

**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.**

Effective Date: April 19, 2004

**NOTICE OF PRIVACY PRACTICES**

**CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION**

Stanford University (the "Employer") is committed to protecting the privacy of health information maintained by the health care components of the Stanford University Postdoctoral Insurance Plan (the "Plan") or by outside vendors (known as business associates) who perform services for the Plan. The Plan is required by law to protect the privacy of certain health information that may reveal your identity that the Plan creates or uses in connection with the payment of your medical, dental and vision benefits. This notice is required by law to tell you how the Plan and its business associates (Blue Cross of California, Delta Dental, VSP and Conexis) protect the confidentiality of your health care information.

The Plan must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to the administration of Plan benefits. However, the Plan may change this notice and make the new notice effective for all of your PHI that is maintained. If the Plan makes any substantive changes to its privacy practices, the Plan will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice from the privacy officer at Stanford University.

**WHAT HEALTH INFORMATION IS PROTECTED?**

The Plan is committed to protecting the privacy of health information maintained by the Plan in connection with the operation of the health care components of the Plan. Some examples of protected health information ("PHI") are:

- information regarding payment for your health care (such as your enrollment in a health plan)
- information about your health condition (such as a disease you may have);
- information about health care services you have received or may receive in the future (such as an operation);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number as listed on claims forms or health referral forms); and
- other types of information that may identify who you are such as geographic information.

Again, the only health information covered by this Notice is information maintained by the Plan and not Stanford University. The type of health information typically received by the Plan includes claims information, benefit determination, appeals information, eligibility and case management information.

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**SUMMARY OF PERMISSIBLE USES AND DISCLOSURES AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**1. Requirement of Written Authorization.** The Plan will generally obtain your written authorization before using your health information or sharing it with others outside the Plan except as otherwise described in this notice. If you provide the Plan with written authorization, you may revoke that authorization at any time, except to the extent that the Plan has already relied on it. To revoke an authorization, please contact or write to the Privacy Officer as noted below.

**2. Exception to Written Authorization.** There are some situations when the Plan will not require your written authorization before using your health information or sharing it with others, as summarized below.

**Permitted Uses and Disclosures of Your PHI**

The Plan may use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for payment of claims and for billing of premiums. The Plan may disclose PHI to third parties that perform services for the Plan in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI and comply with applicable federal and state law.

The Plan may use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures by the Plan include health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers compensation purposes, and for use in creating summary information that can no longer be traced to you.

The Plan may disclose certain of your PHI to Stanford University as the Employer. Upon a request from the Employer, the Plan may disclose health information about you to enable the Employer to obtain premium bids from health plans that might provide health insurance coverage under the Plan, or to modify, amend, or terminate the Plan. The Plan may also disclose to the Employer information on whether you are participating in, enrolled in, or disenrolled from the Plan. The Plan also may disclose health information about you, including information that identifies you, only if it is necessary for the Employer to administer the Plan. For example, the Employer may need such information to process health benefits claims, to audit or monitor the business operations of the Plan, or to ensure that the Plan is operating effectively and efficiently. The Plan, however, will restrict the Employer's uses of your information to purposes related only to Plan administration. The Plan prohibits the Employer from using your information for uses unrelated to Plan administration. Under no circumstances will the Plan disclose your health information to the Employer for the purpose of employment-related actions or decisions (e.g. for

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employment termination) or for the purpose of administering any other plan that the Employer may offer. Once received, the Employer may only disclose your health information to third parties, such as to consultants or advisors, if the Employer has first obtained a confidentiality agreement from the person or organization receiving your health information.

**Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Healthcare Operations**

The Plan may use and disclose your health information to conduct normal business operations. Such activities may include but are not limited to: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following.

- Uses and/or disclosures of PHI in facilitating treatment.
- Uses and/or disclosures of PHI for payment. The Plan may also use and disclose your PHI to make determinations about your eligibility for insurance coverage, coordination of benefits with other insurance coverage, to perform claims management and collection activities, to review the medical necessity or the appropriateness of the care you received, and to conduct utilization reviews such as pre-authorizations, or reviews, of services
- Uses and/or disclosures of PHI for health care operations. Plan may use your PHI to enroll you in a health plan program. The Plan may also use your PHI to evaluate the performance of the staff in managing and providing you with health care benefits. The Plan also may use and disclose your PHI to contract for reinsurance or to investigate the validity of benefits claims. In addition, the Plan may share your PHI with another company that performs certain services, such as billing or compiling information to help the Plan determine how the Plan is doing relative to other health plans.

**Disclosures by the Plan As Required By Law**

The Plan may use or disclose your PHI if the Plan is required by law to do so. The Plan will notify you of these uses and disclosures if notice is required by law. The Plan must disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

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**3. Your Rights Regarding Access and Control of Your PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.** You may access your PHI by contacting the appropriate benefit vendor. You must include (1) your name, address, telephone number and identification number and (2) the PHI you are requesting. These vendors may charge a reasonable fee for providing you copies of your PHI. The Plan will only maintain PHI that it obtains or utilizes in providing your health care benefits. . You may need to contact your health care provider to obtain PHI that the Plan does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the appropriate privacy office as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.** You have the right to ask that the Plan limit how your PHI is used and disclosed.. The Plan will consider your request but the Plan is not legally required to accept it. If the Plan accepts your request, the Plan will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that the Plan is legally required or allowed to make.

**You have the right to correct or update your PHI.** This means that you may request an amendment of PHI about you for as long as the Plan maintains this information. In certain cases the Plan may deny your request for an amendment. If the Plan denies your request for amendment, you have the right to file a statement of disagreement with the Plan and the Plan may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to the Plan by a provider or vendor, the Plan may refer you to that person to amend your PHI. Please contact the appropriate privacy office as noted below if you have questions about amending your PHI.

**You have the right to request or receive confidential communications from the Plan by alternative means or at a different address.** You have the right to request that the Plan contact you in a way that is more confidential for you, such as at work instead of at home, if disclosure of your health information could put you in danger and you clearly state that in your request. The Plan will try to accommodate all reasonable requests. Please make this request in writing to the appropriate privacy office as noted below.

**You have the right to receive an accounting of certain disclosures the Plan has made, if any, of your PHI.** This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information the Plan disclosed after it received a valid authorization from you. Additionally, the Plan does not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. The Plan does not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact the appropriate privacy office as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

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**You have the right to get this notice by E-Mail.** If you have received this notice electronically, you have the right to a paper copy of this notice if you have not already received one. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. The Plan will be required by law to abide by its terms that are currently in effect. However, the Plan also may change its privacy practices from time to time. If that happens, the Plan will revise this notice so you will have an accurate summary of the Plan's practices. The revised notice will apply to all of your health information. To request a paper copy of this notice or any revised notice, please contact the Benefits Office as noted below.

**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, please contact the Privacy Officer as noted below. *No one will retaliate or take action against you for filing a complaint.*

**Contact**

For a paper copy of this notice or any revised notice:

Office of Postdoctoral Affairs  
Attn: Benefits Manager  
269 Campus Dr. West, CCSR 4235  
Stanford, CA 94305-5173  
(650) 723-6013  
postdoc.services@stanford.edu

To file a complaint with the Plan:

Susan Weinstein, Stanford University Privacy Officer  
Director of Business Development & Privacy  
Building 170 Main Quad, Room 206  
Stanford, CA 94305-2060  
Stanford, California 94305