

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003
Revised September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Wake Forest University, as the sponsor of various group health plans (“Plan Sponsor”), is required by federal law to take steps to ensure the privacy of your personally identifiable health information and to provide you with this Notice of Privacy Practices (“Privacy Notice”). This Privacy Notice is provided to you as a covered person under one of the following health plans, which are collectively referred to, in this Privacy Notice, as the “Health Plan:”

- Wake Forest University Health and Welfare Benefit Plan , Plan Number #501
Plans covered are: Medical, Prescription, Mental Health, Dental
- Wake Forest University Flexible Spending Account Program, Plan Number #510

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires the Health Plan to maintain the privacy of your protected health information (“PHI”). PHI encompasses substantially all “individually identifiable health information” which is transmitted or maintained by the Health Plan, whether orally, on paper, or electronically. PHI includes information relating to your physical or mental health or condition, the provision of health care to you, or the payment for health care provided to you.

This Privacy Notice summarizes the Health Plan’s privacy practices. In particular, this Privacy Notice describes the ways in which the Health Plan may collect, use or disclose your PHI and your rights regarding the use and disclosure of your PHI. HIPAA requires the Health Plan to provide this Privacy Notice to you and to comply with its terms.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe different ways that the Health Plan uses and discloses your PHI. For each category, the Privacy Notice will outline some uses or disclosures included in the category, but not every use or disclosure within a category can be listed.

For Treatment. The Health Plan may use and disclose your PHI to provide, coordinate, or manage your health care treatment and any related services provided to you by health care providers. This includes the coordination or management of your health care by a health care provider. For example, the Health Plan may use and disclose your PHI to health care providers in connection with preventive health, early detection, and disease and case management programs.

For Payment. The Health Plan may use and disclose your PHI to make coverage determinations and provide payment for health care services you have received. These activities include determining your eligibility for benefits under the Health Plan (including coordination of benefits or the determination of cost sharing amounts); processing your claims for benefits under the Health Plan; resolving subrogation rights under the Health Plan; billing, claims management and collection activities; obtaining payment under stop-loss and excess loss insurance policies; reviewing health care services you receive for Health Plan coverage, medical necessity and appropriateness; and conducting utilization review activities (including precertification, preauthorization, concurrent review and retrospective review activities). For example, the Health Plan may disclose your PHI to a third party (for instance, a medical reviewer) when necessary to resolve the payment of a claim for health care services that have been provided to you.

For Health Care Operations. The Health Plan may use and disclose your PHI for administration and operations, including quality assessment and quality improvement activities; underwriting, premium rating and other activities relating to the creation, renewal or replacement of a health insurance or health benefits contract or a stop-loss or excess loss insurance contract, provided that the Health Plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes; conducting or arranging for medical assessments, legal services and auditing functions (including fraud and abuse detection and compliance programs), and other general administrative activities such as customer service and HIPAA compliance. For example, the Health Plan may disclose your PHI to potential health insurance carriers in order to obtain a premium bid from the carrier.

The health plans that are subject to this Privacy Notice may share PHI among them to carry out Treatment, Payment, or Health Care Operations.

OTHER PERMITTED OR REQUIRED USES OR DISCLOSURES OF PHI

The Health Plan may use and disclose your PHI without your authorization as follows:

Disclosure to You or Your Personal Representative. The Health Plan may disclose your PHI to you or your personal representative. A personal representative is a person who has legal authority to act on your behalf regarding your health care or benefits, including an individual named in a durable power of attorney or a parent or guardian of a minor.

Disclosure to Individuals Involved in Your Care or Payment For Your Care. The Health Plan may disclose your PHI to a friend or family member who is involved in, or who helps pay for, your care. The Health Plan will only disclose PHI that is directly relevant to the person's involvement in your health care or payment for your care.

Disclosure to the Plan Sponsor. The Health Plan, or an insurer of benefits provided under the Health Plan, may disclose your PHI to the Plan Sponsor for plan administration purposes. In many cases, the Health Plan shares only summary information with the Plan Sponsor, such as information about the types and frequency of claims, the total cost for those claims, and other related information that does not identify any particular beneficiary. In some cases, however, the Plan Sponsor may receive specific information about particular Health Plan participants to carry out Health Plan administrative functions. The Plan Sponsor agrees not to use or disclose your PHI other than as permitted or required by the plan document(s) for the Health Plan and by applicable law. In particular, your PHI will not be used for employment decisions.

Public Health Activities. The Health Plan may use or disclose your PHI for public health activities. Permitted disclosures include: (1) disclosure to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") in connection with activities related to the quality, safety or effectiveness of FDA-regulated products; (2) disclosure to report births and deaths; (3) disclosure to report reactions to medications, problems with health related products, or to notify a person of recalls of medications or products the person may be using; (4) disclosure to a public health authority for the purpose of controlling disease or injury or to report child or elder abuse or neglect; or (5) disclosure, if authorized by law, to a person who may have been exposed to or be at risk of contracting or spreading a communicable disease or condition.

