

NORTHEASTERN UNIVERSITY

NOTICE OF PRIVACY PRACTICES FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION

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.

Effective April 14, 2003

1. What is this notice?

At Northeastern University (Northeastern), we respect the confidentiality of health information and will protect this information in a responsible and professional manner. Under federal legislation known as “HIPAA” (“Health Insurance Portability and Accountability Act”), certain departments at Northeastern that use or disclose individually identifiable health information are subject to the HIPAA privacy rules. As discussed below, this information is called protected health information, or “PHI.” This notice informs you about your rights with respect to PHI, and how you can exercise those rights.

Northeastern acts as a provider of health benefits to its employees (e.g., Human Resource Management’s Benefits Department), and, in some special circumstances, as a health care provider (e.g., Lane Health Center, Department of Speech-Language Pathology and Audiology, and Center for Counseling and Student Development.) When it performs these functions, Northeastern is required to maintain the privacy of your PHI, to provide you with this notice, and to follow the standards set forth in this notice. There are policies and procedures in place to protect the information against unlawful use and disclosure of PHI.

If you are an employee of Northeastern **and** you are a plan participant in one of Northeastern's covered health plans, or if you are a patient at one of the aforementioned health care providers, this notice applies to you. If you are a Northeastern student, this notice does not apply to you.

Northeastern has scheduled a voluntary HIPAA Information Session on April 30, 2003 from 11:00 a.m. to Noon at 333 Curry Student Center. If you would like to attend, please RSVP to Karen Brown at 617-373-2157.

2. What is “protected health information”?

HIPAA refers to individually identifiable information as “protected health information,” also known as “PHI.” PHI means information that is created or received by a health care provider or health plan that relates to your past, present or future physical or mental health or condition and related health care services, including payment for those services. This information is private and confidential. Access to PHI is restricted to only those Northeastern employees who need it to provide services, products or benefits to patients, employees who are health plan participants,

***USE OUTSIDE NORTHEASTERN UNIVERSITY IS PROHIBITED**

or the health plan participant's dependents (spouse/same sex spousal equivalent/child). Northeastern has established a HIPAA Privacy Officer and a HIPAA Information Security Officer who are identified at the end of this Notice. They are responsible for overseeing the implementation and enforcement of policies and procedures designed to safeguard PHI against inappropriate use and disclosure consistent with the applicable law.

3. What PHI may Northeastern's health care providers use or disclose to third parties, and for what purposes?

When it is necessary for a patient's care or treatment, we may use or disclose PHI with or without your authorization to provide health care services, including treatment, coordination of payment for the treatment, and conducting administrative and other activities necessary to provide treatment. In the event you seek or receive health care services from Northeastern's health care providers, we may use or share your PHI:

- with doctors or hospitals to help us provide medical care to you. For example, if you visit Lane Health Center complaining of certain symptoms, we may contact other physicians or hospitals and share some of your PHI in an effort to diagnose your illness. We might also talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- to arrange for payment of your or our medical bills. For example, we may provide your treatment details to your health plan so that they can pay us for the care.
- with others who help us conduct our business operations. For example, we may share your PHI with third parties that assess the quality of health care we provide, like accrediting bodies or quality assessment teams. We will not share your PHI with these outside groups unless they agree to keep it protected.
- with other doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to medical records sent to us by your doctor.
- to send you a reminder if you have an appointment with your doctor.

- with an employee benefit plan through which you receive health benefits.

4. What PHI may Northeastern's health plans use or disclose to third parties, and for what purposes?

- By health plans, we mean your group medical plans, your group dental plan, your long-term care plan, and your medical reimbursement plan. If you receive health care benefits through a Northeastern sponsored health benefits plan as an employee or the employee's dependent (spouse/same sex spousal equivalent/child), Northeastern's health plans may use or share PHI to administer these plans with or without your authorization. When it is necessary for an the operation of one of these plans, the following are ways that Northeastern's health plans may use or share your PHI:
- to operate our health plans. For example, PHI may be shared to coordinate benefits among various payors.
- to help conduct business operations. For example, your PHI may be used or disclosed in connection with premium rating and other activities relating to the creation, renewal or replacement of health benefits contracts.
- with Human Resource Management's Benefits Department (the plan sponsor) in order for them to assist in the administration of the plan.
- to help pay your medical bills doctors and hospitals for payment have submitted that to us. For example, the health

plan may ask a hospital emergency department for details about your treatment before paying the bill for your care.

5. What are the other ways we may use or disclose PHI for other important activities permitted or required by law, with or without your authorization?

- For public health activities. For example, PHI may be disclosed to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- PHI may be disclosed to a government authority regarding child abuse, neglect or domestic violence.
- PHI may be disclosed to state and federal agencies to whom we report, such as the US Department of Health and Human Services and the US Department of Public Health.
- PHI may be disclosed to a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).
- PHI may be disclosed to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- PHI may be disclosed for law enforcement purposes. For example, PHI may be given to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- PHI may be shared with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as

otherwise authorized by law. PHI may also be shared with funeral directors as necessary to carry out their duties.

