

# UPMC WELFARE BENEFITS PLAN

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**This notice is required by federal law. It describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.**

# UPMC

Employee Service Center • U.S. Steel Tower, Floor 56 • 600 Grant St. • Pittsburgh, PA 15219

### **Further Information**

**There is no need for you to respond to this notice.**

**Federal legislation establishes privacy standards and requires that we provide a summary of our policy. For additional information, you may contact the Employee Service Center toll-free at 800-994-2752, option 3.**

**You may also obtain a copy of this notice by visiting our website at [www.upmc.com](http://www.upmc.com).**

**Please note that this Privacy Policy went into effect Monday, April 14, 2003.**

**HIPAA Program Office  
U.S. Steel Tower, Floor 58  
600 Grant St.  
Pittsburgh, PA 15219  
412-647-5757**

**The University of Pittsburgh Medical Center strongly believes in protecting the confidentiality and security of information that is collected regarding our staff members and their dependents in an effort to administer health and welfare benefits. We want to assure you that we will continue to uphold our obligation to protect this information. The following notice, which is based on federal law governing financial and health privacy and on our own high standards of confidentiality, describes how information received regarding staff members and their families covered through the UPMC Welfare Benefits Plan is handled. The UPMC Welfare Benefits Plan includes the following plan coverages that are subject to the Health Insurance Portability and Accountability Act (HIPAA):**

**Medical • Employee Assistance Program • Prescription Drug • Health Care Flexible Spending Acct. • Vision • Dental**

## **COLLECTION AND USE OF INFORMATION**

Protected health information is the information the plan creates and obtains in providing benefits to you. Such information may include information regarding your health status, including diagnosis, treatment and claims payment, or the fact that you are enrolled in or have participated in the plan. Information that is collected will be used by authorized UPMC personnel, representatives, and trusted third parties, such as insurance carriers and administrators, whose services are required to assure the highest level of service to you. In the event we need to verify or collect additional information, we may obtain information from third parties such as adult family members, physicians, health system personnel, or other insurers with prior authorization from the individual in question.

## **DISCLOSURE OF INFORMATION**

The UPMC Welfare Benefits Plan is permitted by federal privacy laws to use and disclose your personal health information for purposes of treatment, payment, and health care operations. We do not disclose any protected information unless we believe it is necessary for the conduct of our business or where disclosure is required by law. There are some circumstances when we will disclose protected information related to medical underwriting or claims administration without authorization to third parties or affiliates assisting us with claims management, as permitted by law. We also will disclose protected information to third parties without authorization as required by law in such cases as subpoenas and mandated governmental disclosures.

The plan may make these uses and disclosures without your written authorization or consent.

### **Example of use of your health information for treatment purposes:**

During the course of your treatment, the physician determines that he or she will need to confirm information about your health benefits. The plan will share the information with your physician.

### **Example of use of your health information for payment purposes:**

Your physician submits requests for payment to the plan or its business associate. The plan or business associate requests and uses information from the physician regarding your medical care in order to make payment. The plan will provide information to the physician about you or your plan benefits.

### **Example of use of your information for health care operations:**

The plan may obtain services from business associates such as our third-party administrator or for legal services for plan administration and/or benefit claim adjudication. The plan will share information about you with such business associates as necessary to obtain these services.

## **PROTECTION OF INFORMATION**

Protected health information (PHI) means any nonpublic, individually identifiable health and other benefits-related information. Employees are required to protect the confidentiality of any received information. UPMC and our insurance carriers and administrators are required to maintain physical, electronic, and procedural safeguards to ensure the protection of information and to ensure these safeguards comply with all applicable laws. We will not disclose any nonpublic personal information about you except as authorized by law, as described in this privacy statement, or as otherwise communicated to you. Because we respect and share your concern for privacy, we will not provide your health or other benefits-related information to anyone outside of our companies, except as described above. We will notify you if we make any changes to this policy statement.

## **YOUR RIGHTS AND HEALTH INFORMATION**

The records we maintain are the physical property of the UPMC Employee Service Center (ESC). You have the following rights with respect to your PHI:

1. **Right to Request, to Inspect, and to Copy:** You have the right to request, to inspect, and to copy health information that may be used to make decisions about your care.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to your physician, the facility where you received medical care, or the appropriate insurance carrier or administrator as listed in Schedule A. You can call your physician office, facility, or appropriate insurance carrier or administrator to receive instructions about how to submit such a request. If you request a copy of the information, there may be associated costs of copying, mailing, or other supplies related to your request. A fee related to the actual inspection and review of the information also may be incurred.

In certain very limited circumstances, your request to inspect and copy may be denied. If you are denied access to health information, you may request a review of the denial. Procedures pertaining to the employee's request to review will be determined by the applicable insurance carrier or administrator. We will comply with the outcome of the review.

**2 Right to Request an Amendment:** If you feel that health information we have about you is incorrect or incomplete, you may request that the information be amended (corrected). You have the right to request an amendment for as long as the information is retained by the applicable insurance carrier or administrator. You must make your request in writing and submit it to your physician, the facility where you received care, or the appropriate insurance carrier or administrator. You also must provide a reason that supports your request.

