

HIPAA NOTICE OF PRIVACY PRACTICES

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. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AS INDICATED BELOW.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulates the use and disclosure of Protected Health Information ("PHI"). This notice attempts to summarize those regulations; if there is any discrepancy between this notice and the regulations, the regulations will govern. This Notice applies to the use and disclosure of PHI by the group health plan (the "Plan") sponsored by **Lake Forest College** (the "Company"), (including any Medical, Dental, and Vision benefits, the Health Care Flexible Spending Account offered as part of Company's Cafeteria Plan, the Employee Assistance Program, and any other group health benefits sponsored by the Company).

Your health information is highly personal, and the Plan is committed to safeguarding your privacy.

For Plan administration purposes, the Plan (and various outside service providers hired by the Plan) creates records (such as records of health claims), and this Notice applies to all such records. Other notices and practices may apply to records created or maintained by your doctor or other health care provider. If you receive Plan benefits through insurance companies, you also may receive separate notices from the insurers describing how they use and disclose PHI.

This Notice does not apply to any other benefit programs such as long- and short-term disability, workers' compensation, and life insurance.

Protected Health Information ("PHI") is individually identifiable information, including demographic information, that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. PHI does not include information that has been de-identified. De-identified information is information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

This Notice of Privacy Practices describes how the Plan may use and disclose your PHI. It also describes your rights to access and control your PHI.

STATEMENT OF PLAN'S DUTIES

The Plan is required by federal law to maintain the privacy of PHI and to provide you with this notice of the Plan's legal duties and privacy practices with respect to PHI.

The Plan is required to abide by the terms of this Notice of Privacy Practices, but reserves the right to change the Notice at any time. Any change in the terms of this Notice will be

effective for all PHI that is maintained at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under the Plan at that time.

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations

Federal law allows the Plan to use and disclose PHI for the purposes of treatment, payment, and health care operations without your consent or authorization. Examples of the types of uses and disclosures that the Plan may make are listed below:

Treatment. Treatment refers to carrying out medical treatment or services by a doctor, hospital or other health care provider. The Plan may disclose your PHI to facilitate the treatment activities of a health care provider. For example, the Plan may disclose information about your prescriptions to a pharmacist (or a prescription benefit manager) so that the pharmacist may determine if a prescription conflicts with another prescription or is otherwise inappropriate for you. The Plan also may use or disclose your PHI to inform you or your health care provider about possible treatment options or alternatives. Likewise, the Plan may share information about prior treatment with a health care provider who needs such information to treat you properly. However, the Plan, itself, does not provide treatment.

Payment. Payment refers to the activities of the Plan in collecting premiums and paying claims under the Plan for health care services you receive. Payment activities include processing claims (including appeals and other payment disputes), responding to participant inquiries about payments, determining eligibility or coverage for claims and cost sharing amounts (e.g. application of co-payments, deductibles, and plan maximums), establishing employee contribution rates, reviewing services for medical necessity or appropriateness, performing utilization review functions, obtaining payment under a contract for reinsurance (including stop-loss and excess of loss insurance), and premium/contribution collection functions. For example, your information may be shared with an outside vendor that the Plan has hired to review the use of certain services or medications, or with an outside company hired to help the Plan ensure that it is reimbursed properly if a third party is responsible for medical costs the Plan otherwise would pay. Or, the Plan may provide information regarding your coverage to other health plans to coordinate payment of benefits between this Plan and other plans. Likewise, the Plan may provide information to your health care provider regarding your eligibility for and level of coverage or to your provider in order to make prior authorization determinations as required by the Plan. Along the same lines, the Plan may share PHI with a third party administrator or utilization review service to determine whether a claim is payable. As another example, the Plan may disclose information about your medical history to your health care provider in order to determine whether a particular treatment is medically necessary or otherwise determine whether the Plan will cover the treatment. Or, the Plan may disclose PHI in order to ensure that the Plan is properly reimbursed if a third party is responsible for medical costs the Plan otherwise would pay.

Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate the Plan. Examples of such uses and disclosures include conducting quality assessment studies to evaluate the Plan's performance or the performance of a particular network or vendor; the use of PHI in determining the cost impact of benefit design changes; the use of PHI in drug formulary development, the disclosure of PHI to underwriters for the purpose of calculating premium rates and providing insurance and reinsurance quotes to the Plan; disclosure of PHI to Plan consultants who provide legal, actuarial and auditing services to the Plan; and use of PHI in general data analysis used in the long-term management and planning for the Plan and Company. For example, your PHI might be included as part of an audit designed to ensure that the Plan's outside claims administrator is performing its job as well as it should for the Plan. Or, your information, along with that of all other participants, may be used each year to set appropriate premiums for the Plan or to help secure insurance that is needed to protect the Plan or Plan Sponsor financially. Additionally, the Plan may use your PHI to audit the accuracy of its claims processing functions, and to engage in participant service activities.

Other Uses and Disclosures Allowed Without Authorization

Uses and disclosures required by law do not require your consent or authorization. For example, federal law specifically allows the Plan to use and disclose PHI in the following ways:

- ▶ To you, as the covered individual.
- ▶ To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of a child, a person with power of attorney with respect to health care matters, or the surviving family members or representative of the estate of a deceased individual.
- ▶ To the Secretary of Health and Human Services ("HHS") or any employee of HHS as part of an investigation to determine Plan compliance with the HIPAA Privacy Rules.
- ▶ To an outside service provider known as a Business Associate with whom the Plan has entered into a contract pursuant to which the service provider has agreed to perform services for the Plan, provided that the disclosure is for purposes of treatment, payment, or health care operations and that the Business Associate has agreed in writing to keep your PHI confidential. Examples include the companies that may process claims for benefits, administer prescription drug benefits, or administer COBRA under the Plan.
- ▶ To a health oversight agency, such as the Department of Labor (DOL), the Internal Revenue Service (IRS) and the Insurance Commissioner's Office, to respond to inquiries or investigations of the Plan, requests to audit the Plan, or to obtain necessary licenses.
- ▶ In response to a court order or order of an administrative tribunal, or in response to a subpoena or, discovery request, provided certain requirements are met.
- ▶ As required for law enforcement purposes (for example, to notify authorities of a criminal act).

