

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.

Effective Date April 14, 2004

The Administrators of the Arizona Board of Regents Flexible Medical Spending Account Plan (the Plan) know that the privacy of your personal information is important to you. This Notice describes how medical information about you may be used and disclosed, how you may gain access to this information and the measures taken to safeguard your information. Throughout this notice, all references to the Plan refer to the administrators of the Flexible Spending Plan.

Use And Disclosure Of Health Information

A record of the health care reimbursement claims made under the Plan is created for Plan administration purposes. Records are also created regarding your enrollment in the Plan. This notice applies to all the medical records maintained by the Plan.

The ways in which the Plan may use and disclose medical information about you are included in this notice. It also describes the Plan's obligations and your rights regarding the use and disclosure of medical information. By law the Plan is required to:

- o make sure that medical information that identifies you is kept private;
- o give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- o follow the terms of the notice that are currently in effect.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed. Not every use or disclosure in a category is listed. All of the ways the Plan is permitted to use and disclose information fall within one of these categories.

For Payment

The Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers for the care you receive.

Health Care Operations

The Plan may use or disclose health information for its own operations to facilitate the administration of the program and as necessary to provide coverage and services to all of the program's participants. For example, the Plan may use medical information in connection with audit service or fraud and abuse detection programs; business planning and development and business management; and general Plan administration activities.

Health Related Benefits and Services

The Plan may use or disclose your health information to provide you with information on health related benefits and services that may be of interest to you. Medical information may be disclosed to designated personnel of the Plan solely for the purposes of administering benefits under the Plan or for enrollment purposes. The Plan may also disclose summary health information to Plan personnel for the purpose of obtaining bids regarding the Plan, and modifying or terminating the Plan.

Required By Law

The Plan will disclose your health information when it is required to do so by any federal, state or local law.

Health Oversight Activities

The Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administration or criminal investigation, inspections, licensure or disciplinary actions. However, the Plan may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

Judicial and Administrative Proceedings

As permitted or require by law, the Plan may disclose your health information in response to a court or administrative order involving a lawsuit or dispute in which you are involved. The Plan 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 when the Plan makes reasonable efforts to either notify you about the request or obtain an order protecting the health information requested.

Law Enforcement

As permitted or required by law, the Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plan has a suspicion that your death was the result of criminal conduct, or in emergency circumstances, to report a crime.

To Avert A Serious Threat to Health or Safety

The Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public.

Specific Government Functions

In certain circumstances, federal regulations require the Plan to use or disclose your health information to facilitate specific government functions related to the military and veterans, to national security and intelligence activities, and to correctional institutions and inmates.

Worker's Compensation

The Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

Organ and Tissue Donation

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

Public Health Risks

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

- prevention of control disease, injury or disability;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting reactions to medications of problems with products;
- notifying people of recalls of products they may have been using;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- o notifying the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence. We will only make the disclosure if you agree or when required or authorized by law.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

Authorization to Use or Disclose Health Information

The Plan will not disclose your health information without your written authorization other than as stated above. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

Your Rights With Respect To Your Health Information

You have the following rights regarding your health information that the Plan maintains:

Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information that may be used to make decisions about your Plan benefits. To inspect and copy medical information, you must submit your request in writing to the Arizona Board of Regents' Health Care Plan Privacy Officer. If you request a copy of your health information, the Plan may charge a fee for copying, assembling costs and postage associated with your request. The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend Your Health Information

If you believe that your health information records are inaccurate or incomplete, you may request the Plan amend your records. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Arizona Board of Regents' Health Care Plan Privacy Officer. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Plan, if the health information you are requesting to amend is not part of the Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Plan determines your health information is accurate and complete.

Right to an Accounting Of Disclosures

You have the right to request a list of disclosures of your health information made by the Plan for any reason other than for treatment, payment, health care operations or pursuant to an authorization from you. You must submit your request in writing to the Arizona Board of Regents' Health Care Plan Privacy Officer. The request should specify the time period for which you are requesting the information, but may not start earlier than April 15, 2004. Accounting requests may not be made for periods of time going back more than six years. The Plan will provide the first accounting request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee if applicable.

Right to Request Restrictions

You may request a restriction on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's disclosure of your health information the Plan

discloses to someone involved in your care or the payment of your care, like a family member. However, the plan is not required to agree to your request. You must make your request in writing to the Arizona Board of Regents Health Care Plan Privacy Officer. Include in your request: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

Right to Receive Confidential Communications

To safeguard the confidentiality of your health information, you may request the Plan communicate with you in a specific manner or at a specific location. For example, you may request that all health information be mailed to your work location or by email. If you wish to receive confidential communications, you must make your request in writing to the Arizona Board of Regents' Health Care Plan Privacy Officer. You do not need to provide a reason for this request. The Plan will accommodate reasonable requests, when possible.

Right to Paper Copy of This Notice

You have a right to request and receive a paper copy of this notice at any time, even if you have received this notice previously or agreed to receive the notice electronically.

Changes to This Notice

The Plan is required by law to maintain the privacy of your health information as set forth in the Notice and to provide to you this notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that is maintained. If the Plan changes its policies and procedures, the Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change.

Complaints

You have the right to express complaints to the Plan or to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. To file a complaint with the Plan, contact the Arizona Board of Regents Health Care Plan Privacy Officer. All complaints must be submitted in writing. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Information

For more information or further explanation of the document, you may contact the Arizona Board of Regents Health Care Plan Privacy Officer at 2020 N Central Avenue, Suite 230, Phoenix, AZ 85004, by phone at 602-229-2500, by fax at 602-229-2555 or by email at PrivacyOfficer@azregents.edu. You may also obtain a copy of this notice at the following University websites

Arizona State University – www.asu.edu/hr/

Northern Arizona University – hr.nau.edu

University of Arizona – www.hr.arizona.edu