Indiana University Healthcare Plans
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.

Effective Date: April 14, 2003
Updated: February 16, 2026

As the Plan Sponsor of employee health care plans, Indiana University is required by law to maintain the privacy and security of your individually identifiable health information. We protect the privacy of that information in accordance with federal and state privacy laws, as well as the university's policy. We are required to give you notice of our legal duties and privacy practices, and to follow the terms of this notice currently in effect.

This notice applies to all employees covered under an IU-sponsored health plan, but particularly those enrolled in IU self-funded plans, referred to in this notice as the "Plan".

How the plan may use and disclose protected health information about members

Protected Health Information (PHI) is health information that relates to an identified person's physical or mental health, provision of health care, or payment for provision of health care, whether past, present or future and regardless of the form or medium, that is received or created by the Plan in the course of providing benefits under the Plan.

The following categories describe different ways in which Indiana University uses and discloses PHI. For each of the categories Indiana University has provided an explanation and an example of how the information is used. Not every use or disclosure in a category will be listed. However, all of the ways Indiana University is permitted to use and disclose information will fall within one of the categories. Information that is permissibly disclosed by the Plan as described below has the potential to be re-disclosed by the recipient and may no longer be protected under HIPAA.

Treatment
PHI may be used or disclosed to provide authorization of coverage for certain medical services or shared with providers involved in a member's treatment. For example, the Plan may obtain medical information from or give medical information to a hospital that asks the Plan for authorization of services on the member's behalf, or in conjunction with medical case management, disease management, or therapy management programs.

Payment
PHI may be used and disclosed to providers so that they may bill and receive payment for a member's treatment and services. For example, a member's provider may give a medical diagnosis and procedure description on a request for payment made to the Plan's claim administrator; and the claim administrator may request clinical notes to determine if the service is covered. Similarly, a physician may submit medical information to a Business Associate for purposes of administering wellness program financial incentives. PHI may also be shared with other covered entities for business purposes, such as determining the Plan's share of payment when a member is covered under more than one health plan.

Explanations of Benefits may be mailed to the physical or email address of record for the employee, the primary insured.

Health care operations
PHI may be used or disclosed when needed to administer the Plan. For example, Plan administration may include activities such as quality management, administration of wellness programs and incentives, evaluation of health care provider performance, underwriting, detection and investigation of fraud, data and information system management, and coordination of health care operations between and among Business Associates of the Plan. Genetic information will not be used or disclosed for Plan underwriting purposes.

PHI may also be used to inform members about a health-related service or program, or to notify members about potential benefits. For example, the Plan may work with other agencies or health care providers to offer programs such as complex or chronic condition management.

Individuals involved in your care or payment of care
Unless otherwise specified, the Plan may disclose PHI in connection with the treatment, payment, and health care operations to the employee and/or any enrolled individual who is responsible for either the payment or care of an individual covered under the Plan. Also, when a member authorizes another party in writing to be involved in their care or payment of care, the Plan may share health information with that party. For example, when an employee signs an authorization allowing a close friend to make medical decisions on their behalf, the Plan may disclose medical information to that friend.

Legal proceedings, government oversight, or disputes
PHI may be used or disclosed to an entity with health oversight responsibilities authorized by law, including the Department of Health and Human Services (HHS), which has responsibility for oversight of HIPAA compliance. For example, the Plan may share information for monitoring of government programs or compliance with civil rights laws. In general, PHI may also be disclosed in response to a subpoena, court or administrative order, or other lawful request by someone involved in a dispute or legal proceeding. These requests are subject to additional restrictions in the case of PHI involving substance use disorder (SUD) treatment records received from programs regulated by federal law.

PHI involving treatment records that the Plan receives from a SUD program regulated by federal law, or testimony relaying the content of such records, cannot be used or disclosed in any civil, criminal, administrative or legislative proceedings against an individual without the individual's written consent or a court order that is issued after the individual has had an opportunity to be heard. In these circumstances, the Plan must receive, in addition to the court order, a subpoena or other legal requirement compelling the disclosure before it can make any such disclosure of this PHI.

Research
PHI may be used or disclosed for health research. Use of this information for research is subject to either a special approval process, or removal of information that may directly identify the individual who is the subject of the PHI.

