all of your PHI that the Plan maintains, unless the Plan has taken action in reliance on your authorization.

**Other Health Information**

Not all health information relating to you is PHI subject to these rules. The use and disclosure of health information that you provide (or that is provided by someone else at your request) and is received and maintained by your employer as part of your employment records is not subject to these rules. Your employer may use such information to fulfill its legal obligations under the Family and Medical Leave Act, the Americans With Disabilities Act, or to disclose such health information in connection with the provision to you (or your beneficiaries) of life insurance, disability, or workers' compensation benefits.

### **Your Rights Regarding Your Medical Information (PHI)**

You may make a written request to a Plan to do one or more of the following concerning your PHI:

- To put additional restrictions on the Plan's use and disclosure of your PHI. The Plan does not have to agree to your request.
- To communicate with you in confidence about your PHI by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect contributions and pay claims. Your request must specify the alternative means or location to communicate with you in confidence.
- To see and get copies of 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 to 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. If your request for access is denied, you may have a right to have that decision reviewed
- To correct your PHI in a designated record set, for as long as the Plan maintains the PHI. The Plan may deny your request if it determines that the medical information was not created by the Plan, is not part of designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If the Plan denies your request, you have the right to include a statement of disagreement with your PHI, and the Plan has a right to include- a rebuttal to your statement, a copy of which will be provided to you.
- To receive a list of disclosures of your PHI that the Plan and its business associates for certain purposes (not including disclosures for treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative) for the last 6 years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this Notice if you received this notice by e-mail or on the internet, even if you previously agreed to accept this Notice electronically.

To exercise any of these rights described in this Notice, please contact the Contact Office (below). The Contact Office will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

### **Complaints**

If you believe your privacy rights have been violated by a Plan, you have the right to complain to the Plan or to the Secretary of the HHS. You may file a complaint with the Plan at our Contact Office. Neither the Plan nor the Plan Sponsor will retaliate against you if you choose to file a complaint with the Plan or with HHS.

### **Contact Office**

To request additional copies of this Notice or to receive more information, please contact:

Director of Human Resources  
Bowdoin College  
3500 College Station  
Brunswick, Maine 04011-8246  
Telephone: 207-725-3837      Fax: 207-725-3976  
[E-mail: tspoerii@bowdoin.edu](mailto:tspoerii@bowdoin.edu)