HIPAA POLICY REGARDING
HEALTH INSURANCE PLAN AND
FLEX FUND MEDICAL REIMBURSEMENT PLAN

Policy Statement

The George Washington University Health Insurance Plan and the Flex Fund Medical Reimbursement Plan (collectively known as the “Plans”) take reasonable steps to protect the privacy of Protected Health Information (PHI) and will use or disclose the minimum amount of PHI required to reasonably provide necessary services.

Reason for Policy/Purpose

To inform employees how PHI may be used and disclosed, how employees can obtain access to their PHI, and to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Who Needs to Know This Policy

Faculty and staff

Table of Contents

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Statement</td>
<td>1</td>
</tr>
<tr>
<td>Reason for Policy/Purpose</td>
<td>1</td>
</tr>
<tr>
<td>Who Needs to Know This Policy</td>
<td>1</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>1</td>
</tr>
<tr>
<td>Policy/Procedures</td>
<td>2</td>
</tr>
<tr>
<td>Website Address</td>
<td>4</td>
</tr>
<tr>
<td>Contacts</td>
<td>4</td>
</tr>
<tr>
<td>Definitions</td>
<td>5</td>
</tr>
<tr>
<td>Related Information</td>
<td>5</td>
</tr>
<tr>
<td>Who Approved This Policy</td>
<td>5</td>
</tr>
<tr>
<td>History/Revision Dates</td>
<td>5</td>
</tr>
</tbody>
</table>
Policy/Procedures

I. Permissible Use and Disclosure of Protected Health Information:

The following are the different ways the Plans may use and disclose PHI without the individual’s authorization or consent:

- **For treatment, payment and health care operations by the Plans, their Business Associates, and their agents/subcontractors.** Further details regarding these uses are set forth in the Plans’ Notice of Privacy Practices.

- **Individual Participant Communication.** The Plans may contact an individual to provide information about treatment alternatives or other health-related benefits and services that may be of interest to that individual.

- **As Required By Law.** The Plans must allow the U.S. Department of Health and Human Services to audit Plan records. The Plans may also disclose PHI about an individual as authorized and to the extent necessary to comply with workers’ compensation or other similar laws.

- **To Business Associates.** The Plans may disclose PHI about an individual to the Plans’ business associates. Each business associate of the Plans must agree in writing to protect the continuing confidentiality and security of PHI regarding the individual to whom the PHI pertains. An example of one of the university’s business associates is the third party administrator that assists the Plans in administrative activities.

- **To Plans Sponsor.** The Plans may disclose to the university (the “Plan Sponsor”), in summary form, claims history and other similar information. The Plans may disclose PHI about an individual to the Plan Sponsor for administration functions that the Plan Sponsor provides to the Plans. Unless authorized by the subject individual in writing, that individual’s PHI will not be used by the university for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the university.

- **An individual’s PHI may also be used and disclosed as follows:**
  - To comply with legal proceedings, such as a court or administrative order or subpoena.
  - To law enforcement officials for limited law enforcement purposes.
  - To personal representatives appointed by the individual or designated by applicable law.
  - To a coroner, medical examiner, or funeral director about a deceased person.
HIPAA POLICY REGARDING HEALTH INSURANCE PLAN
AND FLEX FUND MEDICAL REIMBURSEMENT PLAN

○ To an organ procurement organization in limited circumstances.
○ To avert a serious threat to the individual’s health or safety or the health or safety of others.
○ To a governmental agency authorized to oversee the health care system or government programs.
○ For specialized government functions (e.g. military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations).
○ To public health authorities for public health purposes.
○ The Plans may disclose to one of the individual’s family members, to a relative, to a close personal friend, or to any person identified by the individual, PHI that is directly relevant to the person’s involvement with that individual’s care or payment related to that care.
○ Pursuant to the individual’s written authorization.

