

POLICY

**Subject: Health Insurance Portability and Accountability Act (HIPAA): Flexible Benefits
HIPAA Privacy Policy**

The Colorado School of Mines ("CSM") is the plan sponsor for the faculty Flexible Benefits Program. The plan is administe

HIPAA PRIVACY PROCEDURES

Use and Disclosure of PHI

I. Use and Disclosure Defined

The CSM Flexible Benefits Program will use and disclose PHI only as permitted under HIPAA for treatment, payment, operations and certain public policy disclosures. The terms “use” and “disclosure” are defined as follows:

Use. The sharing, utilization, examination, or analysis of individually identifiable health information by any person working for or within the CSM Flexible Benefits Program, or by a Business Associate (defined below) of the Plan.

Disclosure. For information that is protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed or working within the CSM Flexible Benefits Program.

II. Workforce Must Comply With Plan’s Policy and Procedures

All members of the CSM Flexible Benefits Program workforce (described at the beginning of this Policy and referred to herein as “Employees”) must comply with this Policy and Procedures.

III. Access to PHI is Limited to Certain Employees

The following Employees (“employees with access”) have access to PHI:

- Associate Vice President of Human Resources who performs functions directly on behalf of the program and the Assistant Director

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- about victims of abuse, neglect or domestic violence;
- for judicial and administrative proceedings;
- for law enforcement purposes;
- for public health activities;
- for health oversight activities;
- about decedents; and
- for specialized government functions.

E.

H. De-Identified Information

The Plan may use and disclose de-identified information. De-identified information is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. Employees will obtain approval from Privacy Official for the disclosure. The Privacy Official will verify that the information is de-identified.

V. Minimum Necessary Standard and Disclosures

The “minimum necessary” standard applies to disclosures described in IV(A), IV(B), IV(D), and IV(G). This standard generally requires that when PHI is used or disclosed, the amount of information disclosed must be limited to the “minimum necessary” to accomplish the purpose of the use or disclosure.

Procedures for Disclosures and Requests for Protected Health Information

For recurring disclosures and requests (e.g., to business associates), and all other disclosures and requests, the Privacy Official will be consulted to ensure that the amount of information disclosed is the minimum amount necessary to accomplish the purpose of the request or disclosure.

Exceptions.

The “minimum necessary” standard does not apply to any of the following:

- § Uses or disclosures made to the individual.
- § Uses or disclosures made pursuant to an individual authorization.
- § Disclosures made to U. S. Department of Health and Human Services.
- § Uses or disclosures required by law
- § Uses or disclosures required to comply with HIPA and
- § Uses or disclosures to a provider for treatment.

VI. Privacy Official Approval of Disclosures

Requests for disclosures described in IV(B), IV(D), and IV(F) shall be submitted in writing to the Privacy Official who will determine the appropriateness of the request based on applicable regulations, and if necessary, consultation with the Plan’s legal counsel.

VII. Verification of Identity of Those Requesting Protected Health Information

Verifying Identity and Authority of Requesting Party. Employees must take steps to verify the identity of individuals who request access to PHI. They must also verify the authority of any person to have access to PHI, if the identity or authority of such person is not known. Separate procedures are set forth below for verifying the identity and authority, depending on whether the request is made by the individual, a spouse, a parent seeking access to the PHI of his or her minor child, a personal representative, or a public official seeking access.

Request Made by Individual. When an individual requests access to his or her own PHI, the following steps should be followed.

- Unless the individual is personally known to the Employee, request a form of identification from the individual. Employees may rely on a valid driver's license, student or faculty ID, passport or other photo identification issued by a government agency.
- Make a copy of the identification provided by the individual and file it with the request.
- If the individual requests PHI over the telephone, the Employee will ask for the individual's **subscriber identification number and home address** for verification; however, if the Employee is not sure of the identity of the caller, the Employee will advise the caller that he or she must make the request in person.

Request Made by Parent Seeking PHI of Minor Child. When a parent requests access to the PHI of the parent's minor child, the following steps should be followed:

- Seek verification of the person's relationship with the child. Such verification may take the form of confirming enrollment of the child in the parent's plan as a dependent.