Abuse or Neglect. The Health Plan may disclose your PHI to an appropriate government authority that is authorized by law to receive reports of child abuse, neglect or domestic violence, including a social services or protective services agency, if the Health Plan reasonably believes you to be a victim of abuse, neglect or domestic violence. However, the Health Plan will only disclose your PHI in these situations, if (1) the disclosure is required by law; (2) you agree to the disclosure; or (3) the Health Plan reasonably believes that the disclosure is necessary to prevent harm to you or other potential victims. The Health

Plan will notify you of a disclosure for abuse or neglect purposes if doing so will not place you at further risk.

Health Oversight Activities. The Health Plan may disclose your PHI to a health oversight agency for certain activities authorized by law including audits; civil, administrative, or criminal investigations; inspections; or licensure or other activities necessary for appropriate oversight of the health care system.

Judicial and Administrative Proceedings. In certain limited situations, the Health Plan may disclose your PHI in response to a valid court or administrative order. The Health Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if the Health Plan receives satisfactory assurances that the party seeking the information has tried to inform you of the request or to obtain a qualifying protective order to safeguard the information requested.

Required by Law. The Health Plan will disclose your PHI where required to do so by federal, state or local law. For example, the Health Plan may disclose your PHI to the Department of Health and Human Services upon request to investigate our HIPAA compliance efforts.

Coroners, Medical Examiners, and Funeral Directors. The Health Plan may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Health Plan may also disclose PHI to a funeral director, as necessary to allow the funeral director to carry out his or her duties.

Organ and Tissue Donation. If you are an organ donor, the Health Plan may disclose your PHI as necessary to facilitate organ or tissue donation, including transplantation.

Research. The Health Plan may disclose your PHI to researchers if their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Serious Threat to Health or Safety. The Health Plan may disclose your PHI, consistent with applicable law and standards of ethical conduct, if necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another person or the public in general or, in certain cases, when the information is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply and if you are a member of the Armed Forces, the Health Plan may disclose your PHI: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Health Plan may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities for the conduct of lawful intelligence, counter-intelligence and national security activities. The Health Plan may also disclose PHI to authorized federal officials for the provision of protective services to the President or others that are authorized by law.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, the Health Plan may disclose your PHI to the institution or official if the information is necessary for: (1) the provision of health care to you; (2) your health and safety or the health and safety of other inmates, the officers, employees, or others at the correctional institution; (3) law enforcement on the premises of the correctional institution; or (4) the safety and security of the correctional institution.

Workers' Compensation. The Health Plan may disclose your PHI as necessary to comply with workers' compensation laws and other similar legally established programs that provide benefits for work-related injuries or illness without regard to fault.

Law Enforcement Purposes. The Health Plan may disclose your PHI, in certain situations, to law enforcement officials, including: (1) when directed by a court order, subpoena, warrant, summons or similar process; (2) if necessary to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, the Health Plan is unable to obtain the person's agreement; (4) about a death the Health Plan believes may be the result of criminal conduct; and (5) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

In order to use or disclose your PHI for any reason other than those described in this Privacy Notice, including uses or disclosures for marketing purposes or disclosures of your PHI in exchange for some form of payment, the Health Plan must obtain your written authorization. If you sign an authorization form, you may revoke your authorization by submitting a request in writing. If you revoke your authorization, the Health Plan will no longer use or disclose your PHI for the reasons covered by the authorization. However, the Health Plan is unable to retract or invalidate any uses or disclosures that were already made with your permission prior to your revocation of the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have several important rights with regard to your PHI, which are summarized below. Please contact the Privacy Officer for additional information or to exercise any of these rights. If you prefer, you may also contact the individual third-party administrators directly to exercise any of these rights. (Please see the last page of this Privacy Notice for appropriate contact information.)

Right to Inspect and Copy. With certain exceptions described below, you have the right to inspect and request a copy of certain PHI, including the right to receive an electronic copy if readily producible in the requested form and format. This right usually includes medical and billing records but does not extend to psychotherapy notes, information gathered for certain civil, criminal or administrative proceedings, and information maintained by the Plan Sponsor that duplicates information maintained by a Health Plan third-party administrator. If you request a copy of your PHI, the Health Plan may charge you a reasonable, cost-based fee for the expense of copying, mailing and/or other supplies associated with your request. To inspect and obtain a copy of your PHI, you must submit your request in writing. In most cases, you must use a specific form, which you can request directly from the Privacy Officer. The Health Plan will send a copy of your PHI to a third party if you submit a signed, written request identifying the third party and where to send the copy.

If you exercise your right to access your PHI, the Health Plan will respond to your request within 30 days. If the Health Plan is unable to respond within this time period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

The Health Plan may deny your request to inspect and copy your PHI in certain limited situations. If you are denied access to your PHI, you will be notified in writing. The notice of denial will include the basis for the denial, and a description of any appeal rights you may have and the right to file a complaint with the Health Plan or with the Department of Health and Human Services. If the Health Plan does not maintain the PHI that you are seeking but knows where it is maintained, the Health Plan will notify you of where to direct your request.

