

**NOTICE OF PRIVACY PRACTICES FOR  
THE UNIVERSITY OF ALASKA HEALTH CARE PLAN PARTICIPANTS  
AND THEIR COVERED SPOUSES AND DEPENDENTS**

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**

The privacy provisions of the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) protect the manner in which your protected health information (“PHI”) may be used and disclosed by the University of Alaska Health Care Plan (the “Plan”). The purpose of this notice is to provide you with information regarding your PHI privacy rights.

**GENERAL RULES REGARDING HEALTH INFORMATION**

Information about you and your health is personal. The Plan is committed to protecting health information about you (i.e., PHI) which is obtained in connection with the operation and administration of the Plan. This notice will tell you about the ways in which the Plan and its Business Associates (e.g., the third party administrators (“TPA”), COBRA vendors and case management companies”)) may use and disclose PHI about you. It also describes your rights regarding and certain obligations the Plan has regarding the use and disclosure of PHI.

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan’s legal duties and privacy practices with respect to your PHI;
- notify you following a breach of unsecured PHI and
- follow the terms of the notice that is currently in effect.

**HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that the Plan may use and disclose PHI. Except as described below, authorization or an opportunity to object is not required for these uses or disclosures. In most cases, the Plan tries not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request. For each category of uses or disclosures this notice will give some examples. Not every use or disclosure in a category will be listed. In addition, many of the uses and disclosures may be performed on the Plan’s behalf by a Business Associate. However, all of the ways the Plan is permitted to use and disclose PHI will fall within one of the categories.

- **For Treatment.** The Plan may receive, use and disclose PHI about you to provide you with or help you to obtain health treatment or services. For example, the TPA may request and receive from your doctor information about the health condition for which you are seeking treatment in order to determine if the treatment you are seeking is covered by the Plan. The Plan may also contact you to provide information about treatment alternatives or other health-related benefits that may be of interest to you.
- **For Payment.** The Plan may receive, use and disclose PHI about you so that the bills for health treatment and services you have received may be paid by the Plan. For example, the TPA may need to have information about a surgery which you have received to determine payment for services. Similarly, the Plan may receive use and disclose PHI to the Benefits Department in order to provide it with the information necessary to process an appeal that you file.

- **For Health Care Operations.** The Plan may receive, use and disclose PHI about you for purposes of the Plan’s operations such as underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance, for legal or auditing functions or for general management and administrative activities. For instance, the TPA or an outside auditing firm on behalf of the Plan may perform a claims audit. The Plan is prohibited from using or disclosing your genetic information for underwriting purposes, which generally includes (1) determining your eligibility for benefits under the Plan, (2) computing the premium amounts for Plan coverage, (3) applying any pre-existing condition exclusion under the Plan, and (4) other activities related to the creation, renewal, or replacement of health benefits. In general, and subject to certain exceptions, your genetic information includes genetic tests of you and your family members (up to the fourth degree of kinship), family medical histories, and genetic counseling and education. .
- **Plan Sponsor Information Request.** The Plan may disclose to the University of Alaska (the “Company”) and the affiliates who participate in the Plan (collectively the “Employer”) summary health information (i.e., de-identified statistical information that summarizes the claims history, claims expenses or type of claims experienced by covered persons under the Plan) for the purpose of obtaining premium bids for providing health insurance coverage under the Plan or determining Plan design.

The Plan may also disclose to the Employer information on whether a person is participating in the Plan and his or her benefit elections.

The Plan may also disclose PHI to the Employer for specific plan administration purposes such as treatment, payment or health care operations, as described above.

The Employer can only be provided PHI regarding covered persons as provided in the Plan document and consistent with this notice.

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you advise the Plan otherwise by completing the attached Disclosure Objection Form and returning a copy of such completed form to the Plan’s Contact Person, the Plan will be entitled to disclose protected health information that is relevant to your health care treatment under the Plan or payment for such treatment as follows: if you are married, to your spouse; and if you are covered by the Plan as a child (regardless of whether you have obtained the age of legal majority), to either of your parents (which may include a stepparent). The Plan will have the right to make such disclosures for as long as you are covered by the Plan (including coverage following reenrollment should you for any reason discontinue your Plan coverage and thereafter reenroll in the Plan) or have claims pending with the Plan following the termination of your coverage. However, you may file a Disclosure Objection Form at any time if you want the Plan to cease making family disclosures as described above. Your Disclosure Objection Form should be returned to the Plan’s Contact Person at the address noted on the first page of this notice.
- **Pursuant to Your Authorization.** Other uses and disclosures of PHI not covered by this notice or the laws that apply to the Plan will be made only with your written permission. For example, the Plan will not do any of the following, without your authorization:
  - use or disclose psychotherapy notes;
  - use or disclose your PHI for marketing purposes; or
  - disclose your PHI in exchange for a direct or indirect payment.