Request Made by a Spouse or by a Personal Representative. When a spouse or a personal representative requests access to an individual's PHI, the following steps should be followed:

- Require a copy of a valid power of attorney or appointment of personal representative.
- Make a copy of the documentation provided and file it with the individual's request.

Who Must Be Recognized as the Individual's Personal Representative. The following chart displays who must be recognized as the personal representative for a category of individuals:

If the Individual Is:

The Personal Representative Is:

An Adult or
Emancipated Minor

A person with legal authority to make An
health care decisions on behalf of the
Individual

Examples: Health care power of attorney
Court appointed legal guardian

An Unemancipated Minor

A parent, guardian, or other person acting *in loco parentis* with legal authority to make health care decisions on behalf of the minor child

Exceptions: See parents and minors discussion below.

Deceased

A person with legal authority to act on behalf of the decedent or the estate (not restricted to health care decisions)

Request Made by Public Official

II. Accounting

An individual has the right to obtain an accounting of certain disclosures of his or her own PHI. This right to an accounting extends to disclosures made since April 14, 2004, (but not farther back in time than the previous six years if April 14, 2004, is more than six years from the date of the request), **other** than disclosures:

records under the HIPAA privacy rules. You must submit a written request to the Privacy Official to amend your PHI maintained by the CSM Flexible Benefits Program in its designated record set. The Privacy Official will make a decision on the request to amend within 60 days of receiving your request or advise you that an additional 30 days is needed to review your request. If the CSM Program does not agree to amend the PHI, it will notify you in writing and explain the reason for the denial. You may submit a written statement of disagreement on the decision to the Privacy Official.

Other Procedures

Privacy Official and Contact Person

The CSM Benefits Manager will be the Privacy Official for the Plan. The Privacy Official will be responsible for the development and implementation of policies and procedures relating to privacy, including but not limited to this Privacy Policy and Procedures. The Privacy Official will also serve as the contact person for participants who have questions, concerns, or complaints about the privacy of their PHI.

Workforce Training

CSM will train all Employees on its Privacy policy and Procedures. The Privacy Official is charged with developing training programs so that Employees receive the training necessary and appropriate to permit them to carry out their functions within the Flexible Benefits Program.

Technical and Physical Safeguards

The CSM Flexible Benefits Program will establish appropriate technical and physical safeguards to prevent PHI from intentionally or unintentionally being used or disclosed in violation of HIPAA's requirements. Physical safeguards include locking doors and filing cabinets.

Privacy Notice

The Privacy Official is responsible for maintaining and issuing a notice of the CSM Flexible Benefits Program privacy practices. The privacy notice will inform participants that the CSM Flexible Benefits Program will have access to PHI in connection with its plan administrative functions. The privacy notice will also provide a description of the Plan's complaint procedures, the name and telephone number of the contact person for further information, and the date of the notice.

The notice of privacy practices will be individually electronically delivered to all participants unless a participant requests delivery of a printed copy. In this instance, the participant will be provided a printed copy. The CSM Flexible Benefits Program will also provide notice of availability of the privacy notice at least once every three years.

on whether there has been a violation of CSM Privacy Policy within 60 days of receiving the written complaint. The Privacy Official will determine whether any corrective action is necessary and implement any corrective measures. When appropriate the Privacy Official will

*****COLORADO SCHOOL OF MINES NOTICE OF PRIVACY PRACTICES*****
Effective Date: March 19, 2008

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.

Why have you been sent this Notice?

The Colorado School of Mines (CSM) Flexible Benefit Program is required under the Privacy Regulations of the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d – 1320d-8, and its implementing regulations, 45 C.F.R. Parts 160 and 164, (HIPAA) to provide all employees eligible to participate in the Program with this notice of privacy practices. This notice concerns the personal, protected health information (PHI) you have provided to the Program and any third party administrators in connection with the flexible spending account provisions of the Program. CSM takes your privacy seriously. Your information will not be used or disclosed without your written authorization, except as described in this notice or as otherwise permitted by Federal and State law. You may revoke your authorization as provided by the HIPAA Privacy Regulations.

How do we use your information?

