



**WASHINGTON UNIVERSITY**  
**COMPREHENSIVE EMPLOYEE WELFARE BENEFIT PLAN**  
**NOTICE OF PRIVACY PRACTICES**

*Effective Date: April 14, 2003*  
*Last Revision Date: February 2, 2015*

**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 PLAN'S DUTIES REGARDING YOUR HEALTH INFORMATION**

The Washington University Comprehensive Employee Welfare Benefit Plan (the "Plan") respects the confidentiality of your health information and recognizes that information about your health is personal. The Plan is required by law to protect your health information and to inform you of its legal duties and your rights regarding such information. This Notice explains how, when and why the Plan typically uses and discloses your health information and your privacy rights regarding such information. The Plan's uses and disclosures of health information are referred to in this Notice as "Privacy Practices." The Plan is required to comply with this Notice. This Notice will become effective on April 14, 2003.

Protected health information generally includes information that the Plan creates or receives that identifies you and your past, present or future health status or care or the provision of or payment for that health care. It includes, among other things, your enrollment data and medical history and information from providers about health services you receive.

**HEALTH PLANS INCLUDED IN THIS NOTICE**

This Notice describes the Privacy Practices of the health programs on Exhibit A offered under the Plan, which may be updated from time to time.

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

The Plan uses and discloses your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. The Plan is prohibited from using or disclosing protected health information that is genetic information for underwriting purposes. There are situations, however, in which the Plan may use and disclose your health information without your authorization, including for treatment, payment of health services, health care operations and certain other situations. Specifically, the Plan may use and disclose your protected health information as follows:

**For Treatment, Payment and Health Care Operations**

**For Your Treatment.** The Plan may use and/or disclose your protected health information to physicians, hospitals, nurses and other health professionals who are involved in your care and who will provide you with medical treatment or services. For example, the Plan may send certain health information to physicians or their nurses for your treatment.

**For Payment of Health Services that You Receive.** The Plan may use and/or disclose your protected health information in order for it to pay for the health services that you receive. For example, the Plan may receive health information to determine eligibility under a plan; to provide prior approval, if required, for certain treatment; to determine whether a certain treatment is a covered benefit; or to pay claims.

**For the Plan's Health Care Operations.** The Plan performs many activities in connection with the administration and operation of your health plan. Such activities include, among others, engaging in population-based activities relating to improving health or reducing health care costs; preventive health and case management and care coordination; quality assessment and improvement; and performance measurement and outcomes assessment. For example, the Plan may use or disclose your health information in connection with certain disease management or care coordination programs offered under a health plan. Other operational activities may include reviewing health plan financial performance; underwriting, premium rating and other activities relating to the creation, renewal or replacement of health programs and vendors; obtaining reinsurance such as stop loss and excess of loss insurance for risk relating to health claims; business planning and development; cost-management and planning-related analyses, such as actuarial analyses; business management and general administrative activities, including, for example, data and information systems management. These activities are referred to as “health care operations.” The Plan may use and/or disclose health information for any of these health care operations. Additionally, the Plan may disclose health information to auditors, actuaries, accountants, attorneys, government regulators, or other consultants to assess and/or ensure its compliance with laws or to represent it before regulatory or other governing authorities or judicial bodies or to otherwise assist it in its operation and administration of the health plan.

**For Another Plan's Payment or Health Care Operations.** The Plan also may disclose your protected health information to another covered entity for payment activities of that entity or for certain health care operations of that entity. For example, the Plan may disclose your protected health information to another health plan if you have coverage under both plans for coordination of benefits purposes.

**Special Circumstances When the Plan May Disclose Your Health Information related to Treatment, Payment or Health Care Operations.** The Plan may use and disclose health information after removing direct identifying information (such as your name, address and social security number). It also may use outside organizations or individuals to perform services on its behalf, such as third party administrators to provide claims administration or consultants to provide specialized services. The Plan will seek written assurances from these providers to safeguard the health information that they receive.

### **For Other Activities.**

There are situations where the Plan may use and/or disclose your health information without first obtaining your written authorization for purposes other than treatment, payment, or health care operations, including the following:

**For Health Oversight Activities.** To a federal or state health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health system and government programs.

**For Law Enforcement Activities.** In response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or to report a crime, the crime's location or victims, or the identity, description or location of the person who committed the crime.

**For Judicial and Administrative Proceedings.** In response to a subpoena or order of a court or administrative tribunal.

**For Workers' Compensation Purposes.** To comply with the workers' compensation laws or other similar programs.

**To Inform You of Health Related Products or Services.** To provide you with information about health programs, case management or care coordination programs available to you, and other health-related products and services.

**To Washington University as Plan Sponsor.** To provide Washington University with summary health information for the purpose of modifying, amending or terminating a health program, or information on whether

an individual is participating in the Plan. Your health information also may be used by or disclosed to Washington University to enable it to perform Plan administrative functions. These functions may include, among others, reviewing and making final decisions on claims and appeals for benefits; obtaining bids or proposals from insurers, HMOs, third-party administrators or other entities that may provide services related to the Plan; conducting wellness, case management, care coordination, utilization review, and other similar activities; reporting expenses and matters to University management; and providing information to actuaries and other consultants to determine the University's future benefit costs. The University will not use or disclose PHI other than as permitted or required by the Plan or as required by law, or for employment-related actions or for a decision in connection with any other benefit or plan unless you provide an authorization for such use or disclosure. The individuals who will have access to your PHI for these plan purposes are the Health Benefits Managers, the Manager of Employee Benefits, the Executive Director of Human Resources, the Director of Benefits and other staff in the Benefits Department.

