

Notice of Privacy Practices for Employees Participating in the Brown University HEALTH CARE BENEFIT PLANS

This notice covers the following Brown University Health Care Benefits Plans:

Brown University Medical Reimbursement Plan administered by Benefit Strategies LLC Plan 507

Brown University Dental Plan administered by Delta Dental of Rhode Island Plan 503

Brown University Health Insurance Plans administered by:

Blue Cross Blue Shield of Rhode Island Plan 504

UnitedHealthcare of New England Plan 506

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review this information carefully

Effective January 1, 2008

The Brown University Health Benefit Plans listed above (hereinafter referred to collectively as "the PLAN") are committed to protecting the privacy of health information maintained both by the PLAN itself and by outside vendors who perform services for the PLAN, such as the PLAN's third-party administrator. The PLAN is required by law to protect the privacy of certain health information that may reveal your identity, and to provide you with a copy of this notice which describes the PLAN's privacy practices. If you have any questions about this notice or would like further information, please contact the Brown University Benefit Office at (401) 863-2141.

Use and Disclosure of Your PLAN Information

The PLAN is required by law to maintain the privacy of your Protected Health Information and is committed to doing so. Protected Health Information includes information that may identify who you are such as unique numbers and geographic information. It also includes information about payment for your health care such as your enrollment in the PLAN, information about your health condition such as diseases you may have, and information about health services you have or may receive, such as an operation.

The PLAN will generally obtain your written authorization before using your health information or sharing it with others outside the PLAN. However, the PLAN is permitted to use and disclose your health information for the following purposes **without your written authorization**:

- **Payment**

The PLAN may use and disclose your health information to administer payments for treatment covered under the PLAN. For example, your health information may be shared with your health care provider in connection with paying for your health care. This information may also be shared with the PLAN's third-party administrator in connection with paying for your health care treatment. However, to the extent the PLAN relies upon the services of a third-party administrator, the PLAN will enter into a written confidentiality agreement with that administrator protecting the privacy of your health information.

- **Health Care Operations**

The PLAN may use and disclose your health information for general administration of the PLAN and to conduct normal business operations. Examples of business operations include enrolling you in a health PLAN, underwriting, premium rating and other activities related to PLAN coverage; conducting quality assessment and improvement activities; conducting or arranging for legal and audit services, and other management functions including claims administration.

- **Emergencies**

In an emergency, the PLAN may disclose your health information but only if such disclosure is necessary to protect the health and safety of you or other individuals.

- **Public Health and Law Enforcement:**

To the extent required by law, the PLAN may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Employer**

The PLAN may disclose certain of your health information to the Employer. Upon a request from the Employer, the PLAN may disclose health information about you to enable the Employer to obtain premium bids from health plans that might provide health insurance coverage under the PLAN, or to modify, amend, or terminate the PLAN; however, the information the PLAN discloses will not include any information that identifies you other than your zip code. The PLAN may also disclose to the Employer information on whether you are participating in, enrolled in, or are disenrolled from the PLAN. The PLAN may disclose health information about you, including information that identifies you, only if it is necessary for the Employer to administer the PLAN. For example, the Employer may need such information to process health benefits claims, to audit or monitor the business operations of the PLAN, or to ensure that the PLAN is operating effectively and efficiently. The PLAN, however, will restrict the Employer's uses of your information to purposes related to PLAN administration. The PLAN prohibits the Employer from using your information for uses unrelated to PLAN administration. Under no circumstances will the PLAN disclose your health information to the Employer for the purpose of employment-related actions or decisions (e.g. for employment termination) or for the purpose of administering any other PLAN that the Employer may offer. Once received, the Employer may only disclose your health information to third parties, such as to consultants or advisors, if the Employer has first obtained a confidentiality agreement from the person or organization receiving your health information.

- **Workers Compensation**

The PLAN may disclose your health information to the extent required by laws relating to workers compensation and other similar programs.

- **Information that Does Not Identify You**

The PLAN may use or disclose your health information if the PLAN has removed all information that might reveal who you are, or for limited purposes if the PLAN has removed most information revealing who you are and obtained a confidentiality agreement from the person or organization receiving your health information.

- **As Required by Law**

The PLAN may use or disclose your health information if the PLAN is required by law to do so. The PLAN will notify you of these uses and disclosures if notice is required by law.

The PLAN will not use or disclose your health information for any other purpose without first securing your written authorization. If you provide the PLAN with such authorization, you may revoke it at any time, except to the extent that the PLAN has already relied on it. To revoke such authorization, please contact the Brown University Benefits Office at (401) 863-2141. Special privacy protections may apply to information regarding substance abuse, mental health, and HIV.

Your Rights

The Health Insurance Portability and Accountability Act provides you the following rights with respect to access and control of your health information. Please note, to the extent that the PLAN has provided any of your information to the third-party administrator of the PLAN, you must make your request directly to that third-party administrator whose contact information appears below. Under the law, you have:

- The right to request restrictions as to how your health information is used or shared with others. The PLAN will try to accommodate all reasonable requests.
- The right to receive health information from the PLAN in a form or manner that more fully safeguards the confidentiality of the information; for example, you may request that such information be sent to your home address or another mailing address of your choice.
- The right to inspect and copy your health information.
- The right to correct your health information.
- The right to receive a list of non-routine disclosures of your health information.
- The right to receive a paper copy of this notice at any time by contacting the Brown University Benefits Office at (401) 863-2141 if you received this notice electronically.

Personal Representative

You have the right to name a personal representative who may act on your behalf to control privacy information. If you wish to take advantage of this right, please contact the Brown University Benefits Office at (401) 863-2141.

Policy Modifications

The PLAN may change its privacy practices from time to time. However, if that happens, the PLAN will revise this notice and will notify you either by e-mail or campus mail of the changes. If you do not wish to receive notifications by email and want a paper copy of the notice please contact the Brown University Benefits Office at (401) 863-2141.

Further Information

If you have questions and would like additional information, you may contact the Brown University Benefits Office at (401) 863-2141. For information or questions specifically regarding claims submitted to your PLAN's third-party-claims administrator, please see the phone numbers listed below.

Complaints

Federal law requires the PLAN to maintain the privacy of your PLAN records as set forth in this notice. If you believe your privacy rights have been violated, you can file a complaint with the Brown University Benefits Office at (401)863-2141.

You may also file complaints with the Secretary of the Department of Health and Human Services or with the third-party administrator for your particular plan using the phone numbers listed below. No one will retaliate or take action against you for filing a complaint.

HIPAA Contacts:

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| <i>Blue Cross Blue Shield of Rhode Island</i> | <i>1-401-459-5000</i> |
| <i>UnitedHealthcare</i> | <i>1-866-633-2446</i> |
| <i>Delta Dental of Rhode Island</i> | <i>1-800-843-3582</i> |
| <i>Benefit Strategies LLC</i> | <i>1-800-371-7542</i> |