

NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF PENNSYLVANIA HEALTH AND WELFARE PROGRAM

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.

The terms of this Notice of Privacy Practices apply to the University of Pennsylvania's Health and Welfare Program (the Program).

Individually identifiable information about your past, present, or future health or condition, the provision of healthcare to you, or payment for healthcare is considered "protected health information." We are committed to safeguarding your protected health information as required by law, and we will not use or disclose your protected health information except for certain permitted or required purposes.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure) so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. All notices will be posted on our website (www.hr.upenn.edu), or you may receive a paper copy at the Division of Human Resources, 3401 Walnut Street, 5th Floor. You have the right to obtain a copy by completing the request form and mailing it to us at the "Contact Us" address (next page).

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories detail the various ways in which we may use or disclose your protected health information. For each category of uses or disclosures, we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

USES AND DISCLOSURES WITH AUTHORIZATION

Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a Health Insurance Portability and Accountability Act (HIPAA) authorization form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

USES AND DISCLOSURES WITHOUT AUTHORIZATION

Uses and Disclosures for Treatment. We are permitted by law to make uses and disclosures of your protected health information as necessary for your treatment. However, in the ordinary course of business, such disclosures are not expected to occur.

Uses and Disclosures for Payment. We will make uses and disclosures of your protected health information as necessary for payment-related purposes. For instance, the Program may provide information to the Plan sponsor or its Agents in order to assist in resolving disputes for the payment for services provided to you or an eligible covered dependent.

Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary, and as permitted

by law, for our operations. For instance, this information may be used or disclosed for the purposes of utilization review, cost analysis, and designing the Program for your health benefits.

Persons Involved In Your Care. Unless you object, we may disclose to a family member, a close friend, or any other person you identify, your protected health information that relates to that person's involvement in payment for your health care. We may use or disclose protected health information to assist in notifying a family member, personal representative or any other person that is responsible for your care and general condition. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Health Products and Services. We may from time to time use your protected health information to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

Disclosures to the Plan Sponsor. We may disclose protected health information to the Plan sponsor for plan administration purposes.

The information disclosed will not be used by the University for any employment-related purposes.

We may also disclose a summary of your health information to the Plan sponsor so that the Plan sponsor may solicit premium bids from other health plans. Your summary health information may be disclosed to the Plan sponsor to modify, amend or terminate the Plan. Summary health information is information that does not contain identifying information except that certain geographic information may be included. Summary health information can contain a summary of claims history, claims expenses, or type of claims experienced by you for which a Plan sponsor has provided health benefits under a group health plan. In addition to summary health information, we may disclose information to the Plan sponsor about whether you are enrolled or have disenrolled in a health insurance plan offered by us and/or information about your participation in the Plan.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. Subject to conditions specified by law:

- We may release your protected health information for any purpose when required by federal, state or local law;
- We may release your protected health information for public health activities, such as required reporting of certain communicable diseases, injuries, birth and death, and for required public health investigations;
- We may release your protected health information to certain governmental agencies if we suspect child abuse or neglect; we may also release your protected health information to certain governmental agencies if we believe you to be a victim of abuse, neglect or domestic violence;

- We may release your protected health information to entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions;
- We may use or disclose protected health information in emergency circumstances;
- We may use or disclose protected health information to avert a serious threat to health or safety to law enforcement or other persons who can reasonably prevent or lessen the threat of harm;
- We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases, you will have notice of such release;
- We may release your protected health information to law enforcement officials;
- We may release your protected health information to coroners, medical examiners, and/or funeral directors;
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, and legal services. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we contract with and require these outside persons or organizations to appropriately safeguard the privacy of your information;
- We may release your protected health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services; we may also release your protected health information if necessary for national security, intelligence, or protective services activities; and
- We may release your protected health information if necessary for purposes related to your workers' compensation benefits.

RIGHTS THAT YOU HAVE

Access to Your Protected Health Information. Generally, you have the right to access, inspect, and/or copy protected health information that we maintain about you. All requests for access must be made in writing and signed by you or your representative. If we deny your request, we will give you written reasons for the denial and explain any rights you may have to have the denial reviewed. We may charge you for copying services if the quantity of information to be copied and mailed is high. A determination of any applicable charges will be made after your request has been submitted, and you will be advised of any such charges in advance.

Amendments to Your Protected Health Information. If you believe that there are errors or missing information in your records that are maintained by us, you have the right to request that this protected health information about you be amended or corrected. We are not obligated to make all

requested amendments, but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. Any denial will state the reasons for the denial, your rights to have the denial reviewed, and your right to attach your objection to our denial to your record. If an amendment or correction you request is made by us, we will also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your protected health information. Your request must include the time period for which you are requesting an accounting that may not exceed six years and may not include dates prior to April 14, 2003. This accounting will tell you what protected health information was disclosed, to whom, and for what purpose. You do not have the right to receive an accounting of disclosures made for purposes of treatment, payment, and health care operations or for certain other limited purposes. Requests for an accounting must be made in writing and signed by you or your personal representative.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on certain of our permitted uses and disclosures of your protected health information for treatment, payment, or health care operations, though we cannot agree to restrict or limit any use or disclosure that is required by law. We will consider your request, but are not legally required to agree to it. However, we will attempt to accommodate reasonable requests where appropriate, and if we agree to accommodate your request, we will abide by it. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. Requests for restriction(s) must be made in writing and signed by you or your personal representative.

Confidential Communications. You have the right to request to receive communications regarding your protected health information from us by alternative means or at alternative locations. You must request such confidential communication in writing. We will attempt to accommodate all reasonable requests.

Paper Copy of Notice. You retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Penn Benefits Center by calling 1-888-PENNBEN (1-888-736-6236). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. There will be no retaliation for filing a complaint.

CONTACT US

If you have any questions or need further assistance regarding this notice, please consult our website for forms (www.hr.upenn.edu) or contact the Penn Benefits Center at 1-888-PENNBEN (1-888-736-6236). Or mail to: Penn Benefits Center, 2835 S. Decker Lake Dr., Salt Lake City, UT 84119.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.