Right to Amend. If you believe that your PHI is incorrect or incomplete, you may request that the Health Plan amend the PHI. Any such request must be made in writing and must include a reason that supports your requested amendment. In most cases, you must use a specific form, which you can request directly from the Privacy Officer. The Health Plan must respond to your request within 60 days. If the Health Plan is not able to respond within this 60-day period, it may have a one-time 30-day extension by

providing you with a written explanation for the delay and the date by which it will respond to your request.

In limited situations, the Health Plan may deny your request to amend your PHI. For example, the Health Plan may deny your request if: (1) the PHI was not created by the Health Plan (unless the person who created the information is no longer available to make the amendment); (2) the Health Plan determines the information to be accurate or complete; (3) the information is not part of the DRS; or (4) the information is not part of the information which you would be permitted to inspect and copy, such as psychotherapy notes. If your request is denied, you will be notified in writing. The notice of denial will include the basis for the denial and a description of your right to submit a statement of disagreement and the right to file a complaint with the Health Plan or with the Department of Health and Human Services.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain types of disclosures of your PHI made by the Health Plan during a specified period of time. You do not have the right to request an accounting of all disclosures of your PHI. For example, you do not have the right to receive an accounting of (1) disclosures for purposes of Treatment, Payment, or Health Care Operations; (2) disclosures to you or your personal representative regarding your own PHI; (3) disclosures pursuant to an authorization; or (4) disclosures made more than six (6) years before the date of your request. The accounting may also exclude certain other disclosures, such as disclosures for national security purposes.

Your request must indicate the time period for which you are seeking the accounting, such as a single month, six months or two calendar years but not longer than six [6]. The Health Plan must respond to your request within 60 days. If the Health Plan is not able to respond within this 60-day period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

The Health Plan will provide the first accounting you request in any 12-month period free of charge. The Health Plan may impose a reasonable, cost-based fee for each subsequent accounting request within the 12-month period. The Health Plan will notify you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI that the Health Plan uses or discloses about you in certain situations. For example, you can request that the Health Plan restrict the PHI that the Health Plan uses or discloses about you for treatment, payment, or health care operations. However, the Health Plan is not required to agree to your request.

The Health Plan has determined that approving these requests would generally interfere with the resolution of benefit claims and, therefore, a restriction request will only be approved in special and compelling circumstances in the sole discretion of the Health Plan.

Right to Request Confidential Communications. You have the right to request that the Health Plan communicate with you about health matters in a specific manner or specific location. To request confidential communications, you must make your request in writing and must specify how and/or where you wish to be contacted, for example, by mailings to a post office box. In most cases, you must use a specific form, which you can request directly from the Privacy Officer. The Health Plan will accommodate all reasonable requests.

Right to a Paper Copy of this Notice. You have the right to request a paper copy of this Privacy Notice, even if you previously agreed to receive this Privacy Notice electronically. Any such request should be submitted to the Privacy Officer.

You may also view this Privacy Notice on the web at <http://hr.wfu.edu/benefit-forms/>.

Right to be Notified of a Breach. You have the right to be notified in the event that we or a Business Associate determine there has been a breach of your unsecured protected health information.

Personal Representatives. You may exercise your rights through a personal representative. The representative must produce appropriate evidence of his or her authority to act on your behalf. Examples of acceptable authority include: (1) a power of attorney, notarized by a notary public; (2) a court order of appointment as conservator or guardian; and (3) a parent of an unemancipated minor. The Health Plan may deny access to PHI to a personal representative, including a parent of an unemancipated minor, if the denial is in the best interest of the individual.

CHANGES TO THIS PRIVACY NOTICE

The Health Plan reserves the right to change, at any time, its privacy practices and this Privacy Notice. If this Privacy Notice is revised, a revised copy of the Privacy Notice will be posted on the web site listed above as of the date of the revision and a copy will be mailed to you in the Health Plan's next annual mailing. The revised Privacy Notice will be effective for all PHI that the Health Plan maintains at the time of the revision, as well as PHI the Health Plan receives in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint to the Health Plan or the Secretary of the Department of Health and Human Services. Wake Forest University will not retaliate against you for filing a complaint with the Health Plan or with the Department of Health and Human Services.

To submit a complaint to the Health Plan, you must submit the complaint in writing to the Privacy Officer. To submit a complaint to the Department of Health and Human Services, you must contact the Office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. Further information is also available on the Office's website at www.hhs.gov/ocr/hipaa/.

CONTACT INFORMATION

If you have any questions about this Privacy Notice or would like to submit a complaint to the Health Plan, please contact:

Privacy Officer: Bethany Fay
Director, Compensation and Benefits

Address: Wake Forest University
P.O. Box 7424
Winston-Salem, NC 27109

Telephone: (336) 758-4700

Fax: (336) 758-6127

Email: faybl@wfu.edu

If you would like to exercise any of your rights concerning your PHI (such as your right to request access to your health information), you may contact the Privacy Officer as listed above. If you prefer, you may also directly contact the third-party administrator for the health coverage in which you are enrolled. A current list of the third-party administrators is located on the web at <http://hr.wfu.edu/benefit-forms/>. You may also obtain the contact information for a third-party administrator by contacting the Privacy Officer.