

April 14, 2003

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.

➤ The Montana University System self-insured employee health benefit plan has a duty to safeguard and protect the privacy of all plan members' personally identifiable health information that is created, maintained, sent or received by plan employees or persons under our control.

➤ The Montana University System self-insured health plan has contracts with multiple business associates. Business associates do claims processing and perform other health-related services associated with the plan such as counseling, psychological services and pharmaceutical services, etc. The MUS self-insured plans business associates and health care provider(s) must also protect a plan member's personally identifiable health information from inadvertent, improper or illegal disclosure.

➤ The Montana University System self-insured health plan in administering plan benefits shares and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment(s), Healthcare Operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared between MUS authorized benefit employees, their supervisors and our business associate(s), members' provider(s) or legally authorized governmental entities without a member's written consent.

For example, payment claims for treatment for an illness has been denied. The member disputes the denial. Information about the member's treatment and the claims denied can be transmitted by the MUS's claims administrators, to a MUS benefits technician, their supervisor(s) or attorney at the Montana University System for review in order to evaluate and reconsider the denial of payment. The information will be used only for the legally permissible purpose it was disclosed, i.e. review of the claims denial. The information will be destroyed as soon as it is no longer needed.

➤ Any other non-routine disclosures of personally identifiable health information or disclosure to third parties will be done only with the member or member's legally authorized representative's written authorization. Written authorization is required for psychotherapy notes or marketing purposes. A form authorization is available upon request or on the MUS Employee Benefits web site. The authorization may be revoked in writing.

➤ An individual member has the right to request restrictions on disclosure of their protected health information, but the health plan does not have to agree to the restrictions. An individual member has a right to receive, inspect, amend and have a paper copy and paper accounting of their protected health care information, except where restricted by law. All electronic and paper copies of records containing personally identifiable health information will be created, stored and transmitted to and from MUS benefits employees, and those under their control, business associates and providers by means designed to protect the information from any inadvertent, improper or unlawful disclosure or attacks on computer security where files are maintained electronically.

The Montana University System self-insured health plan will abide by this notice upon publication and distribution of it. The MUS reserves the right to amend this notice. Amendments will be distributed by mail and/or electronically. If a member believes their privacy rights have been violated they have the right to file a complaint with the U.S. Secretary of Health and Human Services and/or to the Montana University System self-insured health plan. Complaints can be sent to the MUS in a simple, informal letter format. Complaints, questions or requests for more information from the MUS can be sent to the attention of the MUS Benefits Office, PO Box 203101 Helena MT 59620-3101, telephone number (406) 444-0330. Be assured that an individual plan member will not be retaliated against for filing a complaint.