- If you are a participant in a research study, PHI may be shared for the purposes of the research study. For example, so-called “limited data set” information, which is a medical record that includes PHI that can be used to identify you, but is stripped of the more obvious identifiers, may be disclosed. Such PHI will only be disclosed after receiving assurances that the information will be safeguarded.
- PHI may be disclosed to public health agencies if there is a serious health or safety threat.
- PHI may be shared for specialized government functions. For example, PHI may be disclosed if it relates to military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- PHI may be shared as it relates to job-related injuries because of requirements of state workers’ compensation laws.
- PHI may be used or shared for other reasons required by law. Generally speaking, if one of the above reasons does not apply, we must get your written authorization to use or disclose your PHI. If you give us written authorization and change your mind, you may revoke your authorization at any time. Once you give us authorization to release your PHI, we cannot guarantee that the person to whom the information is provided will not disclose the PHI because we have no control over that third party.

6. What effect do other laws have on HIPAA's privacy requirements?

Northeastern's use and disclosure of PHI (in our role as health care provider, and also with respect to our health plans) must not only comply with the privacy regulations in HIPAA but also with applicable Massachusetts law. In some instances, Massachusetts law provides different and more stringent protections of PHI than does HIPAA. Examples of more strict Massachusetts state law include those that limit: 1) the disclosure of mental health records in court proceedings, 2) the disclosure of mammography records for treatment, health care or health care operations, 3) the disclosure of PHI of those infected with HIV, and 4) the admissibility of records relating to domestic violence in court proceedings.

7. What other rights does a person have with respect to PHI, and how can a person exercise those rights?

The following are your rights with respect to your PHI. If you would like to exercise the following rights, please contact Northeastern's HIPAA Privacy Officer (contact information at the end of this notice) by submitting a written request.

- You have the right to ask Northeastern health care providers from whom you have received treatment (e.g., Lane Health Center) to restrict how they use or disclose your PHI for treatment, payment or health care operations. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.* With a family member, relative, friend or other person that you have identified, we may share PHI that is directly related to that person's involvement in your care or payment for your care. You also have the right to ask us to restrict information that

we give to family members or to others who are involved in your health care or payment for your health care.

- You have the right to ask to receive confidential communications of PHI. For example, if you believe that you would be harmed if we send your PHI to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example by fax) or to an alternative address. We will try to accommodate reasonable requests.
- You have the right to inspect and obtain a copy of existing PHI contained in (1) medical and billing records about you maintained by one of the aforementioned health care providers; (2) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for Northeastern's health plan; and (3) records used by or for any Northeastern health care provider or health plan to make decisions about you.

However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following:

- disclosures made for the purposes of treatment, payment or health care operations;
 - information contained in psychotherapy notes;
 - information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding;
- and

- information subject to certain federal laws governing biological products and clinical laboratories.

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your PHI. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- You have the right to ask us to amend PHI we maintain about you in your medical records. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your PHI. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to rebut your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your PHI for any future disclosures.

- You have the right to receive an accounting of certain disclosures of your PHI made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following information:

- Any information collected prior to April 14, 2003;
- Information disclosed or used for treatment, payment, and health care operations;
- Information disclosed to you or pursuant to your authorization;
- Information that is incident to a use or disclosure otherwise permitted;
- Information disclosed to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies
- Information that was disclosed or used as part of a limited data set for research, public health or health care operations purposes.

We will require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request, and therefore may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide to you one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we

may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

If you believe your privacy rights have been violated, you may file a complaint by contacting Northeastern's Privacy Officer, Nan Clark Regina, 405 Lake Hall, Northeastern University, Boston, Massachusetts 02115, telephone number 617-373-4588. If you believe there was a breach of information security protocol, please contact Northeastern's Information Technology Security Officer, Glenn Hill, 403 Richards Hall, Northeastern University, Boston, Massachusetts, 02115, telephone number 617-373-7718. Please include your name, address and a telephone number where we can reach you, along with a brief description of the complaint. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

8. **Additional information**

You have a right to receive a copy of this notice upon request at any time. You can also view a copy of the notice on Northeastern's web site at <http://www.adminm.neu.edu>. This Notice and Northeastern HIPAA privacy policies are subject to change. We reserve the right to change the terms of this notice, and will notify you of any changes. When material changes are made to this Notice or to Northeastern's HIPAA privacy policies, the changes will affect practices with respect to all PHI collected in our role as health care provider or health plan, including PHI collected prior to the changes.

- When you participate in Northeastern's electronic mail system, you agree to accept this Notice and any revised Notice in electronic format. If Northeastern knows that the electronic transmission of this Notice or any revised Notice

has failed or not gone to you or that you do not participate in Northeastern's electronic mail system, it will provide a paper copy of the Notice or revised Notice to you. Northeastern will post this Notice, and any revised Notice, on its website, <http://www.adminm.neu.edu>.

- If you have any questions about this notice or about how Northeastern uses or shares PHI, or want a paper copy of this Notice, please contact Northeastern's HIPAA Privacy Officer.

We will not take any action against you for filing a complaint.