

NOTICE OF PRIVACY PRACTICES FOR
UNIVERSITY OF ALASKA HEALTH CARE PLAN PARTICIPANTS AND
THEIR COVERED SPOUSES AND DEPENDENTS

Effective Date: April 1, 2021

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.

As used in this notice, the term “Plan” refers to the University of Alaska Health Care Plan, the term “University” refers to the University of Alaska, the term “Participant” refers to an individual who is or was a Participant in the Plan and thereby entitled to health benefits under the Plan and the term “Potential Participant” refers to an individual who may at some time become a Participant but who is not yet a Participant. If you have any questions about this notice, please contact the Contact Person of the Plan. The Plan’s Contact Person can be reached as follows:

Steven Patin, Chief Human Resources Officer
University of Alaska Human Resources
University of Alaska
PO Box 755140
Fairbanks, AK 99775-5140
Phone (907) 450-8200
Fax: (907) 450-8201

Or

Heather Arana, Director of Employee Transitions and Benefits
University of Alaska Human Resources
University of Alaska
PO Box 755140
Fairbanks, AK 99775-5140
Phone (907) 450-8200
Fax: (907) 450-8201

WHY WE ARE PROVIDING THIS NOTICE.

The University of Alaska sponsors the Plan for the benefit of certain of its employees, certain of their family members and their designated domestic partners. As a necessary part of the operation and administration of the Plan, the University’s employees and entities such as claims administrators, COBRA vendors and case management companies (and their employees, agents and representatives) (the “Business Associates”) may have access to individually identifiable health information of Participants and Potential Participants which is protected under applicable federal law (such information is sometimes referred to as “PHI”). Federal law (i.e., the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)) requires that access to PHI be limited and that individuals and entities having access to PHI be restricted in their use and disclosure of PHI. The purpose of this notice is to provide you with information regarding your PHI privacy rights and certain special protections for genetic information.

the procedure. Similarly, the Plan may receive, use and disclose health information to fiduciaries of the Plan in order to provide them with information necessary to process an appeal that you file with respect to a claim for Plan benefits which has been modified or denied. Other payment activities of the Plan with respect to which the Plan may use and disclose health information about you include claims management, risk adjustment, reinsurance, collection and other “behind the scenes” Plan functions.

For Health Care Operations. The Plan may receive, use and disclose health information about you for purposes of the Plan’s operations such as underwriting (except as prohibited with respect to the use and disclosure of genetic information), premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, for legal or auditing functions or for general management and administrative activities. For instance, the Plan may request from any insurer currently funding or providing medical benefits under the Plan information relating to your and other Plan Participants’ health procedures and treatments over a prior period in order to provide other insurers with information to make knowledgeable offers to insure benefits under the Plan for future periods. Also, the Plan might use information about your Plan claims to review the effectiveness of wellness programs or cost containment measures.

Plan Sponsor Information Request. The Plan may disclose to the University at its request summary health information (i.e., information that summarizes the claims history, claims expenses or type of claims experienced by Participants under the Plan) for the purpose of obtaining premium bids for providing health insurance coverage under the Plan or modifying, amending or terminating the Plan. For example, the University may request summary health information about Plan Participants’ claims over a given period to determine ways in which the Plan design may be changed in the future to reduce the costs of providing the Plan. The University can only be provided other health information regarding Plan Participants for use by persons identified in the Plan documents, such as the employees in the University’s Benefits Department, and for the purpose or purposes described in the Plan document, such as specific plan administration activities, and only if the Plan documents restrict use and disclosure of such information by the University and establish adequate separation between the Plan and the University with respect to the use and disclosure of PHI. In addition, the Plan must provide that it will disclose PHI to the University only upon receipt of a certification from the University that the Plan documents have been amended to incorporate these restrictive provisions and that the Company agrees to comply with such restrictions. A summary of such restrictive provisions may also be obtained at any time, without charge, from the Plan’s Contact Person.

Disclosure to You. The Plan may disclose your medical information to you.

pending with the Plan following the termination of your coverage. However, you may file a Disclosure Objection Form at any time if you want the Plan to cease making family member or FIP disclosures as described above. Your Disclosure Objection Form should be returned to the Plan's Contact Person at the address noted on the first page of this notice.

Disclosures to Business Associates. The Plan may disclose your medical information to a Business Associate and the Business Associate will be required to appropriately safeguard your medical information and use or disclose it only for permitted purposes.

To Notify of a Data Breach. In the unlikely event that there is an unauthorized acquisition, access, use, or disclosure of your medical information that compromises the security or privacy of this information, the Plan is generally required to provide you written notice concerning this data breach no later than 60 days from the date the breach was discovered. For this purpose, security or privacy is generally considered compromised when the unauthorized acquisition, access, use, or disclosure of the medical information poses a significant risk of financial, reputational or other harm to you.

Marketing. The Plan may use or disclose your medical information for purposes of marketing products or services if the particular marketing activity either occurs face-to-face with you or involves giving you an inexpensive item that promotes the Plan.

Limited Data Set. The Plan may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.

Pursuant to Your Authorization. Other uses and disclosures of health information not covered by this notice or the laws that apply to the Plan will be made only with your written

Lawsuits and Disputes. Subject to a number of protective requirements and restrictions, the Plan may disclose PHI about a Participant in response to (i) a court or administrative order and (ii) a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. The Plan may disclose PHI about a Participant if asked to do so by a law enforcement official. The Plan may also disclose PHI to a law enforcement official if the official provides written notification to the Plan that the official is conducting an investigation and that the information is necessary to the investigation.

for underwriting purposes, which generally includes (1) determining your eligibility for benefits under the Plan, (2) computing the premium amounts for Plan coverage, (3) applying any pre-existing condition exclusion under the Plan, and (4) other activities related to the creation, renewal, or replacement of health benefits. In general, and subject to certain exceptions, your genetic information inclu

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health 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. If the Plan agrees, it will comply with your request unless the information is needed to provide you emergency treatment or required by law until you or the Plan cancels the limitation. To request restrictions, you must make your request in writing to the Plan's Contact Person. In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.

The Plan is generally not required to agree to your request for restrictions. However, except as otherwise required by law, a covered entity (such as the Plan or a health care provider) must agree to certain requested restrictions if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment) and relates solely to a health care item or service for which the health care provider has been paid out of pocket in full. For example, this means that a doctor or other health care provider generally must agree to your request to not send medical information to the Plan in certain circumstances if the medical information concerns an item or service for which you have paid the provider out of pocket in full.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about health 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 Plan's Contact Person. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Copy of This Notice. You may ask us to give you a copy of this notice at any time. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain an electronic copy of this notice at the following website: www.alaska.edu/benefits/.

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 health information the Plan already has about you as well as any information it receives in the future. The Plan will post a copy of the current notice in the University's Benefits Office and at the website set forth in the above paragraph. The effective date of the notice will be written on the notice's first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Contact Person or with the Secretary of the Department of Health and Human Services. A complaint filed with the Plan's Contact Person must be submitted in writing and must comply with the Plan's privacy rights complaint procedures. A copy of such procedus

You may contact Department of Health and Human Services by telephone at 1-800-368-1019, by electronic mail at ocrprivacy@hhs.gov, or by regular mail addressed to:

Director, Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

HEALTH PROVIDERS AND YOUR HEALTH INFORMATION.

Health providers (such as doctors, medical clinics, hospitals, etc.) may also use and disclose health information about you. You also have rights regarding the health information which they obtain and