

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

*As you know, you are enrolled in BLUE CROSS BLUE SHIELD OF ILLINOIS for your health insurance at Illinois Institute of Technology (IIT). Pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”), IIT is required by law to maintain the privacy of your medical records and other confidential health information known as Protected Health Information<sup>1</sup> (“PHI”), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice (“Notice”) describes your rights to access and control your PHI. If you have general questions about IIT’s privacy practices, please contact, Candida Miranda, IIT’s Privacy Official, at 312-567-3134.*

**I. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (“PHI”)**

**A. Using And Disclosing Your PHI With Your Authorization**

Except as described in Section B below, we will not use and disclose your PHI without your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing. The revocation does not affect PHI we have previously disclosed in reliance on your authorization.

**B. Using and Disclosing Your PHI Without Your Authorization**

Under certain circumstances, we may use and disclose your PHI, in whole or in part, without your authorization. Those circumstances are stated below.

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<sup>1</sup> “PHI” is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to the payment for health care.

**Treatment.** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians or other personnel who are involved in your medical care. For example, a nurse-practitioner treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the nurse-practitioner may need to contact a physical therapist to create the exercise regimen appropriate to your care.

**Payment.** We may use your PHI to determine eligibility for plan benefits, obtain premiums, facilitate payment for treatment, determine plan responsibility for benefits, and coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

**Health Care Operations.** We may use and disclose your PHI to carry out necessary insurance-related activities. Such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

**Individuals Involved in Your Care or Payment for Your Care.** Subject to federal or state law, we may release certain medical information about you to a friend or a family member who is involved in your medical care. We may also tell your family or friends about your condition and that you are on university premises. In addition, we may disclose medical information about you to an entity assisting in a disaster relief efforts so that your family can be notified about your condition, status and location.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or that of others. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose PHI to organizations that

handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the Armed Forces, we may disclose PHI as required by military command authorities.

**Worker's Compensation.** We may disclose PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Activities.** We may disclose PHI for public health activities, including disclosures:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

**Health Oversight Activities.** We may disclose health information to federal or state agencies that oversee our activities. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws or regulatory programs.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a subpoena, summons, discovery request or other lawful process from another party in the lawsuit. Unless required by law, we will not notify you about the subpoena, etc.

**Law Enforcement.** We may disclose PHI if asked to do so by a law enforcement official under the following circumstances:

- In response to a subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a victim of a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises;
- About a crime, including information about the victim or perpetrator.

**Coroners, Medical Examiners and Funeral**

**Directors.** We may disclose PHI to a coroner or medical examiner. Such disclosures may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.**

We may disclose PHI to authorized Federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

**Inmates.** If you become an inmate of a correctional institution or come under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional officials.

**As Otherwise Required By Law.** We will disclose medical information about you when otherwise required to do so by federal or state law. For example, we are required by law to report criminally inflicted injuries and cases of abuse and neglect. These reports may contain your medical information.

**Note:** HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under state and federal law. Any disclosures of these records will be subject to these special protections.

## II. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (“PHI”)

You have certain rights with respect to your PHI. Those rights are listed below. Exercising those rights may require you to submit certain forms. Any forms mentioned below can be obtained from the office which sent you this Notice and should be filed with that office.

1. **Right to Inspect and Copy.** You have the right to inspect and copy your PHI in your medical, insurance and billing records used by IIT. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. You have a right to inspect and copy all medical, insurance and billing records except:

- a. Psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session and notes that have been separated from the rest of your medical record;
- b. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- c. PHI involving laboratory tests when your access is restricted by law;
- d. If you are a prison inmate, PHI may be restricted if it would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution;
- e. PHI created as part of a research study, as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- f. PHI contained in records kept by a federal agency or contractor when your access is restricted by law;
- g. PHI obtained from someone other than IIT under a promise of confidentiality when the

access requested would be reasonably likely to reveal the source of the information.

We may also deny a request for access to PHI if:

- a. A licensed health care professional has determined, in the exercise of professional judgment, that access is reasonably likely to endanger your life or physical safety or that of another person;
- b. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that access is reasonably likely to cause substantial harm to such other person; or
- c. The request for access is made by the individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the three reasons described above, you have the right to have our denial reviewed in accordance with the requirements of applicable law. The person conducting the review will not be the same person who denied your request. IIT is obligated to comply with the outcome of the review. To request access to your PHI, you must submit a “Request to Inspect and Copy” form.

2. **Right to Request Alternative Communications.** You have the right to request to receive confidential communications of PHI by alternative means or at an alternative location. For example, you may request that we contact you at your work address or phone number instead of your home address and phone number. We will accommodate all reasonable requests, but we are not required to agree to your request. To request alternative communications, you must submit a “Request for Alternative Communications” form.

3. **Right to Request Amendment.** You have the right to request that IIT amend PHI that you believe is incorrect, inaccurate or incomplete. Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. You have the right to request an amendment for as long as the information is kept by IIT. We are not required to change your PHI

and if your request is denied, we will provide you with an explanation for our denial. After IIT's denial, you may submit a written explanation of why you believe IIT's decision is wrong. This written explanation will become a part of your medical records. To request an amendment, you must submit a "Request to Amend" form.

4. **Right of Accounting Of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your PHI made by us to individuals or entities, other than to you, for up to six years before your request. The following disclosures are exempt from the accounting:

- a. To carry out treatment, payment and health care operations;
- b. Incident to a use or disclosure otherwise permitted or required by law;
- c. Pursuant to a written authorization from you;
- d. To persons involved in your care or for other notification purposes as provided by law;
- e. For national security or intelligence purposes, as provided by law;
- f. To correctional institutions or law enforcement officials as provided by law;
- g. As part of a limited data set as provided by law; or
- h. That occurred prior to April 14, 2004.

Your accounting request must state a specific time period for the accounting, e.g., the past three months. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. To request an accounting of disclosures, you must submit a "Request for Accounting of Disclosures" form.

5. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. However, IIT is not required to agree to your request. Even if we agree to your request, in certain situations your restrictions cannot be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures for Treatment, Payment or Health Care Operations as described in Section I(B) of this Notice. To request a restriction, you must submit a "Request for Restrictions" form.

6. **Right to Paper Copy.** You have a right to receive a paper copy of this Notice at any time. If you would like to have a more detailed explanation of these rights, contact:

Blue Cross Blue Shield of Illinois Institute of Technology 800-548-1686

### III. COMPLAINTS

If you have any complaints about this Notice or about how we handle your PHI or if you believe your privacy rights have been violated, you should contact:

Blue Cross Blue Shield of Illinois  
800-548-1686

You may also file a complaint with the Department of Human and Health Services ("HHS"). This complaint must be filed within 180 days of when you knew or should have known that the violation had occurred. The Office of Civil Rights ("OCR") will provide further information on its web site about how to file a complaint (<http://www.hhs.gov/oc/hipaa/>). If you file a complaint, we will not take action against you or change your medical treatment in any way.

### IV. CHANGES TO THIS NOTICE

IIT reserves the right to amend this Notice at any time in the future and to make the new Notice provisions effective for all PHI that it maintains. Whenever we make any material changes to this Notice, we will promptly distribute the revised Notice to you. Until such time, IIT is required by law to comply with the current version of this Notice.

December, 2006