

**Notice of Privacy Practices
Effective April 14, 2004**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Director of Human Resources, 100 East 8th Street, Suite 210, Holland, Michigan 49423 (616) 395-7811.

Who Will Follow This Notice

This Notice describes the health information practices of the programs that are "group health plan benefits" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice does not apply to the programs that are not group health plan benefits under HIPAA, such as disability benefits or life insurance. The terms "the Plan," "we," "us," and "our" refer only to the provisions of the Hope College Employee Benefit Plan that are group health plan benefits under HIPAA.

Our Policy Regarding Health Information

We understand that health information about you obtained in connection with the Plan is personal, and we are committed to protecting your health information. For administration purposes, we maintain a record of the health care claims reimbursed under the Plan that identifies you and relates to your physical or mental health and related health care services. This information is called "Protected Health Information" (PHI). The Plan's "Privacy Policy" controls how all PHI we maintain for the Plan may be used and disclosed.

In determining whether health information is PHI, we focus on *how the information is obtained*, not on *the nature of the information*. Some health records are considered "employment records," which are exempt from these privacy rules. Generally, information obtained in the role of "employer" is not considered PHI. For example, if you submit health records for the purpose of FMLA leave certification, workers' compensation benefits, or disability benefits, the health records are employment records and not PHI. Employment records may be subject to other laws regarding use and disclosure, but not to our Privacy Policy and this Notice.

This Notice tells you the ways in which we may use and disclose health information about you. It also describes our obligations and your rights regarding the use and disclosure of health information.

We are required by law to:

- keep PHI obtained and created by the Plan private.
- give you this Notice of our legal duties and privacy practices with respect to PHI; and
- follow the terms of the Notice that is currently in effect.

Other Health Care Providers and Insurance Companies

Your personal health care provider may have different policies or notices regarding its use and disclosure of health information it created in its office or clinic about you. For group health plan benefits provided by a policy of insurance, the insurance company may develop and distribute its own Notice of Privacy Practices describing how it will use and disclose PHI. The use and disclosure of PHI by these entities is governed by their Privacy Policies and not this Notice.

- *To Communicate With Business Associates.* Some services are provided to the Plan through contracts with "business associates." We may disclose your PHI to our business associates so that they can perform a service for the Plan, such as accounting, billing, or legal services. To protect your PHI, we require business associates to appropriately safeguard your information.

- *Disclosure to Health Plan Sponsor.* Information may be disclosed to another health plan maintained by your employer for purposes of facilitating claims payments under that plan. In addition, PHI may be disclosed to your employer's personnel solely for purposes of administering benefits under the Plan.

- *Disclosure to Spouse, Family Member, or Personal Friend.* To a spouse, family member, or personal friend if that person is:

- (1) your parent, and you are a minor child;
- (2) your legal personal representative; or
- (3) the covered employee (the principal insured), if you participate in the Plan as the dependent of a covered employee, and the covered employee contacts the Plan to discuss payment related to your health care. The Plan may disclose PHI directly relevant to your care or payment where the Plan determines that it is in your best interest to allow the covered employee to act on your behalf. The Plan will not disclose PHI to a spouse or parent who *is not a covered employee* unless the spouse or parent is the legal personal representative.

You may revoke the Plan's authority to disclose PHI under (2) or (3) above by filing a written request to restrict disclosure. All other requests from spouses, family members, and friends must be authorized by you.

- *Military And Veterans.* As required by military command authorities, including to appropriate foreign military authority, if you are a member of that authority.

- *Workers' Compensation.* We may release PHI for programs that provide benefits for work-related injuries or illness.

- *Public Health Risks.* To the government for public health activities including:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;

- to notify a person who may be exposed to or is at risk for contracting or spreading a disease or condition;
- when required or authorized by law or with your agreement, to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

- *Health Oversight Activities.* To a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure necessary to monitor the health care system, government programs, and compliance with civil rights laws.

- *Health-Related Benefits or Services.* To provide information about benefits available to you under your current coverage and about health-related products or services that may be of interest to you.

- *Legal Proceedings.* In response to a court or administrative tribunal order; or in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.

- *Law Enforcement.* To a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a crime victim;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or to identify the person who committed the crime.

- *Coroners, Funeral Directors and Organ Donation.* We may release PHI to identify a deceased person, pdeeriinae h- crsus of ienath,

that is permitted by the HIPAA regulations as they exist now or as they may be amended in the future.

Your Rights Regarding Your PHI

Other Uses Of PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. Authorization to use or disclose PHI may be revoked, in writing, at any time. If you revoke an authorization, PHI will not be used or disclosed for the reasons covered in the written authorization after the revocation, but we are unable to take back any disclosures already made and we are required to retain our records of the health care coverage that we provide to you.

Hope College Notice of Privacy Practice