

Notice of Privacy Practices

Effective April 14, 2003, reviewed April 14, 2006

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. This document and other information about your privacy can be found at <http://web.mit.edu/medical/g-privacy.html>.

ROUTINE USES AND DISCLOSURES OF YOUR INFORMATION. Federal Regulations known as HIPAA (the Health Insurance Portability and Accountability Act) protect the privacy of the health information that we collect about you. Health information is information that could be used to identify you and that relates to your health condition, your health care, or the payment for your health care. We are permitted to use health information for a variety of routine tasks, such as to provide health care services to you, obtain payments for those services, and conduct normal health care business operations. Here are examples of how we use your health information:

- **Payment** – we use and disclose your health information for the purposes of paying for your health care services or to obtain premiums from you. We may also use and disclose your health information to conduct utilization reviews such as preauthorizations, or reviews, of services. We may also discuss with your medical provider medical details necessary to authorize treatment or care.
- **Health Care Operations** – we use your health information to evaluate the performance of the staff in managing and providing you with health care benefits. We may also use and disclose your health information to investigate the validity of benefits claims. We may share your health information with another company that performs billing services or to coordinate benefits.

While federal law allows us to use and disclose your health information for treatment purposes without authorization, we do not currently use or disclose your information for treatment purposes. We promise not to use or disclose your information for such purposes in the future without your authorization.

We may share your health information with the MIT Medical Department only if you are a patient of the MIT Medical Department and only to the extent necessary to pay providers for your health care. Your health information may also be shared with our Business Associates to facilitate coverage of your health benefits, payment of claims, or operations. In any of these cases, the persons with whom we share your health information must follow HIPAA privacy requirements. Information that MIT, Whitehead, Draper, or other employer collects from you in order to enroll you in, or disenroll you from, any of these health plans is not protected by the HIPAA privacy requirements.

NON-ROUTINE USES AND DISCLOSURES. There are other times when we are allowed or required to use or disclose health information without your permission. These circumstances are:

- If required by law
- For public health activities such as tracking diseases or medical devices
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as government audits of MIT Health Plans
- For judicial or administrative proceedings
- For law enforcement
- In the unfortunate event of your death, to coroners, medical examiners, funeral directors, and organizations that procure or store organs so they may determine if donation is possible
- To avert serious threats to the health or safety of you or the public, but we will only share your health information with someone able to help prevent the threat
- For specialized government functions such as national security and intelligence
- To Workers' Compensation if you are injured at work

- To a correctional institution if you are an inmate
- For research purposes so long as we have obtained through a special process assurance that research without your written authorization poses minimal risk to your privacy, or if the researcher has made certain specific promises to us about how your information will be used
- To friends or family members involved in your care or payment of your care, unless you object
- To persons who are legally authorized to act as your personal representative, unless circumstances are such that doing so is not in your best interest. A parent or guardian will generally be considered the personal representative of a minor child unless the child is permitted by law to act on his or her own behalf. MIT students are not considered minors, regardless of age.

We may also use your health information to tell you about health benefits and services. If you are an MIT, Draper, or Whitehead, or other employee enrolled in one of the MIT Health Plans, we may disclose your health information to your employer to administer your benefits. If we do so, any employees receiving that health information will be prohibited from using or disclosing it for any other purpose, including when making employment decisions.

All other uses and disclosures not described above may only be made with your signed authorization. This applies to disclosures that may be made to others at MIT or your employer who are not affiliated with MIT Health Plans (e.g., the Dean, your professor, the Provost, Human Resources Department). MIT Health Plans also will not disclose health information to prospective employers without your written authorization. You may revoke your authorization at any time.

YOUR RIGHTS. Under HIPAA, you have the right to:

- Request restrictions on how we use or disclose your health information. We do not have to agree to your request
- Request to receive confidential communications at an alternate phone or address. Your request must be in writing
- Request to inspect and obtain a copy of your health information (fees may apply). Your request must be in writing
- Request amendment to your health information if you feel you need to make additions or corrections. Your request must be in writing and include supporting information
- Get an accounting of disclosures of your health information other than disclosures we made to you, to obtain payment for services, for health care operations, to your friends and family involved in your care, to federal officials for national security and intelligence activities, to correctional institutions regarding inmates or to law enforcement officers, prior to April 14, 2003, or as part of a limited set of your health information data
- Get a paper copy of this notice even if you received it electronically.

OUR RESPONSIBILITIES. We are required by law to maintain the privacy of your health information, provide this written Notice of Privacy Practices, and abide by the terms of the Notice currently in effect. We reserve the right to change our privacy practices and make the new provisions effective for all health information we maintain. We will post on our website a revised copy of the Notice of Privacy Practices within sixty (60) days of a revision.

MIT Health Plans is committed to protecting your privacy. Your health information is available to our employees on a need to know basis. Our employees must adhere to confidentiality policies designed to prevent any misuse of your health information.

COPIES OF NOTICE, ADDITIONAL INFORMATION, COMPLAINTS. For copies of this Notice or additional information, contact the Health Plans Privacy Officer at 617-253-1322, email privacy@med.mit.edu, or visit <http://web.mit.edu/medical/g-privacy.html>.

If you believe your privacy rights have been violated, you may file a complaint with MIT Health Plans and we will act promptly to investigate and resolve it. To file a complaint, contact the Health Plans Privacy Officer at 617-253-1322 or email privacy@med.mit.edu.

You may also file a complaint with the Secretary of the Department of Health and Human Services. *You will not be subject to any retaliation or other harm as the result of any complaint.*