

## Hamilton College

### Privacy Notice For Health Benefit Plans

*(including medical, life, dental, vision and flexible compensation)*

Effective April 14, 2004

**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.**

We respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this Notice of our privacy practices and legal duties and to abide by the terms of this Notice.

This Notice explains how we may use and disclose your health information to carry out payment and health care operations and for other purposes that are permitted or required by law. When we talk about "health information" in this Notice we mean claim information and any other information that relates to your past, present or future physical or mental health.

#### **How We Use or Disclose Your Health Information**

The following are ways we may use or disclose your health information:

**For Payment:** We may use and disclose your health information to provide payment to health care providers who render treatment on your behalf.

**For Health Care Operations:** We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, and the payment of health claims and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities, case management and care coordination, licensing, fraud and abuse detection, medical review and legal services.

**Health-Related Benefits and Services:** We may use or disclose your health information to tell you about alternative medical treatments and programs or about health related products and services that may be of interest to you.

**Disclosures to Plan Sponsor:** The Plan may disclose your health information to the plan sponsor so that the plan sponsor may obtain premium bids, modify, amend or terminate the Plan, and perform enrollment functions on your behalf. In addition we may disclose your health information to designated personnel of the plan sponsor to carry out other administrative functions of the Plan. Such disclosures will only be made to the following personnel:

1. Privacy Officer
2. Director, Human Resources
3. Associate Director, Human Resources
4. Benefits Specialist

These individuals will protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information may not be disclosed or used by the plan sponsor or your employer (Company) for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.

### **Special Use And Disclosure Situations**

**Uses and Disclosures Required by Law:** We may use and disclose health information about you when we are required to do so by federal, state or local law.

**Public Health:** We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products or to notify people of recalls of products they have been using.

**Health Oversight:** We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

**Legal Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and, in certain situations, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

**Abuse or Neglect:** We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports of child abuse, neglect or domestic violence consistent with the requirements of applicable federal and state laws.

**Coroners, Funeral Directors and Organ Donation:** We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release your health information for procurement, banking or transplantation.

**Research Purposes:** In certain circumstances, we may use and disclose your health information for research purposes.

**Criminal Activity:** We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

**Military Activity:** We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

**National Security:** We may disclose your health information to authorized federal officials for national security, intelligence activities and to enable them to provide protective services for the President and others.

**Workers' Compensation:** We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

### **What Are Your Rights?**

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information or to inspect or copy your health information, can be made by contacting your Employer's Privacy Officer or the Privacy Officer at the office of the appropriate carrier at the addresses listed at the end of this Notice.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on your health information we disclose for payment or health care operations. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations. Your requests should be delivered to the addresses listed at the end of this Notice.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health information in a certain way or at a certain location if disclosure of information could endanger you. We will accommodate your reasonable requests. Your requests should be delivered to the addresses listed at the end of this Notice.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information made by us except for those necessary to carry out payment and health care operations, disclosures made to you, or in certain other situations. Your requests should be delivered to the addresses listed at the end of this Notice.

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of certain health information that we maintain to make decisions about you. Your requests should be delivered to the addresses listed at the end of this Notice.

**Right to Amend:** If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes. Your requests should be delivered to the addresses listed at the end of this Notice.

In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

## **Exercising Your Rights**

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this Notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this Notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a paper copy of this Notice at any time. Please contact the Privacy Officer of your Plan Sponsor at the address listed at the end of this Notice to request a copy.

We reserve the right to change the terms of this Notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will provide the new Notice to you by mail.

If you have any questions about this Notice, please contact

1. The Privacy Officer or
2. The carrier's Complaint Resolution Department at the address listed at the end of this Notice.

If you believe your privacy rights have been violated, you may file a written complaint with your employer's Privacy Officer at the address listed below. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. **We will not take any action against you for filing a complaint.**

**All requests for actions to be taken under this Notice or for additional information concerning this Notice should be directed to either of the following addresses:**

**Hamilton College Privacy Officer: Joseph C. Colburn, Jr.**  
**198 College Hill Road, Clinton, NY 13323**  
**315-859-4301**

**or the Complaint Resolution Department for:**

**Medical:** MVP Health Plan, Inc., P.O. Box 2207, Schenectady, NY 12301-2207.  
Telephone: (800) 687-6277

**Life:** Aetna, C/O The Business Council of New York State, Inc., 12 Corporate Woods Boulevard, Albany, NY 12211-2344. Telephone (800) 692-5483

**Dental:** First Ameritas Life Insurance Corp. of New York, 400 Rella Boulevard, Suite 304, Suffern, NY 10901. Telephone: (800) 628-8889

**Vision:** Vision Service Plan (VSP), P.O. Box 997100, Sacramento, CA 95899-7100.  
Telephone: (800) 877-7195.

**Flexible Compensation:** MVP Select Care (formerly Upstate Administrative Services), P.O. Box 6589, Syracuse, NY 13217-6589. Telephone (315) 422-1533