

LEHIGH UNIVERSITY BENEFIT PLANS 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

Lehigh University sponsors the following employee welfare benefit plans (collectively referred to as the “Plans”):

- CMM Plan, administered by Capital Blue Cross,
- PPO 80, administered by Capital Blue Cross,
- PPO 100, administered by Capital Blue Cross,
- Keystone Health Plan Central HMO, administered by Capital Blue Cross,
- Behavioral Health Benefits, administered by Magellan Behavioral Health and Integrated Behavioral Health
- Employee Assistance Program, administered by Integrated Behavioral Health,
- United Concordia Dental, insured by United Concordia Life and Health Insurance Co.,
- Davis Vision, insured by Highmark Blue Shield,
- Medco Pharmacy Benefits, administered by Medco, and
- Health Care Flexible Spending Accounts, administered by Ceridian Benefits Services.

The Plans are required by law to maintain the privacy of your health information and to provide you with notice of their legal duties and privacy practices with respect to your health information. If you have any questions about any part of this Notice or if you want more information about the Plans’ privacy practices, please contact:

Director, Human Resource Services
Lehigh University Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015
Phone: 610-758-3900

How the Plans May Use or Disclose Your Health Information

The following categories describe the ways that we (the Lehigh University Benefits Staff) may use and disclose your health information. For each category of uses and disclosures, we will

explain what we mean and present examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. Payment Functions. We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include confirmation of eligibility and demographic information to ensure accurate processing of enrollment changes.
2. Health Care Operations. We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include submitting claims for stop-loss coverage; auditing claims payments; and planning, management, and general administration of the benefits plans.
3. Required by Law. As required by law, we may use or disclose your health information. For example, we may disclose your health information to a law enforcement official for purposes such as complying with a court order or subpoena and other law enforcement purposes; we may disclose your health information in the course of any administrative or judicial proceeding; or we may disclose your health information for military, national security, and government benefits purposes.
4. Health Oversight Activities. We may disclose your health information to health agencies in the course of audits, investigations, or other proceedings related to oversight of the health care system. For example, we will report medical plan enrollment information to the *Medicare — Coordination of Benefits IRS/SSA/CMS Data Match Project*.
5. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation or similar laws.

When the Plans May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Policies, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Statement of Your Health Information Rights

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. The Plans are not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to:

Director, Human Resource Services
Lehigh University Human Resources

428 Brodhead Avenue
Bethlehem, PA 18015.

2. Right to Request Confidential Communications. You have the right to receive your health information through a reasonable means or at an alternative location. There are two standard locations used for distribution of plan information. If you are an employee of the university, most information about the plans will be sent to your campus address. On occasion information may be distributed through the U.S. Postal Service. The standard location for the U.S. Postal Service delivery of plan communications will be your home address, as listed in Lehigh's records. If you are not a current employee of Lehigh University, our standard location for sending plan information to you is your home address, as listed in Lehigh's records. To request an alternative means of receiving confidential communications, you must submit your request in writing to:

Director, Human Resource Services
Lehigh University Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015.

We are not required to agree to your request.

3. Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to:

Director, Human Resource Services
Lehigh University Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015.

If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment. You have the right to request that the Plans amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and, if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to:

Director, Human Resource Services
Lehigh University Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015.

You must also provide a reason for your request.

5. Right to Accounting of Disclosures. You have the right to receive a list or “accounting of disclosures” of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operation, or those made to you. To request this accounting, you must submit your request in writing to:

Director, Human Resource Services
Lehigh University Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015.

Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The Plans will provide, on request, one list per 12-month period free of charge; we may charge you for additional lists.

6. Right to Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Regulations at any time. To obtain a paper copy of this Notice, send your written request to Lehigh University Human Resources, 428 Brodhead Avenue, Bethlehem, PA 18015. You may also obtain a copy of this Notice at our Website, <http://www.lehigh.edu/~inhro/>. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Director, Human Resource Services
Lehigh University Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015
Phone: 610-758-3900

Changes to this Notice of Privacy Practices

The Plans reserve the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, the Plans are required by law to comply with the current version of this Notice.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to:

Vice President for Finance and Administration
Lehigh University
27 Memorial Drive West
Bethlehem, PA 18015
Phone: 610-758-3178

The Plans will not retaliate against you in any way for filing a complaint. All complaints about the

Privacy Practices described in this Notice must be submitted in writing. If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the Department of Health and Human Services.

Effective Date of This Notice: April 14, 2003; Updated November 5, 2009