

NOTICE OF HEALTH INFORMATION PRACTICES

Effective Date: April 14, 2003

Date Amended: 9/5/13

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.

WHO WILL FOLLOW THIS NOTICE.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the privacy practices of the UAB self-insured Flexible Spending Account (“the Plan”). 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 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, Information Technology, and Compliance departments; and, the UAB and UAS Risk Management. For purposes of this Notice, the self-insured Flexible Spending Account and its affiliated administrative support departments, when providing administrative support for the group health plan are referred to as the Plan.

This notice also applies to PayFlex Systems USA, Inc., the third party administrator of the Plan (“PayFlex”).

The Plan provides health benefits to you as described in your PayFlex Plan Description. The Plan receives and maintains your medical information in the course of providing health benefits to you. The Plan has also hires business associates, such as PayFlex, to help it provide these benefits to you. These business associates will also receive and maintain your medical information in the course of assisting the Plan. For purposes of this Notice, the Plan and PayFlex are referred to herein as “we” or “our”.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a membership record of your enrollment in the Plan. We also maintain records of payments we have made for health care reimbursements you have received. We need these records to provide the benefits and services you are entitled to receive as a member of the Plan and to comply with certain legal and regulatory requirements. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- notify you in the case of a breach of your unsecured identifiable medical information; and
- follow the terms of the Notice that is currently in effect until it is replaced.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** While the Plan generally does not use or disclose your PHI to health care providers for treatment, the Plan is permitted to do so if necessary.
- **For Payment.** We may use and disclose medical information about you for payment purposes, which includes reimbursing you for eligible health care expenses for you and your dependents that are not reimbursed by insurance. The Plan may use your information to determine your eligibility for enrollment and for reimbursement and other services, including responding to complaints, appeals and external review requests.
- **For Routine Health Care Operations.** We may use and disclose medical information about you for the Plan's routine operations. These uses and disclosures are necessary for the Plan to operate and make sure that all its members receive quality care. We may also combine medical information about many Plan members to decide what additional services or benefits the Plan should offer and what services or benefits are not needed.

Examples of health care operations include, but are not limited to:

- conducting quality assessment and improvement activities;
- engaging in care coordination or case management;
- detecting fraud, waste or abuse;
- providing customer service;
- business management and general administrative activities related to our organization and the services we provide; and
- underwriting, premium rating, or other activities relating to the issuing, renewal or replacement of the Plan.

Note: We will not use or disclose genetic information about you for underwriting purposes.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to the Subscriber, a friend or family member 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-Related Benefit and Service Reminders.** We may also use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. We may also disclose your medical information to our business associates to assist in these activities.
- **Research.** While we do not currently, under certain circumstances, we may use and disclose medical information about you to researchers when their clinical research study

has been approved by a facility's Institutional Review Board. Some clinical research studies require specific patient consent, while others do not require patient authorization. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.

- **Certain Marketing Activities.** We 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.
- **Business Associates.** There are some benefits and services the Plan provides through contracts with business associates. One example is our arrangement with PayfFex to serve as the third party administrator of the Plan. Other examples include a copy service we use when making copies of your health information, or other arrangements for consultants, accountants, lawyers, and subrogation companies. When these services are contracted, we may disclose your health information to these business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **The Plan Sponsor (Your Employer).** We may disclose, in summary form, your claim history and other similar information to the Plan Sponsor, your Employer. Such summary information does not contain your name or other distinguishing characteristics. We may also disclose to the Plan Sponsor the fact that you are enrolled in, or dis-enrolled from, the Plan. PayFlex may disclose to the Plan, and it may use, your medical information to perform certain administrative functions on behalf of the Plan (for example, to assist you or others acting on your behalf, in resolving complaints or coverage issues). The Plan/Plan Sponsor agrees to ensure the continuing confidentiality and security of your protected health information. The Plan/ Plan Sponsor also agrees not to use or disclose your protected health information for employment-related activities.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, products, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose to a government authority authorized by law to receive reports of child, elder, and domestic abuse or neglect.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure, and inspections. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the seeking party to tell you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release medical information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or release medical information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organ, eye or tissue to facilitate organ, eye or tissue donation and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- **Other uses and disclosures.** We will obtain your authorization to use or disclose your

psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU. You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes enrollment, payment, claims processing, and case or medical management records held by PayFlex.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to PayFlex (see contact information later in this Notice). If you request a copy (paper or electronic) of the information, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information kept by PayFlex.

To request an amendment, your request must be made in writing on the required form and submitted to PayFlex (see contact information later in this Notice). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information we keep;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing on the required form to PayFlex's Privacy Officer (see contact information later in this Notice). Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on the required form to PayFlex (see contact information later in this Notice). In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing on the required form to PayFlex (see contact information later in this Notice). We will not ask you the reason for your request, but your request must clearly state that the disclosure of all or part of the information could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization. Revocations must be made in writing to PayFlex (see contact information later in this Notice).
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at: <http://www.uab.edu/benefits>.

To obtain a paper copy of this Notice, call the UAB Privacy Officer (contact information listed below).

YOUR RESPONSIBILITIES FOR PROTECTING MEDICAL INFORMATION.

As a member of the Plan, you are expected to help us safeguard your medical information. For example, you are responsible for letting us know if you have a change in your address or phone number. You are also responsible for keeping your health plan ID card safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect someone has tried to access your records or those of another member without approval, you are responsible for letting us know as soon as possible so we can work with you to determine if additional precautions are needed.

CHANGES TO THIS NOTICE.

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. If we make a material change to this Notice, we will include the new Notice in our annual mailing to all Subscribers covered by PayFlex. We will also post the new Notice on the Plan's website at: <http://www.uab.edu/benefits>. The Notice will contain the effective date on the first page.

FOR MORE INFORMATION OR TO REPORT A PROBLEM.

If you have questions and would like additional information, you may contact UAB's Privacy Officer (see contact information below). If you believe your privacy rights have been violated, you may file a complaint with UAB or with the Secretary of the Department of Health and Human Services. To file a complaint with UAB, contact UAB's Privacy Officer (see contact information below).

UAB PRIVACY OFFICER – CONTACT INFORMATION.

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

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

NOTICE EFFECTIVE DATE: The effective date of the Notice is April 14, 2003, amended on September 5, 2013.

For request to inspect, copy, amend, restrict your medical information or for request for an accounting of disclosures of your medical information, contact PayFlex at the number you currently use to obtain Plan benefits assistance/information, and which should be located on the back of your health plan ID card. You will be provided the necessary information and forms for you to complete and return to that office, and PayFlex will advise the Plan of your request. In some cases, PayFlex may charge you a nominal, cost-based fee to carry out your request.