

SALVE REGINA UNIVERSITY
NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003
(Revised Sept. 1, 2006)

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.

We are required by law to protect the privacy of your individually identifiable health information (“protected health information” or “PHI” including “electronic protected health information” or “ePHI”). We are also required to send you this notice that explains how we may use information about you and when we can give out or “disclose” that information to others. We have the right to revise, change or amend this notice. If we do, we will provide the revised notice to you within 60 days by posting it on our benefits website at www.salve.edu/office_HR/index.cfm and/or you may request a copy of our most current notice at any time by calling the University’s “Health Plans” Privacy Officer. You also have rights regarding your health information that are described in this notice.

How We May Use and Disclose Your PHI/ePHI

We may use and disclose your PHI/ePHI for the following purposes. When using or disclosing your information, we will use or disclose just the minimum amount necessary to accomplish the task.

- Treatment, Payment and Health Care Operations: Such as (1) to determine eligibility or coverage under the Plans* including coordination of benefits; (2) to adjudicate claims on your behalf including billing and collection problems; (3) for underwriting and other activities relating to the creation, renewal, amendment or replacement of a health plan contract; (4) to place a contract for reinsurance and obtain payment under a reinsurance contract; and (5) for business management and general administrative activities.
- Caregivers: We may only disclose PHI/ePHI to persons involved in your care, such as a relative or friend, with your permission unless you are incapacitated, in an emergency situation, or when permitted by law, such as a personal representative. We may disclose your PHI/ePHI regarding the status of an insurance transaction to the policyholder of your coverage as permitted by law.
- Other Entities: To business associates and other entities required to follow federal privacy law for treatment, payment and health care operations.
- Required By Law: When required to do so by federal, state or local law.
- Health Oversight Activities: To government agencies that are responsible for oversight of the health care system, such as governmental audits and fraud and abuse investigations.
- Judicial and Administrative Proceedings: In response to a court or administrative order, search warrant or subpoena.
- Law Enforcement: To law enforcement officials for certain purposes such as to locate a missing person.
- Public Health/Security Disclosures: To public health agencies to avoid a serious threat to health or safety; for military purposes; for national security; for public health activities; for abuse, neglect or domestic violence issues; to coroners and medical examiners; and for organ and tissue donation purposes.
- Workers’ Compensation: To comply with workers’ compensation laws that provide benefits for work-related injuries or illnesses.
- Department of Health and Human Services: To the Secretary of the Department, if necessary, to make sure your privacy is protected.

Please note we may limit information we disclose about you that is protected under special privacy protections for highly confidential information (e.g. HIV/AIDS, mental health). Uses or disclosures of PHI/ePHI not listed herein will only be made with your written authorization. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

*Plans referred to herein include Salve Regina University’s group health plan, dental plan, medical care reimbursement plan, employee assistance program and any other benefit plans that may be applicable.

Your Rights Regarding Your PHI/ePHI

The Federal privacy regulations give you the following rights. To exercise these rights, you must submit a request in writing to the “Health Plans” Privacy Officer.

- **Requesting Restrictions:** You have the right to request that we restrict the ways we use and disclose your PHI/ePHI for purposes of treatment, payment and health care operations. You also have the right to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.
- **Confidential Communications:** You have the right to request that we communicate with you in a certain manner or at a certain location (for example sending information to a P.O. Box instead of your home address) if other means of communication could place you in danger.
- **Inspection and Copies:** You have a right to inspect and obtain a copy of PHI/ePHI that may be used to make decisions about you. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- **Amendment:** You have the right to request an amendment to PHI/ePHI that may be used to make decisions about you if you believe it is incomplete or incorrect. We may require a reason for the request, and deny the request under certain circumstances.
- **Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your PHI/ePHI. This accounting will not include disclosures of information (1) made prior to April 14, 2003; (2) for treatment, payment, and health care operations purposes; (3) to you or pursuant to your authorization; (4) to correctional institutions or law enforcement officials; and (5) other disclosures that federal law does not require us to provide an accounting.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice at any time.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contact Information

If you have any questions regarding this notice or if you would like to exercise your rights, please contact:

Claudia Cavallaro, “Health Plans” Privacy Officer
Salve Regina University
100 Ochre Point Avenue
Newport, RI 02840
(401) 341-2332

This Notice of Privacy Practices was generated by the Human Resource department and applies to the University’s “health plans” as defined in and covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).