- ▶ As required to comply with Workers' Compensation or other similar programs established by law.
- ▶ To a coroner or medical examiner for the purpose of identifying a deceased person or cause of death, as authorized by law.
- ▶ For public health activities, such as to a public health authority that is legally authorized to collect such information for the purpose of preventing or controlling disease, injury or disability; to a public health or other appropriate government authority legally authorized to receive reports of child abuse or neglect; and to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") with respect to an FDA-regulated product.
- ▶ To facilitate organ, eye, or tissue donation and transplantation.
- ▶ If you are a member of the armed forces, as required by military command authorities, to assure the proper execution of a military mission, if the appropriate military authority has published by notice in the Federal Register the appropriate military command authorities, and the purpose for which the PHI may be used or disclosed.
- ▶ To the Company, as necessary to carry out administrative functions of the Plan such as administering enrollment, soliciting premium bids from health insurers for providing health insurance coverage, evaluating renewal quotes for reinsurance of the Plan, funding check registers, reviewing claim appeals, approving subrogation settlements, and evaluating the performance of the Plan. The Company has agreed to prevent unauthorized use or disclosure of the information and to limit the employees who have access to such information. Furthermore, the Plan Sponsor may not use PHI to make any employment-related decisions, to administer other benefit programs, or for any other purpose other than as required by law or permitted by the Plan.
- ▶ As otherwise legally required.

The examples of permitted uses and disclosures listed above are not an exhaustive list of the ways in which PHI may be used. They are provided merely to help you generally understand the types of uses and disclosures that may be made.

Other Uses and Disclosures Allowed With Authorization

Other types of uses and disclosures of your PHI not described in this Notice will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to the Privacy Officer or his/her designee as directed below in this Notice that you wish to revoke an authorization. Your request to revoke will be honored as of the day it is received and to the extent that the PHI has not been used or disclosed in good faith in compliance with the authorization.

Your written authorization is required for most uses and disclosures of psychotherapy notes, any uses and disclosures of PHI for marketing purposes, and any disclosures that constitute a sale of PHI.

Disclosures to Family, Friends, or Disaster Relief Agencies -- Disclosures Requiring an Opportunity for the Individual to Agree or Object

Provided that you are informed in advance of the use or disclosure and have the opportunity to agree or to prohibit or restrict the use or disclosure, Plan may disclose to a family member, other relatives, or close personal friends, or any other person you identify, PHI directly relevant to the person's involvement with your care or payment for that care. Likewise, Plan may disclose PHI to notify (or assist in the notification of) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. For this purpose, Plan may disclose PHI to a public or private entity authorized to assist in disaster relief.

Prohibition on Use of Genetic Information for Underwriting Purposes

If the Plan uses or discloses PHI for underwriting purposes, the Plan is prohibited from using or disclosing genetic information for such underwriting purposes, regardless of whether you have authorized the use.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI that Plan maintains. (If your request pertains to PHI related to an insured benefit under the Plan, please contact the person indicated in the notice distributed by the insurance company.)

Right to Request Restrictions on Uses and Disclosures

You have the right to request that the Plan limit its uses and disclosures of PHI in relation to treatment, payment, and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that the Plan restrict the use or disclosure of your PHI to family members or personal representatives.

Any such request must be made in writing to the Privacy Contact listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The Plan is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to

accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Contact listed in this Notice.

Right to Access to Your Protected Health Information

You have the right to inspect and copy your PHI for as long as the Plan maintains it. The Plan will provide the information in the form or format you request (including an electronic format) if it is readily producible in such form or format. If the PHI is not readily producible in the form requested, access will be provided in a readable hard copy or readable electronic form or another form mutually agreed upon by you and the Plan.

If you consent, the Plan may provide a summary or explanation of your information that it holds instead of providing you access to the information.

Federal law prohibits you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information.

If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI should be directed to the Privacy Contact listed in this Notice.

If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies (such as electronic media) associated with your request.

Right to Amend Protected Health Information

You have the right to request that PHI in a designated record set (as defined by HIPAA) be amended for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, if any, for reasons other than disclosures for treatment, payment, and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures is limited to disclosures occurring within a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Contact listed in this Notice.

Access, Amendment, and Accounting Request Response Times

The Plan will respond to your written request within 30 days of its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which a response will be sent to you.

Right to Be Notified of a Breach

You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of unsecured protected health information.

Copy of Notice

You may obtain a copy of this Notice of Privacy Practices upon request to Human Resources or the Privacy Contact listed in this Notice. **A copy of this Notice will be maintained at the Company website at <https://my.lakeforest.edu/ics>**

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of HHS. Complaints should be filed in writing with the Privacy Contact listed in this Notice. Neither the Plan nor the Company will retaliate against you for filing a complaint.

PRIVACY CONTACT FOR FURTHER INFORMATION – THE PRIVACY OFFICER

For more information or if you have questions about this Notice or the Plan's privacy practices, you may contact the Privacy Officer or his/her designee at:

Lake Forest College
555 N. Sheridan Road
Lake Forest, IL 60045
(847) 735-5036

EFFECTIVE DATE OF NOTICE

This notice is effective September 23, 2013.