

To: All Benefits-Eligible Wellesley College Employees

From: Eloise See McGaw, Assistant VP and Director of Human Resources
and Marymichele Delaney, Benefits Manager

Re: Health Insurance Portability and Accountability Act (HIPAA)
and Privacy Notice

Enclosed you will find the HIPAA (Health Insurance Portability and Accountability Act) Privacy Notice, which the College is required to provide to you to comply with the April 14, 2003 effective date of Title II of HIPAA. The text of this required notice might make you think that the College (in particular, the Benefits area of The Human Resources Office) has more protected health information than it has. But, be assured that since the College maintains fully insured medical and dental plans, that this is not the case. You will be receiving similar Privacy Notices from our medical and dental plan providers as well. They are the only ones that have access to your health information.

To summarize the reason that you are receiving these notices, we provide the following background information:

- HIPAA is the Health Insurance Portability and Accountability Act of 1996. Title I of HIPAA, enacted in 1997, primarily focused on protecting employees against discrimination based on their health status. It also set limits on the use of pre-existing condition provisions by health plans.
- Title II of HIPAA primarily focuses on increasing the administrative efficiency of health plans, while protecting the privacy and security of employees' health data.

Data that now has protection under HIPAA has always been handled with sensitivity and discretion by the Wellesley College HR Benefits Office. That commitment will not change. What will change is that if you require assistance with a health plan issue in which you wish to involve a member of the Benefits Team, you will be required to complete an authorization form for the Benefits personnel to use and/or disclose your protected health information. Because most issues are resolved by the Member Services teams of our health plans, we do not foresee this as imposing any unusual burden on employees.

As to the Notice enclosed, one of the requirements of the HIPAA Privacy regulations is that all health plan participants receive a HIPAA Notice of Privacy practices by the effective date, April 14, 2003. This Notice highlights how protected health information is used and disclosed, and explains your rights regarding protected health information. If you participate in Wellesley College's medical and/or dental plans, you will receive a similar Notice from Harvard Pilgrim Health Care and/or Delta Dental respectively. If you participate in the Wellesley College Health Care Reimbursement Account, this Notice applies to that plan as well. You may also receive similar Notices from your own health care providers (physicians, hospitals, labs, etc.).

If you have any questions, please call Eva Bedrick at x2212.

Health Oversight. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. We may disclose your protected health information to a person or company as directed or required by the Food and Drug Administration (i) To or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations, (ii) to track FDA-regulated products, (iii) to enable product recalls, repairs or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback), or (iv) to conduct post-marketing surveillance.

Legal Proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. We may disclose protected health information 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. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research. We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

April 8, 2003