

## **HIPAA POLICY**

PURPOSE:	To provide notice of the University's privacy information practices in compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996)
POLICY:	The University's HIPAA policy describes how medical information about you may be used and disclosed and how you can get access to this information.
DATE APPROVED:	April 14, 2004
REVISED:	January 8, 2007; October 21, 2019
REVIEWED:	July 1, 2010; September 1, 2007; October 21, 2019

### **A. PURPOSE OF THE NOTICE**

Franklin Pierce University (the "University") is committed to preserving the privacy and confidentiality of your health information, which is created and/or maintained at the University. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. Under these laws and regulations, health information that can be identified as specifically relating to you is called "protected health information," or "PHI."

This Notice will provide you with information regarding our privacy practices and applies to your entire PHI created and/or maintained at the University, including any information that we receive from other sources. This Notice describes the ways in which we may use or disclose your PHI and also describes your rights and our obligations concerning such uses or disclosures.

### **B. CONTACT WITH PHI**

The circumstances under which University Human Resources personnel may come into contact with an employee's PHI are limited to the processing of Family Medical Leave Act ("FMLA") applications, short-term disability applications, worker's compensation matters, and requests for accommodations regarding disability. The University will maintain no records or files containing PHI once the requirements which led to employee contact with PHI are completed.

### **C. ACTIONS TO BE TAKEN BY UNIVERSITY PERSONNEL**

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, which will identify its effective date at the University and post it on the University's website.

The privacy practices described in this Notice will be followed by all employees, students and other personnel who have access to your PHI at the University. Such individuals will share your health care information with each other for purposes of treatment, payment and health care operations as further described in this Notice.

Franklin Pierce University may share your PHI with other entities, such as health care organizations with which it is affiliated or associated, insurers, health plans and “clearinghouses” which transmit PHI-related data to insurers and health plans for payment purposes. Each of these types of entities are also bound to protect your PHI under state and federal laws and regulations. In addition, we may disclose PHI to so-called “Business Associates” who provide contracted services such as accounting, legal representation, claims processing, accreditation and consulting. If we do disclose PHI to a Business Associate, we will do so subject to a contract that limits or prohibits further disclosure of your PHI.

<b>D. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS</b>
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**1. Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your PHI for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes. In general, we are not required to seek your specific authorization each time we use or make disclosures of your PHI for these purposes.

**a. Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care.

For example, we may share relevant and appropriate PHI with a health care provider in order to coordinate your care and services.

**b. Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

For example, we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist, such as a neurologist or orthopedic surgeon, or to perform a diagnostic test such as a magnetic resonance imaging scan (“MRI”) or a CT scan.

**c. Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of the University.

For example, we may review your healthcare information to determine eligibility for short-term disability benefits.

## **E. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION**

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As required by law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (HHS) to disclose your health information in order to allow HHS to evaluate whether we are in compliance with the federal privacy regulations.
2. **Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
3. **Health Oversight Activities.** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
4. **Judicial or Administrative Proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
5. **Worker's Compensation.** We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
6. **Law Enforcement Official.** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
7. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
8. **Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
9. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Under federal regulations, the use of your PHI for research purposes is subject to a special approval process, and we will not use or disclose your health information for

research purposes until the use or disclosure of health information including your PHI has been approved in conformity with those regulations.

We may use or disclose your health information to individuals preparing to conduct a research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in a proposed research project. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.

- 10. To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
- 11. Military and Veterans.** If you are a member of the Armed Forces, we may use or disclose your health information as required by military command authorities.
- 12. National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- 13. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

## **F. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS**

We may use or disclose your health information in certain special situations as described below. For these situations, you may agree or object to these uses and disclosures as provided for in Section H.4 of this Notice.

- 1. Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your health information for purposes of discussing with you treatment alternatives or health-related products or services that may be of interest to you.
- 2. Family Members and Friends.** We may disclose health information which is directly relevant to your care or treatment to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, we will share information about you with your spouse or other family member after giving you an opportunity to agree or object.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if your medical condition prevents you from either agreeing or objecting to disclosures made to your family or friends, we may share information with the family member or

friend that comes to visit you at the University, but we will share only that information which relates to their involvement in your care.

## **G. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION**

Except for the purposes identified above in Sections D through F, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

## **H. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the Plan Administrator's office. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from our Privacy Officer, as listed in Section H of this Notice.

- 1. Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
- 2. Right to Amend.** You have the right to request an amendment of your health information that is maintained by or for the University and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for the University; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.
- 3. Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.
- 4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
- 5. Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you by mail.

6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you 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.

## **I. QUESTIONS OR COMPLAINTS**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Director of Human Resources (Interim), Dawn Broussard, at 40 University Road, Rindge, NH 03461; telephone number: 603-899-4075. If you believe your privacy rights have been violated, you may file a complaint with the University or with the Secretary of the United States Department of Health and Human Services (HHS) and/or the New Hampshire Department of Health and Human Services. To file a complaint with the University, contact our Director of Human Resources at 40 University Road, Rindge, NH 03461. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.