

## Confidentiality

Your medical care and counseling at Monroe Community College Health and Wellness are confidential. Health care records are kept separately from academic records. We do not release information outside of Monroe Community College without your written permission, except upon a court order, as required by law (as in the case of certain communicable diseases and reports of child abuse), or as required, in our judgment, to protect you or others from immediate physical danger.

## Privacy

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. This notice provides you with information about the way in which we protect personal health information (“PHI”) that we have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI. The Health Insurance Portability and Accountability Act (“HIPAA”) requires us to: keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

## Use and Disclosure of PHI

We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, we may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

- For Health Care Payment Purposes: For example, we may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.
- For Health Care Operations Purposes: For example, we may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, performance measurements, care coordination, investigate and respond to complaints or appeals, provider treatment, review and provision of services.
- For Treatment Purposes: For example, we may use and disclose information PHI to health care providers to assist in their treatment of you if we do not provide health care treatment to you directly.
- For Health Services: For example, we may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.
- For Data Aggregation Purposes: For example, we may combine PHI about many insured participants to make plan benefit decisions, and the appropriate premium rate to charge.
- To You About Dependents: For example, we may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.
- To Business Associates: For example, we may disclose PHI to administrators who are contracted with us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

If your state has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

## ***Additional Uses or Disclosures***

We may also disclose PHI about you for the following purposes:

- To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request.
- To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the president.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.
- In accordance with a valid authorization signed by you.