

SCHOOLCRAFT COLLEGE NOTICE OF PRIVACY PRACTICES

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

Schoolcraft College
Privacy Officer
18600 Haggerty Road
Livonia, MI 48152
(734) 462-4405

Effective Date: April 14, 2004

This Notice is being sent to you on behalf of the following Group Health Plans sponsored by Schoolcraft College, which consists of the following components:

- Blue Cross/Blue Shield Medical Plans
- Blue Care Network Plan
- MESSA Plans
- Aetna Dental Plan
- Self-funded Vision Plan
- Medical Spending Account Plan
- Enhanced Prescription Plan

These Plans are all subject to the same federal privacy law, and are part of an

organized health care arrangement or “OHCA” that follows the same privacy policies and procedures.

Our purpose in giving you 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.

This Notice applies to the self-insured portions of the Schoolcraft College Group Health Plan, including the Enhanced Prescription Plan and the Medical Spending Account Plan. Blue Cross and Blue Shield of Michigan, Blue Care Network, MESSA, and Aetna have issued a Notice of Privacy Practices for their fully-insured plans, which describes how they may use and disclose health information in connection with the coverage they provide for our Group Health Plan.

For ease of reference, this Notice will use the word “Plan” to mean each of the Plans identified above. The description of the uses and disclosures of health information applies to the Plans and to the entities that perform services for the Plans or perform the functions of the Plans. These entities are called “Business Associates,” and include Third Party Administrators.

The protections described in this Notice apply to “Protected Health Information,” which means all individually identifiable health information transmitted or maintained by the Plan, whether in oral, written, or electronic form. This notice does not apply to information that has been “de-identified.” De-identified information is 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.

HOW THE PLAN MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we may disclose to your primary care physician the name of a specialist who is treating you so that they may coordinate your care.

For Payment. We may use and disclose medical information about you 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, we 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. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To the Secretary of Health and Human Services. We may disclose health information to the Secretary of the Department of Health and Human Services to for determining whether the Plan is complying with privacy law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

SPECIAL SITUATIONS

Disclosure to Plans in the OHCA. Health information may be shared and disclosed among the Plans sponsored by Schoolcraft College and their business associates for purposes of facilitating claims payments and health care operations, including the health care operations of the Organized Health Care Arrangement.

Disclosure to the Plan Sponsor. Health information may be disclosed to

Schoolcraft College personnel who perform Plan administration functions for those purposes, including payment and health care operations. Health information may also be disclosed regarding whether an individual is participating in the Plan or is enrolled in or has disenrolled from a health insurance insurer or HMO offered by the Plan, and to obtain premium bids or modifying, amending or terminating the Plan, if the health information is summary information from which most identifying information has been deleted.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- this disclosure to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system,

government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- 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.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES TO FRIENDS AND FAMILY MEMBERS INVOLVED IN CARE OR PAYMENT FOR CARE

We will disclose relevant health information to family members and close personal friends who are involved in your care or the payment for your care, if you have agreed to the disclosure, have been given an opportunity to object and have not objected, or under circumstances in which we determine in the exercise of professional judgment that the disclosure is your best interests. The health information disclosed shall be only that which is directly relevant to the friend or family member's involvement in your health care.

MINIMUM NECESSARY STANDARD

When using or disclosing health information or when requesting health information from another covered entity, we will make reasonable efforts not to use, disclose or request more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard does not apply to:

- disclosures pursuant to your written authorization;
- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to you regarding your medical information;
- disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; and
- uses or disclosures that are required for the Plan's compliance with legal regulations.

DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Your written authorization will be obtained before the Plan will disclose health information to Schoolcraft College if that information will be used in connection with employment-related actions or any benefit plans other than those listed above.

Your written authorization generally will be obtained before we will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during an individual or group counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed to defend against

litigation filed by you.

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time, and we will no longer use or disclose medical information about you in that manner. You understand, however, that we are unable to take back any disclosure we have already made with your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION

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 Plan's Privacy Officer.

Right to inspect and copy. You have a right to inspect and obtain a copy of health information that may be used to make decisions about your benefits, for example, information regarding enrollment, eligibility, payment, billing, claims adjudication, appeal determinations, and case or medical management record systems. The requested information will be provided within 30 days if the information is maintained on-site or within 60 days if the information is maintained off-site. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Right to amend. If you believe that the information that the Plan has about you is incomplete or incorrect, you may ask us to amend the information for so long as the information is kept by the Plan. We have 60 days to respond to your request, but may have a single 30-day extension if we are unable to comply with the deadline. If we deny the request in whole or in part, we will provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Right to receive an accounting of PHI disclosures. You have the right to request an accounting of certain health care disclosures made by the Plan. However, the accounting need not include disclosures made (1) to carry out treatment, payment or health care operations; (2) to you yourself; (3) incident to a permissible use or disclosure; (4) pursuant to your written authorization; (5) for

national security or intelligence purposes; (6) to correctional institutions or law enforcement officials; or (7) prior to April 14, 2004. If the accounting cannot be provided within 60 days, the Plan may have an additional 30 days if it provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

Right to request restrictions on uses and disclosures. You may request us to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment of your care. However, we are not required to agree to your request.

Right to receive confidential communications of PHI. You may request us to communicate with you regarding health information in a certain way or at a certain location, if you tell us that the disclosure of all or part of that information could endanger you. We will accommodate reasonable requests that you may make.

Right to Receive a Paper Copy of This Notice Upon Request. You have the right to obtain a paper copy of this Notice, and may do so by contacting the Privacy Officer.

PERSONAL REPRESENTATIVES

You may exercise your rights through a personal representative. Your personal representative may be required to produce evidence of authority to act on your behalf, such as a power of attorney or a court order of appointing the person as your guardian. We retain the discretion to deny access to your health information to your personal representative if we have a reasonable belief that this person may have committed domestic violence, abuse or neglect against you, or that disclosing your health information could endanger you and we determine in our professional judgment that it would not be in your best interest for the person to function as your personal representative.

THE PLAN'S DUTIES

The Plan is required by law to maintain the privacy of your health information and to provide you with Notice of its legal duties and privacy practices.

This Notice is effective beginning April 14, 2004 and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided by posting the Notice on the Schoolcraft College web site and by mail and/or electronic mailings. Any revised

version of this Notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice.

COMPLAINTS

If you believe that your privacy rights have been violated, you may make a complaint in writing, directed to the Privacy Officer.

Schoolcraft College
Privacy Officer
18600 Haggery Road
Livonia, MI 48152
(734)462-4405

You may also file a complaint directed to:

Office of Civil Rights Department of Health and Human Services 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601 (312)886-2359 (312)886-1807 (fax)
ocrcomplaint@hhs.gov

You will not be penalized for making a complaint.

WHERE MORE INFORMATION IS AVAILABLE

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Privacy Officer.

CONCLUSION

Use and disclosure of Protected Health Information by the Plan is regulated by a federal law known as the Health Insurance Portability and Accountability Act. You may find the federal rules adopted pursuant to this Act at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.