The University of Oklahoma
Notice of Privacy Practices

Norman – Oklahoma City – Tulsa

11/15/2007
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.

**Purpose of this Notice** - This Notice describes the medical information practices of the University Health Care and the health flexible spending arrangement portion of the University of Oklahoma Sooner Options Plan (together referred to herein as the “Plan”), and that of any third party that assists in the administration of Plan claims.

**The Plan’s Policy Regarding Medical Information** - We understand medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the medical care claims reimbursed under the Plan for Plan administration purposes. This Notice applies to all of the medical records we maintain and will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information. We are required by law to:

- make sure medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

**How the Plan May Use and Disclose Medical Information About You.** The following categories describe different ways the Plan uses and discloses medical information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

**For Treatment.** The Plan may use or disclose medical information about you to facilitate medical treatment or services by providers. The Plan may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if you may safely take a new medication.

**For Payment.** The Plan may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from medical care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your medical care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. The Plan may also share medical information with a utilization review or pre-certification service provider. Likewise, the Plan may share medical information with another entity to assist with the adjudication or subrogation of medical claims or to another medical plan to coordinate benefit payments.

**For Medical Care Operations.** The Plan may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development, such as cost management; and business management and general Plan administrative activities.

**As Required By Law.** The Plan will disclose medical information about you when required to do so by federal, state, or local law. For example, the Plan may disclose medical information when required by a court order in a court proceeding such as a malpractice action.

**To Avert a Serious Threat to Medical or Safety.** The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your medical and safety or the medical and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.
**Special Situations.** Disclosure to Medical Plan Sponsor. Information may be disclosed to another medical plan maintained by University of Oklahoma for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to University of Oklahoma personnel solely for purposes of administering benefits under the Plan.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release medical information about you as required by military command authorities. The Plan may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers’ Compensation.** The Plan may release medical information about you as authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose medical information about you in response to a court or administrative order. The Plan may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plan may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** The Plan may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
Your Rights Regarding Medical Information About You. You have the following rights regarding medical information the Plan maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel medical information we have about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019. In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask us to amend information that is not part of the medical information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment, or medical care operations, and you did not specifically authorize the disclosure in writing.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment, or medical care operations. You also have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. The Plan is not required to agree to your request.

To request restrictions, you must make your request in writing to the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019. In your request, you must specify (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019, and explain the reason for your request and how or where you wish to be contacted. The Plan will accommodate all reasonable requests if it is clear the disclosure of all or part of the information could endanger you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, you must make your request in writing to the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019.
Changes to This Notice. The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed Notice effective for medical information the Plan already has about you, as well as any information the Plan receives in the future.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Privacy Officer, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019, (405)325-5601. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide the Plan permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures it has already made with your permission and that the Plan is required to retain records of the care provided to you.

Questions? If you have any questions about this Notice, please contact Nick Kelly, Assistant Director of Human Resources, University of Oklahoma, 905 Asp Avenue, Norman, Oklahoma 73019, telephone (405) 325-2963. The effective date of this notice is April 14, 2003.