If you sign an authorization giving the Plan permission to use or disclose PHI about you, you may revoke that authorization, in writing, at any time effective with respect to future uses and disclosures of your PHI.

## SPECIAL SITUATIONS

The Plan will use or disclose PHI about you in the following special situations:

- As required by federal, state or local law.
- To avert a serious threat to the health or safety of you, someone else or the public.
- If you are a member of the military or a veteran, to military command authorities.
- In connection with national security or intelligence activities or protective services for government officials.
- For workers' compensation or similar programs.
- To respond to a court or administrative order, a subpoena, discovery request or other lawful process.
- As requested by federal, state and local law enforcement officials or a correctional institution.
- For public health activities, such as disease control, child abuse or neglect or the Federal Food and Drug Administration with respect to adverse events or product defects.
- To government authorities for victims of abuse, neglect or domestic violence.
- With respect to a decedent, to a coroner or medical examiner.
- To organ procurement organizations to facilitate organ, eye or tissue donations or transplants.
- To facilitate medical research, subject to special rules and restrictions under HIPAA.
- For activities authorized by law for oversight of the health care system or government benefit programs.
- To the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rules.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding PHI the Plan has about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of PHI that the Plan or the TPAs have about you. Usually, this includes health and billing records. You must submit your request in writing to the Plan's Contact Person or the TPA. The Plan may charge a fee for producing and mailing the copies and, in certain limited circumstances, may deny your request. Generally, the Plan does not maintain PHI in an electronic health record ("EHR"). To the extent that the Plan does use or maintain your PHI in an EHR, you may elect to receive a copy of such information in an electronic format, and if you choose to have the copy directly transmitted to a person you designate. The Plan may charge a fee for the labor costs of responding to your request.
- **Right to Amend.** If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. Your request must be made in writing and submitted to the Plan's Contact Person or TPA. If the Plan denies your request, you may file a written statement of disagreement.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures the Plan made of PHI about you for reasons other than treatment, payment or health care operations or pursuant to your authorization. Your request must be in writing to the Plan's Contact Person or TPA. If you request such an accounting more than once in a 12-month period, the Plan may charge a reasonable fee.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI the Plan discloses about you to someone who is involved in the

payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. Generally, the Plan is not required to agree to your request for restrictions. The Plan must agree to a requested restriction in the limited circumstance that (i) except as otherwise required by law, the disclosure of PHI is to a health plan for purposes of payment or health care operations and (ii) the PHI relates solely to health care for which you paid the health care provider in full out of pocket. To request restrictions, you must make your request in writing to the Plan's Contact Person or TPA.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. Your request must be made in writing to the Plan's Contact Person or TPA. The Plan will accommodate all reasonable requests.
- **Right to a Copy of This Notice.** You may ask the Benefits Department 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.

## **WHO WILL FOLLOW THIS NOTICE**

The privacy practices described in this notice will be followed by the Plan and its fiduciaries (i.e., the people who operate the plan, such as the Company's Benefits and Compensation Committee, the Plan's Business Associates and, to the extent they are involved in the operation and administration of the Plan or its sponsorship, by the Company, its employees and agents)

## **CHANGES TO THIS NOTICE**

The Plan reserves the right to change this notice, effective for PHI the Plan already has about you as well as any information it receives in the future.

## **PLAN CONTACTS**

If you have questions regarding this notice or your privacy rights, you may contact, please contact the Contact Person of the Plan. The Plan's Contact Person can be reached as follows:

Heather Arana  
Director of Benefits and Compensation  
University of Alaska Human Resources  
2025 Yukon Drive, Ste 212 Fairbanks, AK 99775  
ua-benefits@alaska.edu | P: (907) 450-8242 | F: (907) 450-8201

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Contact Person. You also may file a complaint with the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. You will not be penalized for filing a complaint.

You may contact Department of Health and Human Services by telephone at 1-800-368-1019, by electronic mail at [ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov), or by regular mail addressed to:

Director, Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## **HEALTH PROVIDERS AND YOUR HEALTH INFORMATION**

Health providers (such as doctors, medical clinics, health maintenance organizations, insurers, hospitals, etc.) may also use and disclose PHI about you. You also have rights regarding the PHI which they obtain and have about you. You should consult the notices of privacy practices which you receive from health care providers for information regarding how and under what circumstances they may use and release your PHI and what rights you have with respect to their practices regarding your PHI.