We restrict access to your PHI to those employees of CSM who need to know the information in order to provide services to you. CSM uses your PHI without your written authorization for purposes of treatment, payment, or health care operations, which are explained below:

- ◆ Treatment is health care. For example, the Program may disclose PHI and confirm your program eligibility so that treatment is provided to you.
- ◆ Payment is paying claims for health care and related activities. For example, the Program may disclose your PHI to adjudicate claims and appeals.
- ◆ Health Care Operations is the administration and operation of the program. For example, the Program may disclose your PHI to evaluate the quality of service that you receive.

With whom do we share your information? CSM may share your PHI, without your written authorization, with the vendors that assist CSM in providing services to you. The Program 7(P)f-7(w)82(e),TJ0.0013 Tc 0.1370 Tw 27.507 0 Td[y s)-5(atr-8(e)-7(yo12(o

To contact us:

Appendices

Participant Information Amendment Form

I, _____ (Participant's name) request that information kept in the records of the Colorado School of Mines be amended.

Information to be Amended

Item to be changed:

Data source:

Change:

Reason:

If you need help with this form, please contact: Colorado School of Mines Privacy Official, 303 273-3528. Attach additional copies of this page as needed.

Signature of Participant or Personal Representative:

Date

Print Name of Participant or Personal Representative

Description of Personal Representative's authority and attach document evidencing authority, such as a Power of Attorney:

This section to be filled out by Privacy Official
Approved Amendments

The following requests for amendment of information have been

Approved. The information will be corrected and other organizations to which this information has been disclosed will be notified as required by federal regulations.

Denied. The request was denied for the following reasons:

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Participant Request for Confidential Communication

I, _____, hereby request confidential communication of protected health information.

Designated Method of Contacting the Participant

Communications with the Participant named above should be directed to:

Mailing Name

Street Address

City, State & Zip

Telephone Number

Name of Participant: _____

Address of Participant: _____

Signature of Participant or Personal Representative: _____ **Date** _____

Print Name of Participant or Personal Representative

Description of Personal Representative's authority and attach document evidencing authority, such as a Power of Attorney:

Authorization Revocation Form

This document revokes the authorization to the use and disclosure of protected health information for:
_____ that was signed on _____

Effect of Revocation

Protected health information that is collected on or after the date on which this form is received by the Colorado School of Mines will not be used or disclosed by the Colorado School of Mines for the purposes specified in the authorization that is revoked. This revocation of authorization will not limit the ability of the Colorado School of Mines to seek payment for services that it provided under an earlier authorization, nor to meet legal obligations related to those services, nor will it affect uses or disclosures under the revoked authorization that occurred prior to the effective date of this revocation.

Other consequences of revoking authorization include:

Authorization for Use or Disclosure of Protected Health Information

I, _____, authorize the Colorado School of Mines Flexible Benefits Program and its employees to (check all that apply):

use the following protected health information,
disclose the following protected health information to:

Information to be used or disclosed.

This protected health information is being used or disclosed for the following purposes:

The participant has requested this information be used and disclosed but does not wish to specify the purpose.

This authorization shall be in force and effect until _____ (date) at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to:

Privacy Official, Colorado School of Mines, Human Resources, 1500 Illinois Street, Golden, Colorado 80401

I understand that if I decide at a future date to revoke this authorization, such a revocation is not effective to the extent that my health care provider has relied on the use or disclosure of the protected health information. The CSM Flexible Benefits Program may not condition treatment, payment enrollment or eligibility for benefit on whether I sign this authorization. I understand that I have a right to request a copy of this Authorization.

I further understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Participant or Personal Representative

Date

Print Name of Participant or Personal Representative

**COLORADO SCHOOL OF MINES
CONFIDENTIALITY AND INFORMATION SECURITY AGREEMENT**

12. When information must be discussed with others in the performance of my duties, I will use discretion to assure conversations that include CONFIDENTIAL INFORMATION ca

29. This signed document will become a part of my permanent personnel record.

Information Services personnel will never ask for your password. If someone does ask for my password, I will report it immediately to the Security Official identified in the HIPAA Policy and Procedures Manual.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT that
I have read and understand the foregoing CSM Confidentiality and Information Security Agreement.

Employee Information

