Notice of Privacy Practices

This Notice of Privacy Practices 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 of Privacy Practices (the “Notice”) describes the legal obligations of the Virginia Private Colleges Benefits Consortium, Inc. Health Plan (the “Plan”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information.” Generally, protected health information is information, including demographic information, collected from you or received or created by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

1. Your past, present, or future physical or mental health or condition;
2. The provision of health care to you; or
3. The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or our privacy practices, please contact Tim Klopfenstein, Executive Director/Privacy Official, Virginia Private Colleges Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523, (540) 586-1803.

Effective Date

This Notice is effective September 23, 2013 and replaces all prior Notices of Privacy and is intended to comply with HIPAA, HITECH and the 2013 HIPAA Final Rule published January 25, 2013.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make reasonable changes to this Notice as required by law. We reserve the right to make changes to this Notice and to implement new policies at any time. Before we make changes, we will give you advance notice of the effective date and a description of the changes to the Notice. We will then provide you with a new Notice of Privacy Practices by mail to your last known address on file or by electronic transmission, if you have agreed to an electronic notice.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories of uses and disclosures that we may make of your protected health information are those that HIPAA permits. We may use or disclose your protected health information for one or more reasons, as described in each of these categories. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment.

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment.

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit eligibility under the Plan, or to coordinate Plan coverage. For example, we may reveal your health care provider to the Plan under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 to process your claims for Plan Benefits or to provide audit services, and fraud and abuse detection programs; business and general Plan administrative activities. However, we will only use or disclose that information in ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Note that some categories of uses or disclosures will fall under more than one category. For example, we may disclose your protected health information when required by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety.

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public, or to notify a person who may be able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors.

For the purpose of administering the Plan, we may disclose to certain members of the Consortium protected health information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

To Health Oversight Activities.

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and compliance with civil rights laws.

To Workers’ Compensation.

We may disclose your protected health information to a workers’ compensation and similar programs, but only as necessary to comply with laws relating to workers’ compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks.

We may disclose your protected health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or products with problems; and
- To notify people of recalls of products they may be using;
- 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 there is a patient risk of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities.

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and compliance with civil rights laws. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a lawsuit. For example, we may disclose your protected health information when required by any lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement.

We may disclose your protected health information if asked to do so by a law-enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the victim’s assent; and
- About a death that we believe may result from criminal conduct; and
- About criminal conduct.

Coroners, Medical Examiners and Funeral Directors.

We may disclose your protected health information to a coroner or medical examiner to allow the coroner or medical examiner to perform an autopsy or to determine the cause of death. We may also disclose medical information about patients to funeral directors, as necessary to carry out their duties.
National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with 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 institution.

Research. We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the following information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when a request is made for yourself and your family members, to provide an accounting of disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is in an electronic form and is accessible electronically, we may provide you a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Tim Klopfenstein, Executive Director/Privacy Official, Virginia Private Colleges Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523. Your request must state the time period you want the accounting to cover, which may not be longer than six months from the date the request is made. You may also request a list of disclosures of the disputed information included in the accounting.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include: (1) disclosures that are solely for purposes of treatment, payment, or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information disclosed in reliance upon the written authorization and prior to the written revocation.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals appointed by you, or to an individual designated by you as your representative; an attorney; a penny-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Sponsors and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee’s spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee’s spouse and other family members and information on the denial of any Plan benefits to the employee’s spouse and other family members. If a member covered under the Plan has Special Restrictions or Confidential Communications (see below under “Your Rights”), and we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes; we will not use or disclose your Protected Health Information to anyone for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke your written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to us. If a request is made by a person (including a traveling employee or domestic employee) who is the parent or guardian or who is in a relationship with you which is recognized under state or local law as affording the person decision-making authority on your behalf, then the request must be made by that person. If a request is made by a person (including a traveling employee or domestic employee) who is not the parent or guardian or who is not in a relationship with you which is recognized under state or local law as affording, the person decision-making authority on your behalf, then the request must be made by you. Your request must specify the information you want amended, how or where you want the amendment to be made, and a statement as to why the amendment should be made.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

• is not part of the medical information kept by or for the Plan;
• was created by us, unless, the person or entity that created the information no longer has possession of it; or
• is part of the information that you would be permitted to inspect and copy; or
• is not accurate and complete.

If we deny your request, you have the right to have the file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include: (1) disclosures that are solely for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Tim Klopfenstein, Executive Director/Privacy Official, Virginia Private Colleges Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523. Your request must state the time period you want the accounting to cover, which may not be longer than six months from the date the request is made. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request in 2023 will not be chargeable. If you request additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You can also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.