

WEBER STATE UNIVERSITY EMPLOYEE WELLNESS



Notice of Privacy Practice



Your Information. Your Rights. Our Responsibilities.

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.**

This notice also explains what information will be collected in connection with your employer-sponsored wellness program that we administer, how it will be used, who will receive it, and what will be done to keep it confidential.





How We May Use and Disclose Health Information

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.


For Treatment: We may use and disclose Health Information for your treatment and provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you receive. For example, we may disclose to your health plan your Health Information so that they will pay for your treatment.

For Health Care Operations: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office.


For example, we may use and disclose your Health Information:

- To make sure the care you receive is of the highest quality by reviewing and improving the quality, efficiency, and cost of care that we provide;
- To improving health care, lower costs for groups of people who have similar health problems, and help to manage and coordinate the care for these groups or people;

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- To review and evaluate the skills, qualifications, and performance of health care providers;
 - To participate in training programs for students, trainees, health care providers, or non-healthcare professionals;
 - To cooperate with outside organizations that assess the benefits that we provide and that evaluate/design strategies for improvement. We also may share Health Information with other entities that have a relationship with you (for example, your health plan, plan sponsor, or the plan sponsor's insurance broker) for their health care operation activities. For example, we may use Health Information in connection with: conducting quality assessment and improvement activities; 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;
 - To manage the business and general administrative activities, including our activities related to complying with the HIPAA Privacy Rule and other legal requirements; and
 - To create "de-identified" information that is not identifiable to any individual.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services: We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or



general condition or disclose such information to an entity assisting in a disaster relief effort.

Research/Student Projects: Under certain circumstances, we may use and disclose Health Information for research or student projects. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.


Fundraising Activities: We will not use your information (name, address, telephone number, age, date of birth, gender, health insurance status, or dates of service) to contact you for the purpose of raising money.

Genetic Information: We will not use genetic information for underwriting purposes because such use is prohibited under the law, including genetic tests and manifested diseases/disorders of family members.

Special Situations

We will disclose Health Information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.




Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

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

Health Oversight Activities: We may disclose Health 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.

Data Breach Notification Purposes: We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Special Rules for Electronic Breach of Unsecured PHI: In the event of a “breach” of unsecured protected health information (PHI) (as defined in Section 13400(1) of the American Recovery and Reinvestment Act of 2009 (“ARRA”), except as otherwise not required by law, we will report any




breach of unsecured PHI (as defined in 45 C.F.R. § 164.402) which notice will include (i) a list of all individuals whose unsecured PHI has been, or is reasonably believed by us to have been, accessed, acquired, used, or disclosed during such breach, and (ii) any other available information that we are required to provide under applicable law. As necessary, we will provide notice as required by applicable law, including to the extent applicable 45 C.F.R. § 164.406, if the legal requirements for media notification are triggered by the circumstances of such breach. The foregoing will not apply if PHI has been rendered unreadable, unusable, and indecipherable in accordance with federal rules.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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 Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Uses And Disclosures That Requires Us To Give You An Opportunity To Object And Opt

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close



friend, or any other person you identify, your Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Your Written Authorization Is Required For Other Uses And Disclosures


The following uses and disclosures of your Health Information will be made only with your written authorization:

1. Uses and disclosures of Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Health Information. 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 authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Health Information under the authorization. However, any disclosure, that we made in reliance on your authorization before you revoked it, will not be affected by the revocation.

Your Rights

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you




must make your request, in writing, to our Privacy Officer noted on the last page of this booklet. We have up to 30 days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Health Information in the form or format you request if it is readily producible in such form or format. If the Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Health Information.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to our Privacy Officer at the address noted on the last page of this booklet.




Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our Privacy Officer noted on the last page of this booklet.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to our Privacy Officer at the address noted below. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact



you by mail or at work. To request confidential communications, you must make your request, in writing, to our Privacy Officer at the address noted on the last page of this booklet. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.weber.com/employeewellness. To obtain a paper copy of this notice, please contact our Privacy Officer at the address noted on the last page of this booklet.

EEOC Notice Regarding Wellness Program

Weber State University's Employee Wellness Program is a voluntary wellness program available to all salaried employees and spouses.


Federal Regulations: The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary personal health assessment or 'PHA' that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, and glucose. You are not required to complete the PHA or to participate in the blood test or other medical examinations.

Incentives to Be Received: However, employees who choose to participate in the Wellness Pays Bonus Program and are a WSU PEHP policyholder/spouse will receive an incentive of \$300 for meeting specific health criteria. Although you are not required to complete the PHA or participate in the biometric screening, only employees who do so will receive \$300. Additional incentives of up to \$200 may be available for all benefits-eligible employees who participate in certain health-related activities (Wellness Pays Rewards Program).

Additional Benefits: The information from your PHA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health education classes, wellness coaching, and personal training. You also are encouraged to share your results or concerns with your own doctor.

Special Accommodations: If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Raeanna Johnson at 801-626-6480.

Privacy: Medical information that personally identifies you that is provided by us in connection with any wellness program we administer will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your medical information in connection with the wellness program administered by us will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of that medical information as a condition of participating in any wellness program that we administer or receiving any incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program administered by us will abide by the same



confidentiality requirements. In addition, all medical information obtained through the wellness program that we administer will be maintained separate from your personnel records, and no information you provide as part of the wellness program that we administer will be used in making any employment decision.

Our Obligations

We are required by law to:

- Maintain the privacy of protected health information;
- Never disclose medical information to supervisors or managers and your information may never be used to make decisions regarding your employment;
- Not discriminate against you because of the medical information you provide as part of participating in the wellness program;
- Not retaliate if you choose not to participate;
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information;
- Follow the duties and privacy practices described in this notice and give you a copy of it;
- Not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.



Additional Information

For more information see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Complaints: If believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.

This Notice of Privacy Practices applies to the following organizations:

Weber State Employee Wellness
3992 Central Campus Drive, Dept 3501
Ogden, Utah 84408
Privacy Officer: Raeanna Johnson
801-626-6480, raeannajohnson@weber.edu
weber.edu/employeewellness



WEBER STATE UNIVERSITY
Employee Wellness