

NOTICE OF HEALTH INFORMATION PRACTICES

**SELF-FUNDED GROUP HEALTH PLAN #79912
(DIVISIONS APPLICABLE TO THE UNIVERSITY OF ALABAMA SYSTEM)
Administered by Blue Cross Blue Shield of Alabama for Health Benefits
Administered by OptumRx for Pharmacy Benefits**

*Effective Date of Notice: January 1, 2007
Amended Date of Notice: September 23, 2013
Amended Date of Notice: January 1, 2016*

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING PHARMACY) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

Changes To This Notice

The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes material changes to this notice, the Plan will, within 60 days of making those material revisions, provide a new notice to all subscribers then covered by the Plan, unless another date is permitted or required by law. We will post our new notice on our Health Benefits website at <http://uasystem.ua.edu/ua-system-office/human-resources-2/employee-benefits-2/medical-insurance/>. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization

The following categories describe different purposes that the Plan may use and/or disclose your medical information. Not every use or disclosure in a category will be listed specifically. However, all of the ways the Plan is permitted to use and/or disclose information will fall within one of the following categories.

- **Treatment and Treatment Alternatives.** For example, the Plan may disclose your medical information to your doctor, at the doctor's request, for your treatment by him. The Plan may notify a doctor that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency, or we may use your information to fill and dispense your prescription medication, refill your prescriptions, or alert your doctor that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, the Plan may help your doctor coordinate or arrange medical services that you need, or help your doctor find a safer or more affordable prescription drug alternative. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- **Payment.** The Plan may use or disclose your medical information for payment purposes. Examples include to pay claims for covered health care services and to fill and dispense your prescription medications, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under the Plan, to provide eligibility information to health care providers, to pursue recoveries from third parties (subrogation), or for payment activities associated with another covered health plan which provides you benefits, such as a flexible spending plan.
- **Health Care Operations.** For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, including monitoring the performance of the pharmacists providing service to you, (ii) to perform underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan's business, including conducting or arranging for legal, billing, auditing, compliance and other administrative support functions and/or services. **Note: we will not use or disclose genetic information about you for underwriting purposes.**
- **Individuals Involved in Your Care or Payment for Your Care.** The Plan may release information to the following individuals: informa healthncema heian0.5 feap10.6()J22Pu(nc)-2S1.1(mub ET 9.6(i)2.(m)4.9()JTbe9(i)2.6(u)1()-6(v)

- Health Services. The Plan may use and disclose your medical information to contact you and remind you to talk to your doctor about certain covered medical screenings or preventive services. The Plan may also use and disclose your medical information to tell you about treatment alternative

- To the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, products or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. The Plan will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in

UA Contact Office

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Contact Office: UAS Human Resources Privacy Officer

Telephone: 348-4567 Fax: 348-5915

E-mail: humanresources@uasystem.edu

Address: The University of Alabama System Office, 500 University Boulevard East, Tuscaloosa, AL 35401

YOUR RESPONSIBILITIES FOR PROTECTING MEDICAL INFORMATION.

As a member of the Plan, you are expected to help us safeguard your medical information. For example, you are responsible for letting us know if you have a change in your address or phone number. You are also responsible for keeping your health plan and prescription drug program ID cards safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect someone has tried to access your records of those of another member without approval, let us know as soon as possible so we can work with you to determine if additional precautions are needed.

Notice of Financial Information Practices

The Plan is committed to maintaining the confidentiality of your personal financial information. We may collect and disclose non-public financial information about you to assist in providing your health care (including prescriptions) coverage or to help you apply for assistance from federal and state programs. Examples of personal financial information may include your:

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