

Schreiner University 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.

- I. PURPOSE OF THIS NOTICE.** This Notice of Privacy Practices (this “Notice”) describes the privacy practices of the Schreiner University Self-funded Group Health Plans (“the Plans”). Federal law requires Schreiner University to ensure that any medical information that it collects, creates or holds on behalf of the Plans which identifies you remains private. Federal law also requires Schreiner University to provide this Notice of Schreiner University’s legal duties and privacy practices with respect to your medical information. Specifically, this Notice describes how Schreiner University may use or disclose your medical information (see Section II), your rights concerning your medical information (see Section III), how you may contact Schreiner University regarding Schreiner University’s privacy policies (see Section IV), and Schreiner University’s right to revise this Notice (see Section V). Schreiner University will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your medical information occurring on or after the effective date April 14, 2004, even if Schreiner University created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.
- II. HOW SCHREINER UNIVERSITY MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION.** Schreiner University may use or disclose your medical information only as described in this Section II.
- A. Treatment.** Schreiner University may disclose your medical information to a health care provider for your medical treatment.
 - B. Payment.** Schreiner University may use or disclose your medical information in order to determine premiums, determine whether Schreiner University is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor’s bill, Schreiner University may use your medical information to determine whether the terms of your Plan cover the medical care you received. Schreiner University may also disclose your medical information to a health care provider or other person as needed for that person’s payment activities.
 - C. Health Care Operations.** Schreiner University may use or disclose your medical information in order to conduct “health care operations.” Health care operations are activities that federal law considers important to Schreiner University’s successful operation. As examples, Schreiner University may use your medical information to evaluate the performance of participating providers in a Plans’ networks, and Schreiner University may disclose your medical information to an auditor who will make sure that a third party administrator of a Plan is complying with contracts and applicable laws. In addition, third party administrators of the plan may contact you to give you information about treatment alternatives or other health-related services that may interest you. Schreiner University may also disclose your medical information to a health care provider or other health plan that is involved with your health care, as needed for that person’s quality-related health care operations.
 - D. Required by Law.** Schreiner University will use or disclose your medical information if a federal, state, or local law requires it to do so.
 - E. Required by Military Authority.** If you are a member of the Armed Forces or a foreign military, Schreiner University may use or disclose your medical information if the appropriate military authorities require it to do so.
 - F. Serious Threat to Health or Safety.** Schreiner University may use or disclose your medical information if necessary because of a serious threat to someone’s health or safety, including your own health or safety.
 - G. Limited Data Set.** Schreiner University may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.
 - H. Disclosure to You.** Schreiner University may disclose your medical information to you.
 - I. Disclosure to Individuals Involved with Your Health Care.** Schreiner University may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. Schreiner University may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person’s involvement with your health care or payment for your health care.
 - J. Disclosure to Business Associates.** Schreiner University may contract with an entity to perform services on behalf of Schreiner University for purposes of health care operations. Schreiner University may then disclose your medical information to such “business associate,” and the business associate will use or disclose your medical information only to the extent Schreiner University would be able to do so under the terms of this Section II.
 - K. Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Section II are acceptable if they occur notwithstanding Schreiner University’s reasonable safeguards to limit such incidental uses and disclosures.
 - L. Written Authorization.** Schreiner University may use or disclose your medical information under circumstances that are not described above only if you provide permission by “written authorization.” After you provide written authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Schreiner University Contact Person identified in Section IV of this Notice. If you revoke an authorization, Schreiner University will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, Schreiner University cannot take back any disclosure already made under that authorization.
- III. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION.** You have the following rights associated with your medical information:
- A. Right To Request Restrictions.** Although Schreiner University is generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that Schreiner University limit those uses and disclosures of medical information. You must make your request in writing to Schreiner University’s Contact Person identified in Section IV of this Notice. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on Plan disclosures, and (4) if your request would impact payment, how payment will be handled. Schreiner University will consider your request but does not have to agree to it. If Schreiner University does agree, Schreiner University will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or Schreiner University cancels the restriction. There is a form you can use to make this request which is available on the Schreiner University website or by contacting Schreiner University Human Resources Office.
 - B. Right To Confidential Communications.** You have the right to request that Schreiner University communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to Schreiner University’s Contact Person. Your request must include the method or location desired. If your request would impact payment, you

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must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you.

- C. Right To Inspect and Copy.** You have the right, in most cases, to inspect and copy your medical information maintained by or for Schreiner University. You must make your request in writing to Schreiner University's Contact Person identified in Section IV of this Notice. If Schreiner University grants your request to copy your information, Schreiner University will provide you with the requested documents, but may charge you a fee.
- D. Right To Amend.** If you feel that medical information Schreiner University has about you is incorrect or incomplete, you may ask Schreiner University to amend the information. You have the right to request an amendment for as long as the information is kept by or for Schreiner University. You must make your request in writing to the Contact Person identified in Section IV of this Notice, and you must give a reason that supports your request. If Schreiner University denies your request for an amendment, Schreiner University will explain to you its reasons for denial and your appeal rights following denial.
- E. Right To an Accounting of Disclosures.** You have the right to request a list of disclosures of your medical information that have been made by Schreiner University and its business associates. Schreiner University does not have to list the following disclosures:
- Disclosures for treatment;
 - Disclosures for payment;
 - Disclosures for health care operations;
 - Disclosures of a limited data set for health care operations, research, or public health activities;
 - Disclosures to you;
 - Disclosures to individuals involved with your health care;
 - Disclosures to authorized federal officials for national security activities;
 - Disclosures that occur incidentally with other permissible uses and disclosures;
 - Disclosures made under your written authorization; and
 - In certain circumstances, disclosures to law enforcement officials or health oversight agencies.
- You must make your request in writing to the Schreiner University Contact Person identified in Section IV of this Notice. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request or before April 14, 2004. Schreiner University may charge you a fee for the list of disclosures if you request more than one list within 12 months.
- F. Right To Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with Schreiner University's contact person or with the federal government's Department of Health and Human Services. Schreiner University will not penalize you or retaliate against you in any way if you file a complaint.
- G. Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Schreiner University Contact Person identified in Section IV of this Notice at any time.

IV. WHOM TO CONTACT REGARDING SCHREINER UNIVERSITY'S PRIVACY POLICIES.

Schreiner University's Contact Person. To obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, you may contact Schreiner University's Contact Person at:

Cathy Scozzari, Human Resources Coordinator
Schreiner University
CMB 6206, 2100 Memorial Blvd.
Kerrville, Texas 78028
(830) 792-7365

Department of Health and Human Services. To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at (214) 767-4056, fax at (214) 767-0432, TDD at (214) 767-8940, or by regular mail addressed to:

Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Ste 1169
Dallas, TX 75202

Electronic Copy of This Notice. You may obtain an electronic copy of the most current version of this Notice at the following website:
www.schreiner.edu under Employment/Benefits

- V. SCHREINER UNIVERSITY'S RIGHT TO REVISE THIS NOTICE.** Schreiner University reserves the right to change the terms of this Notice at any time. Schreiner University also reserves the right to make the revised notice effective for medical information Schreiner University already has about you as well as any information Schreiner University receives while such notice is in effect. Within 60 days of a material revision to this Notice, Schreiner University will provide the revised notice to all individuals then covered by a Plan. If you want to make sure that you have the latest version of this Notice, you may contact Schreiner University's Contact Person.