



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

This Notice applies to the health benefits provided by the USA Health & Dental Plan under the Basic Plan and Standard Plan of benefits, hereafter referred to as "the Plan". References to "we" and "us" throughout this Notice mean the Plan. This Notice has been drafted to comply with the HIPAA Privacy Rules under federal law. Any terms that are not defined in this Notice have the meaning specified in the HIPAA Privacy Rules. Please provide this Notice to your family.

**How We Protect Your Privacy**

We are required by law to protect the privacy of your protected health information, to provide you with this notice of our privacy practices and to notify you if there has been a breach of your unsecured PHI. We will not disclose confidential information without your authorization unless it is necessary to provide your health benefits and administer the Plan, or as otherwise required or permitted by law. When we need to disclose individually identifiable information, we will follow the policies described in this Notice to

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activities or develop programs. We may also provide your protected health information to our attorneys, accountants and other consultants who assist us in performing our functions. We may disclose your protected health information to other health care providers or entities for certain health care operations activities, such as quality assessment and improvement activities, case management and care coordination, or as needed to obtain or maintain accreditation or licenses to provide services. We will only disclose your protected health information to these entities if they have or have had a relationship with you and your protected health information pertains to that relationship, such as with other health plans or insurance carriers in order to coordinate benefits, if you or your family members have coverage through another health plan.

**Disclosures to the Plan Sponsor**The University of South Alabama is the Plan sponsor. We may disclose your protected health information to the Plan sponsor. The Plan sponsor is not permitted to use protected health information for any purpose other than the administration of the Plan. The Plan sponsor must certify, among other things, that it will only use and disclose your protected health information as permitted by the Plan, it will restrict access to your protected health information to those individuals whose job it is to administer the Plan and it will not use protected health information for any employment-related actions or decisions. The Plan may also disclose enrollment information to the Plan sponsor. The Plan may also disclose summary health information to the Plan sponsor for purposes of obtaining bids for health insurance or lending or modifying the Plan.

**Disclosures to Business Associates**We contract with individuals and entities (business associates) to perform various functions on our behalf or provide

information to facilitate the duties of these individuals

**Immunization Records:** We may disclose immunization records to schools where state law allows for such disclosures.

**Organ procurement:** We may disclose protected health information to facilitate organ donation and transplantation.

**Medical research:** We may disclose protected health information for medical research projects, subject to strict legal restrictions.

Right to obtain a list of the disclosures You have the right to get a list of protected health information disclosures, which is also referred to as an accounting. You must make a written request to the Privacy Officer to obtain this information.

The list will not include disclosures we have made as authorized by law. For example, the accounting will not include disclosures made for treatment, payment and health care operations purposes (except as noted in the following paragraph). Also, no accounting will be made for disclosures made directly to you or under an authorization that you provided or those made to your family or friends. The list will not include other disclosures, including incidental disclosures, disclosures we have made for national security purposes, disclosures to law enforcement personnel or disclosures made before April 14, 2003. The list we provide will include disclosures made within the last six years (subject to the April 14, 2003 beginning date) unless you specify a shorter period.

The first list you request within a 12-month period will be free. You may be charged for providing any additional lists within a 12-month period.

Right to choose how we communicate with you You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by email).