

## **Notice of Privacy Practices (HIPAA – Health Insurance Portability & Accountability Act)**

**TO: Participants in the Endowed Health Plans as Self-Funded Health Plan, sponsored by Cornell University.**

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

**PLEASE REVIEW IT CAREFULLY.**

(This Notice only pertains to those benefits under the Plan which are covered under the Health Insurance Portability and Accountability Act of 1996.)

### **Contact Information for Privacy Concerns or further information about this notice:**

Privacy Officer: Sr. Director of Benefit Services & Administration, 395 Pine Tree Road, East Hill Office Building, Suite 110, Ithaca, NY 14850. (Phone: 607-255-3936; fax 607-255-6873).

### **About This Notice**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires Cornell University, which operates self-funded health plans and a fully insured dental plan (collectively “the Health Plans”) for its employees, to maintain the privacy of protected health information and to provide individuals with notice of its privacy practices with respect to such Health Plans. This notice outlines your rights with respect to the use of your information.

As we work every day to operate your health plan, protecting the confidentiality of your personal medical information has always been an important priority. The Plan has adopted policies to safeguard the privacy of your medical information and comply with federal law (specifically, the Health Insurance Portability and Accountability Act, known as “HIPAA”).

**Note:** “We” refers to Cornell University, as self-funded plan sponsor, and may also include fully insured plans such as the Triple S and MetLife. “You” or “yours” refers to the individual participants in the Plan. If you are covered by an insured health option under the Plan, you may have or will also receive a separate notice from your insurer or HMO.

This Notice explains:

- How your personal medical information may be used, and
- What rights you have regarding this information.

## How The Plan May Use Your Information

In order to manage your health plan effectively, Aetna Inc.; MetLife; DavisVision; Payflex; OptumRx; Triple S and Aon/Alight Consulting (“the Health Plan Vendors”) are permitted by law to use and disclose your personal medical information (called “Protected Health Information”) in certain ways without your authorization:

### FOR TREATMENT.

So that you receive appropriate treatment and care, providers may use your Protected Health Information to coordinate or manage your health care services. The Health Plan Vendors may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

### FOR PAYMENT.

To make sure that claims are paid accurately and you receive the correct benefits, the Health Plan Vendors may use and disclose your Protected Health Information to determine plan eligibility and responsibility for coverage and benefits. For example, we may use your information when we confer with other health plans to resolve a coordination of benefits issue. We may also use your Protected Health Information for utilization review activities.

### FOR HEALTH CARE OPERATIONS.

To ensure quality and efficient plan operations, the Health Plan Vendors may use your Protected Health Information in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used, for example, to assist in the evaluation of a vendor who supports us. The Health Plan Vendors or Providers also may contact you with appointment reminders or to provide information about treatment alternatives or other health-related benefits and services available under the Plan.

We may also disclose your Protected Health Information to Cornell University (the plan sponsor) in connection with these activities. If you are covered under an insured health plan, the insurer also may disclose Protected Health Information to the plan sponsor in connection with payment, treatment or health care operations.

The Plan is prohibited from using or disclosing genetic information for underwriting purposes, and will not use or disclose any of your Protected Health Information which contains genetic information for underwriting purposes.

### OTHER PERMITTED USES AND DISCLOSURES

Federal regulations allow the Health Plan Vendors to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with law:

- ▶ Public health
- ▶ Reporting and notification of abuse, neglect or domestic violence
- ▶ Oversight activities of a health oversight agency
- ▶ Judicial and administrative proceedings
- ▶ Law enforcement
- ▶ Research, as long as certain privacy-related standards are satisfied

- ▶ To a coroner or medical examiner
- ▶ To organ, eye or tissue donation programs
- ▶ To avert a serious threat to health or safety
- ▶ Specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)
- ▶ Workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness
- ▶ Other purposes required by law, provided that the use or disclosure is limited to the relevant requirements of such law.

#### **IN SPECIAL SITUATIONS...**

The Health Plan Vendors may disclose your Protected Health Information to a family member, relative, close personal friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care.

We may also use your Protected Health Information to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

#### **USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION IS REQUIRED**

Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes, and disclosures which constitute a sale of Protected Health Information. We will make any other uses and disclosures not described in this Notice only after you authorize them in writing. You may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

### **Your Rights Regarding Protected Health Information**

You have the right to request the Health Plan Vendors:

- ▶ Allow you to inspect and copy your Protected Health Information
- ▶ Amend or correct inaccurate information
- ▶ Receive a paper copy of this Notice, even if you agreed to receive it electronically
- ▶ Receive an accounting of certain disclosures of your information made by us
- ▶ However, you are not entitled to an accounting of several types of disclosures including, but not limited to:
  - ▶ Disclosures made for payment, treatment or health care operations

- ▶ Disclosures you authorized in writing
- ▶ Disclosures made before April 14, 2007.

### **RIGHT TO REQUEST RESTRICTIONS**

You may ask the Health Plan Vendors to restrict how the use and disclose your Protected Health Information as we carry out payment, treatment, or health care operations. You may also ask the Health Plan Vendors to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. However, the Health Plan Vendors are not required to agree to these requests.

### **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You may request to receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to an address other than your home.

*For more information about exercising these rights, contact the health plan vendor's office(s) on the following page.*

### **Complaints**

If you believe that your privacy rights have been violated, or that the privacy or security of your unsecured Protected Health Information has been compromised, you may file a written complaint without fear of reprisal. Direct your complaint to Cornell University (see below) or to the appropriate regional office of the Office of Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **About This Notice**

We are required by law to maintain the privacy of your Protected Health Information, to provide you with a copy of this Notice regarding our legal duties and privacy practices with respect to Protected Health Information, and to notify you following a breach of your unsecured Protected Health Information. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this Notice, you will receive a copy of the new Notice from the Plan. A copy of the current Notice will be maintained by Cornell University's Benefit Services & Administration at all times. You may also obtain a copy of this notice on our website [www.hr.cornell.edu/benefits](http://www.hr.cornell.edu/benefits)

### **Contact Us**

You may exercise the rights described in this Notice by contacting Cornell University, Benefit Services & Administration identified below, which will provide you with additional information. The contact is:

Cornell University  
Benefit Services & Administration  
Attn: Gordon Barger (e.g., HIPAA Privacy Official)  
395 Pine Tree Road  
East Hill Office Building, Suite 110  
Ithaca, NY 14850  
Telephone: 607-255-3936  
Fax: 607-255-6873

**HEALTH PLAN VENDOR ADDRESSES:**

Aetna, Inc.  
P.O. Box 981109  
El Paso, TX  
79998-1109

Triple S  
GPO Box 363628  
San Juan, Puerto Rico 00936-3628

OptumRx  
1600 McConnor Parkway  
Schaumburg, IL 60173-6801

Aon/Alight Consulting  
Flex Administration #00559-80  
P.O. Box 2845  
Winston-Salem, NC 27102

PayFlex Systems USA, Inc  
10802 Farnam Drive, Suite 100  
Omaha, NE 68154

MetLife  
200 Park Avenue  
New York, NY 10166

DavisVision  
120 Fifth Avenue, Fifth Avenue Place  
Pittsburgh, PA 15222