

**NOTICE OF PRIVACY PRACTICES
FOR THE
BUTLER UNIVERSITY HEALTHY HORIZONS PROGRAM**

Effective Date: *February 15, 2005*

**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.**

If you have any questions about this Notice, please contact Privacy Officer, Dr. Carrie Maffeo, Privacy Officer for the Healthy Horizons Program, Health Education Center, Butler University, 317-940-9991 for further information.

This Notice of Privacy Practices describes how the Butler University Healthy Horizons Program ("Program") may use and disclose your protected health information. "Protected health information" or "PHI" is medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice also describes your rights to access and control your PHI, as well as certain obligations we have.

The Healthy Horizons Program, which is provided to you through the Health Education Center, is a health plan that provides wellness benefits to you. The Program is required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of this Notice which describes the privacy practices the Program will follow.

This Notice also covers any third party "business associates" who may perform activities for the Program, such as preparing lab work. Before we disclose your PHI to any business associate, we will enter into a written contract with them to protect the privacy of your PHI.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

This Notice describes how we may use and disclose your PHI. It does not list every possible use and disclosure, however, it does include all the reasons for which we are permitted to use and disclose your PHI.

For Payment. We will use your PHI if necessary to receive payment for health and wellness services you have received.

For Health Care Operations. We may also use and disclose your PHI to operate the Program. For example, we may use and disclose your PHI to make sure your health and wellness benefits are being administered in compliance with the law.

For Treatment. The law permits us to use your PHI to coordinate your health care, and we may occasionally need to disclose your PHI to physicians, nurses, and other medical providers who are taking care of you.

Program Sponsor. The Program may use and disclose your PHI, as needed, to your employer who sponsors the Program. For example, certain disclosures to your employer are necessary for it to properly administer the Program and to make decisions regarding whether to provide the Program in the future.

Individuals Involved in Your Health Care or Payment for Your Health Care. We will not disclose your PHI to a family member or others involved in your medical treatment or medicals bills without your written authorization.

As Required By Law. We will use and disclose your PHI when required to do so by federal, state or local law. We will limit our uses and disclosures to requirements of such law.

Judicial and Administrative Proceedings. If you are involved in a legal proceeding, we may disclose your PHI in response to a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we believe that the party seeking the PHI has made reasonable efforts either to tell you about the request or to obtain an order protecting the information from further disclosure.

Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Other Uses and Disclosures. Although the law permits us to make many other types of uses and disclosures of your information, we do not anticipate the need to do so. Therefore, we will not routinely use or disclose your PHI for any other purpose unless required by law or approved by the Privacy Officer in exceptional circumstances. Such uses and disclosures might occur for public health or law enforcement reasons; for purposes of reporting suspected abuse, neglect, or domestic violence; for reporting to health oversight agencies; for reporting to coroners, medical examiners, or organ procurement organizations; to prevent a threat to health or safety; for research; or relating to Armed Forces personnel. We will not make other disclosures without your written authorization. If you have given us your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose the PHI for the reasons covered by your written authorization. If we have already taken action in reliance on your authorization, please note that we will be unable to withdraw any disclosures that we have already made with your written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI maintained by the Program:

Right to Request Restrictions. You may request the Program to restrict the uses or disclosures of your PHI for purposes of treatment, payment, or health care operations. You may also request that we not disclose your PHI to your family members or others involved in your health care or in payment of your claims. *We are not required to agree with your request.* However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house. We may require that your request contain a statement that you could be harmed if the information is disclosed. We will accommodate all reasonable requests. However, your request may not be granted unless you provide us with all necessary information we need in order to provide claim payments, and you specify how or where we may contact you.

Right to Inspect and Copy. You have the right to inspect and copy your PHI, which is kept in a designated record set. This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) protected health information that is maintained by the Program to which access is prohibited by law. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents. We may deny your request to inspect and copy your PHI in certain very limited circumstances. If you are denied access to your PHI, for reasons other than those listed above, you may request that the denial be reviewed.

Right to Amend. You have the right to request that we amend your PHI if it is incorrect or incomplete, if the Program maintains the information in a designated record set. You must provide a reason to support your request for an amendment, or we may deny your request. We also may deny your request if it involves: (1) PHI that was not created by us, unless the person or covered entity that created the PHI is no longer available to make the amendment; (2) PHI that is not part of the health information maintained by the Program in a designated record set; (3) PHI that you are not permitted by law to inspect and copy; or (4) PHI that is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures of your PHI made by the Program. You must identify the time period for which you are requesting a list of disclosures, which may not go back any earlier than February 15, 2005 and may not exceed six years. The first list you request in any 12 month period will be free. We may charge you for additional lists requested during the same 12 month period. We will notify you of the cost, and you may cancel or modify your request before any costs have been incurred.

The list will not include disclosures of your PHI that were: (1) for treatment, payment or health care operations; (2) to you; (3) permitted or required by law; (4) pursuant to your written authorization; (5) to facility directories; (6) to those involved in your care or for notification purposes; (7) for national security or intelligence purposes; (8) to correctional institutions or law enforcement of officials; (9) part of a limited data set; or (10) prior to February 15, 2005.

Making A Request. To make any request described in this notice, you must obtain a special form from the Privacy Officer, Dr. Carrie Maffeo, 317-940-9991.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice. You may request that we 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 receive

a paper copy. To obtain a paper copy of this Notice, please contact Dr. Carrie Maffeo, 317-940-9991. You may also obtain a copy of this Notice at our website, www.butler.edu.

CHANGES TO THIS NOTICE

We have the right to change the terms of this Notice. We also have the right to make rules in the new Notice effective for all PHI we currently maintain, as well as any information we receive in the future. We will post a copy of the current Notice on our website, www.butler.edu. Please note, on the first page, in the top right-hand corner of the Notice, you will find the effective date. A Notice with a more recent date supersedes a Notice with an older date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Program or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint. To file a complaint with the Program, contact Dr. Carrie Maffeo, 317-940-9991. All complaints must be submitted in writing on the designated form.

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