

HIPAA NOTICE

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:

Delta College
HIPAA Privacy Officer
1961 Delta Road
University Center, MI 48710
(989) 686-9106

Notice Effective Date: April 14, 2004

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of the Delta College Group Health Plans (the "Plans") to protect the privacy of your medical information. The Delta College Group Health Plans consist of the following components:

- Blue Cross/Blue Shield Medical Plans
- Delta Dental Plan
- Blue Cross/Blue Shield Vision Plans
- Flexible Spending Plan Health Care Expense Reimbursement Account

The Plans provide health and/or dental benefits to you as described in your summary plan descriptions. The Plans receive and maintain your medical information in the course of providing these health benefits to you. The Plans may hire business associates to help provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plans. The Plans are sponsored by Delta College (the "Plan Sponsor"). The Plans are all subject to the same federal privacy law, and are part of an Organized Health Care Arrangement ("OCHA") that follows the same privacy policies and procedures.

This notice applies to the Flexible Spending Plan Health Care Expense Reimbursement Account. Blue Cross and Blue Shield of Michigan and Delta Dental each issued a Notice of Privacy Practices for their plans, which describes how they may use and disclose health information in connection with the coverage they provide for the Delta College Group Health Plans.

Our purpose for providing you with this notice is to tell you how the Plans and the third parties that assist in plan administration will use and disclose health information about you. The description of the uses and disclosures of medical information applies to the Plans and to the entities that perform services for the Plans or perform the functions of the Plans.

The Plans are required to follow the terms of this notice until it is replaced. The Plans reserve the right to change the terms of this notice at any time. If the Plans make changes to this notice, the Plans will revise it and send a new notice to all subscribers covered by the Plans at that time. The Plans reserve the right to make the new changes apply to all of your medical information maintained by the Plans before and after the effective date of the new notice.

For ease of reference, this Notice will use the word "Plan" to mean each of the Plans identified above.

Purposes for Which the Plan May Use or Disclose Your Medical Information

The Plan may use and disclose your medical information without your consent or authorization for the following purposes:

Health Care Providers' Treatment Purposes. The Plan may disclose your medical information to your health care providers, at their request, for your treatment by them. For example, the Plan may disclose to your primary care physician the name of a specialist who is treating you so that they may coordinate your care.

Payment. The Plan may use or disclose your medical information to determine eligibility for plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment.

Health Care Operations. The Plan may use or disclose your medical information as necessary to operate the Plan, including plan management and administrative activities. For example, the Plan may (i) conduct quality assessment and improvement activities, (ii) underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) authorize business associates to perform data aggregation services, (iv) engage in care coordination or case management, and (v) manage, plan or develop the Plan's business.

As required by law. The Plan must allow the U.S. Department of Health and Human Services to audit the Plan's records. The Plan may also disclose your medical information as authorized by and to the extent necessary as required by federal, state or local law, including compliance with workers' compensation or other similar laws.

To Business Associates. The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Plan Sponsor. The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities.

To Plans in the OHCA. Your medical information may be shared, used and disclosed among the Plans sponsored by Delta College and their business associates for purposes of facilitating and coordinating health care treatment, payments and operations, including the health care operations of the Organized Health Care Arrangement ("OHCA").

The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena;
- To law enforcement officials for limited law enforcement purposes;
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan;
- To your personal representatives appointed by you or designated by applicable law;
- For research purposes in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;

- To an organ procurement organization in limited circumstances;
- To avert a serious threat to your health or safety or the health or safety of others;
- To a governmental agency authorized to oversee the health care system or government programs;
- To federal officials for lawful intelligence, counterintelligence and other national security purposes;
- To public health authorities for public health purposes;
- To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your Rights

You have certain rights with respect to your health information. To exercise these rights, you or your personal representative must make your request, **in writing**, directed to the Delta College HIPAA Privacy Officer. The HIPAA Privacy Officer will give you the necessary information and forms for you to complete and return to the HIPAA Privacy Officer. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

You have the right to:

- Request restrictions on certain uses and disclosures of your health information; however the Plan is not required to agree to a requested restriction;
- Receive confidential communications of your health information. You may request that the Plan communicates with you about your health information by alternative means or at an alternative location;
- Inspect and obtain a copy of your health information, except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings;
- Request an amendment to your health information that the Plan has created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above.
- Obtain an accounting of certain disclosures of your health information; and
- Receive a paper copy of this notice in addition to any electronic copy you may receive.

Complaints

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint to the Plan, in writing, directed to the Delta College HIPAA Privacy Officer. You will not be penalized or retaliated against if you choose to file a complaint.

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