**To Persons Involved in Your Care.** To a family member or close personal friend who is caring for you. For example, the Plan may provide information about a specific claim related to your health care to an individual who has knowledge about that claim. Also, explanations of benefits will be sent to the subscriber under the health plan. If you want to restrict such disclosures of your health information, please provide written notification to the Contact Person listed at the end of this Notice.

**To Public Health Authorities.** To a public health authority that is authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury or disability.

**To Coroners, Medical Examiners and Funeral Directors.** To identify a deceased person or to determine the cause of death or to carry out funeral director duties.

**For Organ and Tissue Donation.** To organizations that handle procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

**To Avert Serious Threat to Health or Safety.** To avoid harm to a person or for public safety.

**For Specialized Government Functions.** If you are a member of the U.S. Armed Forces, to military command authorities as they deem necessary; and to authorized government officials for intelligence, counterintelligence and national security, to provide protection to members of the U.S. Government or foreign heads of state, or to conduct special investigations or functions.

**For Medical Research.** To researchers if all procedures required by law have been taken to protect the privacy of the information.

### **All Other Uses and Disclosures Require Your Prior Written Authorization\**

We will ask for your written authorization for disclosures that constitute a sale of your health information and disclosures for marketing purposes. A sale of protected health information occurs when we, or someone we contract with, directly or indirectly, receive payment from a third party for communicating with you about a product or service marketed by the third party.

For situations not generally described in this Notice, the Plan will ask for your written authorization before it uses or discloses your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that the Plan has already taken.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

This portion of the Notice describes your individual privacy rights regarding your health information. To exercise any of these rights, please send a written request to the Contact Person listed at the end of this Notice

**Notification regarding a Breach of your Health Information.** We will notify you in writing in the event your health information created and/or maintained by the Plan is compromised. The Plan is required to notify you of a compromise within 60 days.

**Requesting Restrictions of Certain Uses and Disclosures of Health Information.** You may request, in writing, a restriction on how the Plan uses or discloses your protected health information for your treatment, for payment of your health care services, or for its health care operations activities. You may also request a restriction on the health information the Plan may disclose to someone who is involved in your care, such as a family member or friend. *The Plan is not required to agree to your request.* Additionally, any restriction that the Plan may approve will not affect any use or disclosure that it is legally required or permitted to make under the law.

**Requesting Confidential Communications.** You may request and receive reasonable changes in the manner or the location where the Plan may contact you to inform you of matters involving your health.

**Inspecting and Obtaining Copies of Your Health Information.** You may make a written request to look at and obtain a copy of your health information. The Plan may charge a fee for copying or preparing a summary of requested health information. It will respond to your request for health information within 30 days of receiving your request unless your health information is not readily accessible or the information is maintained in an off-site storage location.

**Requesting a Change To Your Health Information.** You may request, in writing, a change or addition to your health information. The law limits your ability to change or add to your health information based on whether the Plan created or includes the health information within its medical records or whether the Plan determines that the health information is accurate and complete without any changes. Under no circumstances will the Plan erase or otherwise delete original documentation in your health information.

**Requesting an Accounting of Disclosures of Your Health Information.** You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure. Generally, the Plan will respond to your request within 60 days of receiving your request unless it needs additional time.

**Obtaining a Notice of Our Privacy Practices.** The Plan provides you with this Notice to explain and inform you of its Privacy Practices. If you have received this Notice electronically, you may request and obtain a paper copy at any time. You may also view or obtain a copy of this Notice at the following website:

**<https://hr.wustl.edu>**

## **CHANGES TO THIS NOTICE**

The Plan reserves the right to change this Notice concerning its Privacy Practices affecting all the health information that it now maintains, as well as information that it may receive in the future. The Plan will provide you with the revised Notice by making it available to you upon request and by posting it on its website.

## **COMPLAINTS**

The Plan welcomes an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the Contact Person listed below. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized or retaliated against for filing a Complaint.**

**CONTACT PERSON**

*Washington University Privacy Officer*

Address: 660 S. Euclid Avenue  
Campus Box 8098  
St. Louis, MO 63110

Telephone Number: 1-314-747-4975 or 1-866-747-4975

Fax Number: 1-314-362-1199

*FORM: WU-8001-240*

Exhibit A

Health Plans Included in this Notice

Anthem Blue Cross Blue Shield Basic Plan

Anthem Blue Cross Blue Shield Excel Plan

UnitedHealthCare Choice (HMO) Plan

UnitedHealthCare Choice Plus (POS) Plan

UnitedHealthCare High Deductible Health Plan

Health Care Spending Plan

Employee Assistance Program

Washington University Wellness Program