Uses & disclosures requiring written authorization

In all situations, other than the categories described above, the Plan will require written authorization before using or disclosing a member's PHI. The Plan will not share member information for marketing purposes, including subsidized treatment communications, or the sale of member information without written permission. Members can

also opt-out of fundraising communications with each solicitation. If you have given us an authorization, you may revoke it at any time. This revocation does not apply to any uses or disclosures already made in reliance on the authorization. Mental health information, including psychological or psychiatric treatment records, and information relating to communicable diseases, are subject to special protections under Indiana law. Release of such records or information requires written authorization or an appropriate court order. Similarly, as noted above, special protections under federal law prohibit substance use disorder (SUD) treatment records to be used or disclosed in civil, criminal, administrative or legislative proceedings without consent or a court order.

Member rights regarding protected health information

Right to inspect and copy
Members have the right to inspect and obtain a copy of their PHI maintained by the Plan, including medical records and billing records.

To inspect and copy PHI, members must submit in writing a request to the Plan Administrator. Requests to inspect and copy PHI may be denied under certain circumstances. If a member's request to inspect and copy has been denied written documentation stating the reason for the denial will be sent to the member.

Right to amend
Members have the right to request an amendment to their PHI maintained by the Plan if they feel the medical information is incorrect for as long as the information is maintained.
To request an amendment, members must submit requests, along with a reason that supports the request, in writing to the Plan Administrator.

The Plan may deny a member's request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, the Plan may deny a member's request to amend information that:

- Is not part of the information in which the member would be permitted to inspect or copy;
- Is not part of the information maintained by the Plan; or
- Is accurate and complete.

Right to an accounting of disclosures
Members have the right to an accounting of PHI disclosures during the six years prior to the date of a request. To request an accounting of disclosures, members must submit requests in writing to the Plan Administrator. The accounting will not include permitted PHI disclosures made to carry out treatment, payment or health care operations as outlined above. The member's written request must include a date or range of dates for the disclosure period.

Right to request restrictions
Members have the right to request restrictions on certain uses and disclosures of PHI to carry out treatment, payment, or health care operations. Members also have the right to request a limit on the information the Plan discloses to someone who is involved in the payment of the member's care; for example: a family member covered under the Plan.

The Plan is not required to agree to your request. To request restrictions, members must submit requests in writing to the Plan Administrator. Requests must include the following: (1) information the member wants to limit; (2) whether the member wants to limit the Plan's use, disclosure, or both; and (3) to whom the member wants the limit to apply, for example, disclosures to a spouse.

Right to request confidential communications
Members have the right to request that the Plan communicate with them about health information in a certain way or at a certain location. For example, members can request that the Plan contact a member only at work.

To request confidential communications, members must submit requests in writing to the Plan Administrator and must include where and how members wish to be contacted. The Plan will accommodate all reasonable requests.

Right to receive breach notification
If a breach of unsecured PHI occurs with respect to any PHI held by the Plan, including PHI held on behalf of the Plan by any of its Business Associates or the Business Associates' subcontractors, impacted members will be notified of the breach and any steps they should take to protect themselves from potential harm resulting from the breach.

Right to a copy of this notice
Members have the right to a copy of this Notice by email. Members also have the right to request a paper copy of this notice. To obtain a copy, please contact the Privacy Administrator or visit **hr.iu.edu/_docs/benefits-pubs/fed-notices/fednotice-privacynotice-npp.pdf**.

Changes made to this notice
The Plan reserves the right to change this notice. The Plan reserves the right to make the revised or changed notice effective for PHI the Plan already has about members as well as any information received in the future. The new notice will be available on our web site, upon request, or by mail.

Right to file a complaint
If a member believes that their privacy rights have been violated, they may file a complaint to the Privacy Administrator of the Plan at the contact information below.

Members may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C., 20201; calling 18776966775, or visiting **hhs.gov/ocr/privacy/hipaa/complaints**.

Indiana University will not retaliate against any member for filing a complaint.

Contact information

Members may contact the Plan with any requests, questions, or complaints. The Plan will respond to all inquiries within 15 days after receiving a written request. The Plan will accommodate all reasonable requests.

Privacy Administrator
2709 E. 10th Street, Ste 321
Bloomington, IN 47408

Personal representatives

Members may exercise their rights through a personal representative. This person will be required to produce evidence of their authority to act on a member's behalf before being given access to PHI or allowed to take any action for a member. Proof of this authority may be one of the following forms:

- A power of attorney notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.