UAB SELF FUNDED GROUP HEALTH PLAN
ADMINISTERED BY BLUE CROSS AND BLUE SHIELD OF ALABAMA
NOTICE OF HEALTH INFORMATION PRACTICES

Effective Date: April 14, 2003

Date Amended: September 16, 2013

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 GIVES YOU INFORMATION REQUIRED BY LAW about the privacy practices of the UAB self-insured group health plan (“the Plan”) administered by Blue Cross and Blue Shield of Alabama (a business associate). The Plan is sponsored by The University of Alabama at Birmingham (the “Plan Sponsor” or “UAB”). The Plan Sponsor is a hybrid covered entity, and this Notice applies to the Plan and the administrative departments at UAB, the University of Alabama System, the UAB Health System, and the UAB Hospital Management, LLC., that may provide legal, billing, auditing, technology support or other administrative support for the Plan. These departments include, but are not limited to, the University of Alabama System (“UAS”) Office of Counsel; the UAS Office of Internal Audit; the UAB Privacy and Security Officers; the UAB Human Resources department, Information Technology, and Compliance departments; and, the UAB and UAS Risk Management. For purposes of this Notice, the group health plan and its affiliated administrative support departments, when providing administrative support for the group health plan are referred to as the Plan.

The Plan provides health benefits to you as described in your Plan’s Summary Plan Description. The Plan receives and maintains your medical information in the course of providing health benefits to you. The Plan has also hired business associates, such as Blue Cross and Blue Shield of Alabama, to help provide these benefits to you. These business associates will also receive and maintain your medical information in the course of assisting the Plan.

The Plan is required by law to maintain the privacy of your protected health information, to provide you with notice of its legal duties and privacy practices with respect to that protected health information, and to notify you following a breach of unsecured protected health information about you. The Plan is also required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If any Plan makes changes to this notice, a revised notice will be posted on the following website, http://www.uab.edu/benefits. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and/or after the effective date of the new notice.

**Purposes for which the Plan may use or disclose your medical information without your consent or authorization**

The Plan may use and disclose your medical information for the following purposes:

- **Health Care Providers’ Treatment Purposes.** For example, the Plan may disclose your medical information to your doctor, at the doctor’s request, for your treatment by him. As an example of this, the Plan may notify a doctor that you have not received a covered preventative health screening that is recommended by a national institute or authoritative agency, or we may alert your doctor that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, the Plan may help your doctor coordinate or arrange medical services that you need, or help your doctor find a safer prescription drug alternative. We may also disclose medical information about you to people outside the Plan who may be involved in your medical care, such as your family members or close friends. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

- **Payment.** For example, the Plan may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment. Examples include to pay claims for covered health care services, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under the Plan, to provide eligibility information to health care providers, to pursue recoveries from third parties (subrogation) or for payment activities associated with another covered health plan which provides you benefits, such as a flexible spending plan.
• **Health Care Operations.** For example, the Plan may use or disclose your medical information (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, except that the Plan is prohibited from using or disclosing your genetic information for underwriting purposes, (iii) to authorize business associate to perform data aggregation services, (iv) conducting or arranging for legal, billing, auditing, compliance, and other administrative support functions and/or services, (v) to engage in care coordination or case management, and (vi) to manage, Plan or develop the Plan’s business.

• **Individuals Involved in Your Care or Payment for Your Care.** The Plan may release information about to the Subscriber, a family member, friend or other person who is involved in your medical care or payment for your medical care, and to your personal representative(s) appointed by you or designated by applicable law. State and federal law may require us to secure permission from a child age 14 or older prior to making certain disclosures of medical information to a parent. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your status and location.

• **Health Services.** The Plan may use your medical information to contact you to 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 medical information to the Business Associate to assist the Plan in these activities.

• **Certain Marketing Activities.** The Plan may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by the Plan, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

• **As required by law.** For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers’ compensation or other similar laws.

• **To Business Associate.** The Plan may disclose your medical information to business associate the Plan hires to assist the Plan. The business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information. Other examples may include a copy service, consultants, accountants, lawyers and subrogation companies.

• **To Plan Sponsor.** The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or dis-enrolled from the Plan. The Plan may disclose your medical information to Designated Plan Sponsor Employees to perform customer service functions on your behalf and/or to perform administrative functions. These Designated Employees must agree to comply with the HIPAA Privacy Rule. The Plan Sponsor and its Designated Employees must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit Plan of the Plan Sponsor.

The Plan may also use and disclose your medical information as follows:

• To comply with legal proceedings, such as a court or administrative order or subpoena.
• To law enforcement officials for limited law enforcement purposes (for identification and location of fugitives, witnesses or missing persons, for suspected victims of crimes, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises).
• To your personal representatives appointed by you or designated by applicable 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.
• To avert a serious threat to your health or safety or the health or safety of others.
• To a governmental agency authorized to oversee the health care system or government programs.
• To federal officials for lawful intelligence, counterintelligence and other national security purposes.
• To public health authorities for public health purposes.
• To the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.
• To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission
The Plan will obtain your authorization to use or disclose your psychotherapy (other than for uses permitted by law without your authorization); to use of disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Except as provided in this notice, the Plan will not use or disclose your medical information for any other purpose without your written authorization. If you give the 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 your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your Rights
You may make a written request to any of the Plan to do one or more of the following concerning your medical information that the Plan maintains:

• To put additional restrictions on the Plan’s use and disclosure of your medical information. The Plan does not have to agree to your request.
• To communicate with you in confidence about your medical information 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 premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
• To see and get copies of your medical information. In limited cases, the Plan does not have to agree to your request.
• To correct your medical information. In some cases, the Plan does not have to agree to your request.
• To receive a list of disclosures of your medical information that the Plan and its business associate made for certain purposes 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.

If you want to exercise any of these rights described in this paragraph, please contact Blue Cross and Blue Shield of Alabama. Please direct your calls to the customer services number located on your membership card. You will be provided the necessary information and forms for you to complete and return to that office. In some cases, you may be charged a nominal, cost-based fee to carry out your request.

Complaints
If you believe your privacy rights have been violated by any of the Plan, you have the right to complain to UAB or to the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW. Atlanta,
GA 30303-8909
Voice Phone (404) 562-7886
FAX (404) 562-7881
TDD (404) 331-2867.

You may also file a complaint with the Plan at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Contact Office
To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following:

UAB Privacy Officer
GSB 415, 619 19th Street South, Birmingham, AL 35233
205-934-4724