Your request for an amendment may be denied if it is not in writing or does not include a reason to support your request. Your request may be denied if you ask us to amend information that:

- was not created by the applicable insurance carrier or administrator, unless the person or institution that created the information is no longer available to make the amendment
- is not part of the health information retained by the appropriate insurance carrier or administrator
- is not part of the information you are permitted to inspect and copy
- is accurate and complete

**3 Right to Request an Accounting of Disclosures:** You have the right to request what is called an accounting of disclosures. This is a list of the disclosures of health information about you that have been made available to those persons or entities outside of UPMC. This accounting does not include disclosures for treatment, payment, or health care operations or where you have provided UPMC with authorization to do so.

To request this list of disclosures, you must submit your request in writing to your physician, the facility where you received medical care, or the appropriate insurance carrier or administrator. You can call your physician office, facility, or appropriate insurance carrier or administrator to receive instructions about how to submit such a request. Your request must state the time period for which you want disclosures listed. It may not be longer than six years and may not include dates before April 14, 2003.

**4 Right to Request Restrictions:** You have the right to request that the health information used or disclosed about you for treatment, payment, or health care operations is restricted (limited). You also have the right to request a limit on the health information disclosed about you to someone who is involved in your care or payment for your care, such as a family member or friend. You can ask that information about a surgery you had is not used or shared.

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 give you emergency treatment. To request that we limit the health information we release, you must make your request in writing to your physician, the facility where you received medical care, or the appropriate insurance carrier or administrator. You can call your physician office, facility, or appropriate insurance carrier or administrator to receive instructions about how to submit such a request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) the person or institution the limits apply to (for example, your spouse).

**5 Right to Request Confidential Communications:** You have the right to request that communication with you about medical matters be conducted in a certain way or at a certain location. You can ask that you only be contacted at work or by mail. To request confidential communications, you must make your request in writing to your physician or facility where you have received care. We will not ask you the reason for your request. We will comply with all reasonable requests. Your request must state how or where you wish to be contacted.

**6 Right to Request 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 still have the right to a paper copy of this notice. You may contact the Employee Service Center toll-free at 800-994-2752, option 3, to obtain a paper copy.

You have the right to review this notice before signing the authorization for use and disclosure of your protected health information for reasons other than treatment, payment, and health care operations purposes.

## To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint directly with UPMC. You can do this by calling the UPMC Compliance Help Line (877-983-8442 toll-free) or by contacting the UPMC HIPAA Program Office listed at the end of this notice. You will be provided with assistance on the steps to take to exercise your rights.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must:

- name the UPMC entity that is the subject of the complaint and describe the violation
- file the complaint within 180 days of when you knew or should have known that the violation occurred

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment.

You will not be penalized for filing a complaint.

## Responsibilities of UPMC and Applicable Insurance Carriers and Administrators

UPMC is required to:

- maintain the privacy of your health information as required by law
- provide you with a notice as to our duties and privacy practices regarding the information we collect and maintain about you
- abide by the terms of this notice
- notify you if we cannot accommodate a requested restriction or request
- accommodate your reasonable requests regarding methods to communicate health information with you

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice, and we will issue a revised notice by first-class U.S. mail at your last known address. You are entitled to receive a revised copy of the notice by calling the UPMC Employee Service Center at 1-800-994-2752 option 3 and requesting a copy.

## **OTHER USES AND DISCLOSURES ALLOWED BY THE PRIVACY RULE**

### **Plan Sponsor**

The UPMC Welfare Benefits Plan may, without your permission, provide your personal health information to the Plan Sponsor, UPMC, as necessary to operate the plan.

### **Public Health Activities**

**Controlling Disease** — As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Child Abuse and Neglect** — We may disclose protected health information to public authorities as allowed by law to report child abuse or neglect.

**Food and Drug Administration (FDA)** — We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### **Victims of Abuse, Neglect, or Domestic Violence**

We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and, in the exercise of professional judgment, the physician believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

### **Oversight Agencies**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits; civil, administrative, or criminal investigations; inspections; licensures or disciplinary actions; and for similar reasons related to the administration of health care.

### **Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order or in response to a subpoena, discovery request, or other lawful process.

### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

### **Coroners, Medical Examiners, and Funeral Directors**

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

### **Organ Procurement Organizations**

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

### **Threat to Health and Safety**

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

### **For Specialized Governmental Functions**

We may disclose your protected health information for specialized government functions as authorized by law such as to U.S. military personnel, for national security purposes, or to public assistance program personnel.

### **Correctional Institution**

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

### **Workers' Compensation**

If you are seeking workers' compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to workers' compensation.

### **Other Uses and Disclosures**

Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization, which you may revoke except to the extent information or action has already been taken.

# Schedule A: List of Providers

**If you want more information about your privacy rights, do not understand your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that was made regarding access to your confidential information, you may contact the following applicable privacy offices.**

*UPMC and UPMC Welfare  
Benefits Plan administration:*

**UPMC  
HIPAA Program Office**  
U.S. Steel Tower, 58th Floor  
600 Grant Street  
Pittsburgh, PA 15219  
412-647-5757

*Medical, vision, prescription drug coverage,  
and health care flexible spending account:*

**UPMC Health Plan Privacy Officer**  
One Chatham Center, Suite 800  
112 Washington Place  
Pittsburgh, PA 15219  
877-574-5517 *(toll-free)*

*Dental coverage:*

**United Concordia Privacy Department**  
4401 Deer Path Road  
Harrisburg, PA 17110  
866-215-2352 *(toll-free)*

*Employee Assistance Program:*

**LifeSolutions  
HIPAA and Privacy Administration**  
110 Washington Place  
Suite 400  
Pittsburgh, PA 15219

**UPMC**