

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY  
AND PROCEDURES

UNIVERSITY OF SOUTHERN INDIANA  
IMPORTANT NOTICE  
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

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 is provided to you on behalf of:

University of Southern Indiana Medical Plan  
University of Southern Indiana Dental Care Plan  
University of Southern Indiana Vision Plan  
University of Southern Indiana Life and Disability Plan  
University of Southern Indiana Flexible Benefits Plan

These plans comprise what is called an "Affiliated Covered Entity," and are treated as a single plan for purposes of this notice and the privacy rules that require it. For purposes of this notice, we will refer to these plans as a single "Plan."

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care. You may use and disclose your protected health information

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The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power of attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

x Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.



- x For Specific Government Functions: The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- x Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- x Uses and Disclosures Requiring You to Have an Opportunity to Object: The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

### Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- x To Request Restrictions on Uses and Disclosures: You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- x To Choose How the Plan Contacts You: You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- x -To Inspect and Copy Your PH reU tl by ayo004 Tw 0 -1.15 Td [(i)-6[6 (.)]T4 (n)- (uyp0dp4) reas..clotltrimo

## How to Complain About the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

## Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired, or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

University of Southern Indiana Medical Plan  
University of Southern Indiana Dental Care Plan Health Resources  
University of Southern Indiana Vision Plan VSP  
University of Southern Indiana Life and Disability Plan The Standard  
University of Southern Indiana Flexible Benefits Plan

Effective Date

The effective date of this notice is: October 8, 2019