II. Health Information Privacy Rights:

Although medical records are the property of the Plans, individuals have legal rights with respect to the PHI contained in those records. These rights include:

• Right to Access. With some exceptions, individuals have the right to review and copy their PHI subject to a fee for the cost of copying, mailing, or other supplies associated with this request.
• Right to Amend. Individuals have the right to request an amendment of their PHI when it is incorrect or incomplete. This right exists as long as the Plans keep this information.
• Right to an Accounting of Disclosures. Individuals have the right to obtain a listing of those to whom the Plans disclosed their PHI. This right applies to disclosures other than those made for treatment, payment, health care operations, and those specifically authorized. A request for an accounting may be made for up to 6 years prior to the date of the request, but not prior to April 14, 2003. The first request in a 12-month period is provided at no cost. There may be a charge for subsequent requests within the same 12-month period.
• Right to Request Restrictions. Individuals have the right to request restrictions on the use or disclosure of their PHI. The Plans will use their best efforts to comply with all approved requests, and will provide a written explanation for denied requests or when a previously agreed to restriction is revoked.
• Right to Request Alternate Communications. Individuals have the right to specify that communication with them be conducted in a particular manner or be directed to a certain location. The Plans will attempt to accommodate all reasonable requests.
• Right to a Paper Copy of this Notice. Individuals may request a paper copy of the Plans’ Notice of Privacy Practices at any time.
• Right to Require Written Authorization. Any uses or disclosures of PHI other than those described above will be made only with the individual’s advance written authorization, which the individual may grant or revoke at any time.

To exercise any of these rights, a written request with supporting reason must be submitted to: Manager, Benefit Services, Department of Human Resource Services, The George Washington University, 2033 K Street, NW, Washington, DC 20052.

Individuals who believe their privacy rights have been violated have the right to complain to the Plans, and may forward a written complaint by mail to the Group Health Plan Privacy Contact, Benefit Services Manager, Department of Human Resource Services, The George Washington University, 2033 K Street, NW, Suite 210, Washington, DC 20052. The complaint must be submitted within 180 days of when the individual believes the violation occurred. A written complaint may also be filed with the Secretary of the U.S. Department of Health and Human Services.

Non-Applicability to Employment Records

Health information held by the university in an individual’s employment records is not PHI. This privacy policy does not apply to health information that the university or any university-sponsored employee benefit plan holds in an individual’s employment records or in records relating to pre-employment screenings, disability benefits or claims, on-the-job injuries, workers’ compensation claims, medical leave requests, return to work reports, life insurance, retirement benefits, accommodations under the Americans with Disabilities Act, or any records not pertaining to PHI from the group health plans.

Website Addresses for This Policy

GW University Policies

Contacts

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA Rights</td>
<td>Manager, Benefit Services</td>
<td>202-994-9620</td>
</tr>
<tr>
<td></td>
<td>Department of Human Resource Services</td>
<td></td>
</tr>
<tr>
<td>HIPAA Complaints</td>
<td>Group Health Plan Privacy Contact, Benefit Services Manager</td>
<td>202-994-9620</td>
</tr>
<tr>
<td></td>
<td>Department of Human Resource Services</td>
<td></td>
</tr>
<tr>
<td>HIPAA General</td>
<td>Compliance and Privacy Office</td>
<td>202-994-3386</td>
</tr>
</tbody>
</table>
HIPAA POLICY REGARDING HEALTH INSURANCE PLAN
AND FLEX FUND MEDICAL REIMBURSEMENT PLAN

Definitions

Individually Identifiable Health Information: Information that is created or received by a health care provider, health plan, employer or health care clearing-house; relates to the past, present or future physical or mental health or condition of an individual, to the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and identifies the individual, or the information can be used to determine the identity of the individual.

Protected Health Information (PHI): Information which includes all “Individually Identifiable Health Information” transmitted or maintained by the Plans, regardless of form (oral, written or electronic).

Related Information

Audit Notification Policy
Health Information Privacy Policy
Health Information Privacy Policy for Medical Center Advancement Activities
Notice of Privacy Practices
The George Washington University Privacy Statement

Who Approved This Policy

Beth Nolan, Senior Vice President and General Counsel
Louis H. Katz, Executive Vice President and Treasurer

History/Revision Dates

Origination Date: April 14, 2003
Last Amended Date: July 31, 2005
Next Review Date: August 31, 2013