

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the practices of the Oakland University Flexible Benefit Plan (called the "Plan" in this Notice) with regard to the Protected Health Information the Plan has about you that relates to your coverage under the Plan, and how the Plan may use and disclose this information. This Notice also describes your rights in your Protected Health Information and how you can exercise those rights. Your rights, and the Plan's responsibilities, apply only to the health care reimbursement account under the Plan.

Protected Health Information ("PHI") includes individually identifiable information that relates to your past, present or future health condition, treatment or payment for health care services, and includes information such as your name, social security number, address and date of birth.

The Plan is required by law to keep PHI that identifies you private, to give you this Notice of the Plan's legal duties and privacy practices with respect to your PHI, and to follow the terms of the Notice that is currently in effect.

PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice attempts to summarize the regulations, but the regulations will supersede any discrepancy between the information in this Notice and the regulations.

A. Uses and Disclosure of PHI. The Plan primarily uses and discloses your PHI to evaluate and process requests for coverage and claims for benefits, and to create a record of the health care claims reimbursed under the Plan for Plan administration purposes. The following describes these and other uses and disclosures, together with some examples:

1. Payment. The Plan may use and disclose your PHI to (1) determine eligibility for Plan benefits, or (2) to facilitate payment for the treatment and services you receive from health care providers. For example, the Plan may share PHI with another entity to assist with the adjudication of health claims.

2. Health Care Operations. The Plan may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to administer the Plan. For example, the Plan may use or disclose your PHI (1) to conduct quality assessment and improvement activities, (2) for arranging medical review, legal services, audit services, and fraud and abuse detection programs, (3) for business planning and development such as cost management, (4) for business management and general Plan administrative activities.

3. Treatment. The Plan may use or disclose your PHI to facilitate medical treatment or services by providers. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription would have an adverse reaction with prior prescriptions.

4. As Required by Law. The Plan will disclose your PHI when required to do so by law. For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose PHI when required by a court or administrative order or subpoena.

5. Workers' Compensation. The Plan may disclose your PHI as authorized by, and to the extent necessary to comply with, workers' compensation or other similar laws.

6. To Business Associates. The Plan may disclose your PHI to business associates the Plan hires to assist the Plan. Business associates, for instance, could be a third party administrator or a consultant. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your PHI.

7. To Plan Sponsor. The Plan may disclose to the Plan Sponsor (Oakland University), in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also tell the Plan Sponsor whether you are enrolled in the Plan. The Plan may give your PHI to the Plan Sponsor for plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your PHI. The Plan Sponsor must agree not to use or disclose your PHI for employment-related activities or any other benefit or benefit plans of the Plan Sponsor.

8. To Others Involved in Your Care. The Plan may disclose your PHI to family members, other relatives or your friends if they are involved in your care or payment for that care, and provided you do not object. For example, a claim determination may be discussed with you in the presence of a relative or friend unless you object.

9. For Matters of Public Interest. The Plan may use or disclose your PHI for matters in the public interest. For example, to permit product recalls or to avert a serious threat to health or safety.

B. Uses and Disclosures With Your Permission. The Plan will not use or disclose your PHI for any purpose not identified above unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your PHI for a specific purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all of your PHI the Plan maintains, unless the Plan has taken action in reliance on your authorization.

C. Your Rights. You may make a written request to the Plan to do one or more of the following concerning your PHI:

1. Request Restrictions. To put additional restrictions on the Plan's use and disclosure of your PHI. The Plan does not have to agree to your request.

2. Request Confidential Communications. To communicate with you in confidence about your PHI by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence.

3. Inspect and Copy. To see and get copies of your PHI kept in a "Designated Record Set." A Designated Record Set includes enrollment, payment, billing, claims adjudication, and medical management record systems maintained by or for the Plan that is used to make decisions about individuals. In limited cases, the Plan does not have to agree to your request.

4. Amend. To correct your PHI. A request to correct your PHI must be in writing and you must provide reasons and support for the correction. In some cases, the Plan does not have to agree to your request, in which case you may submit a written response that will be included in future disclosures of your PHI.

5. Accounting of Disclosures. To receive a list of disclosures of your PHI that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2004). This accounting will not include disclosures made for treatment, payment, or health care operations; made to law enforcement personnel; made pursuant to your authorization; or made directly to you.

6. This Notice. To send you a paper copy of this notice if you received this notice by e-mail or on the internet.

NOTE: To exercise your rights, you must submit your request in writing and on the Plan's forms. You may contact the Benefits & Compensation Services Office (contact information is given below) for a copy of any such forms you may need. In some cases, the Plan may charge you a reasonable, cost-based fee to carry out your request.

D. Personal Representative. You may exercise your rights through a personal representative appointed by you or designated by applicable law. The parent of a minor is usually considered that child's personal representative.

E. Changes to This Notice. The Plan must comply with the provisions of this Notice, although the Plan reserves the right to change the terms of this Notice from time to time and to make the revised Notice effective for all PHI the Plan maintains. The Plan will notify you within sixty days of any material changes to this Notice.

F. Questions and Complaints. If you have questions about this Notice or want to file a complaint because you believe the Plan has violated your privacy rights or this Notice, please contact the Plan at:

Benefits and Compensation Services Office
142 North Foundation Hall
Rochester, MI 48309
Voice: 248/370-4207 Fax: 248/370-4212

You also have the right to complain to the U.S. Department of Health and Human Services. We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.