

**NOTICE OF PRIVACY PRACTICES
OF
CERTAIN GROUP HEALTH PLANS**

**SPONSORED BY
THE UNIVERSITY OF NEBRASKA**

**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.**

Each Group Health Plan in which you participate is required by federal law to maintain the privacy of your personal health information. Each Plan is also required to give you a **Notice** which describes its privacy practices, its legal duties and your rights concerning such information. ***This is the required privacy Notice of the following Group Health Plans sponsored by the University (the "Plan Sponsor"):***

***University of Nebraska Group Health Plan
University of Nebraska Prescription Drug Plan
University of Nebraska Dental Plan
University of Nebraska Flexible Spending Plan (Medical Spending Account)***

collectively referred to in this Notice as ("the Plan"). The Plans are sponsored by the University and the following "Participating Employers:

***University of Nebraska Alumni Association
University of Nebraska Foundation
Nebraska SPF Swine Accrediting Agency
Nebraska Crop Improvement Association
Nebraska Pork Producers Association
University of Nebraska Board of Regents
University of Nebraska Federal Credit Union
UNMC Physicians
4-H Youth Development Foundation
Ximerex, Inc.***

USES AND DISCLOSURES OF YOUR INFORMATION

The Plan or its agents create, maintain, use and disclose health information about you in order to administer the Plan and pay benefits. Health information includes medical information about your diagnosis or treatment, insurance information, and health care claims and payment information. The following are the types of uses and disclosures the Plan may make of your health information without your authorization. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. The following are general descriptions only. They do not cover every example of disclosure within a category.

Treatment. The Plan will make disclosures of your health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain health information that the Plan maintains in order to make decisions involving your health care.

Payment. The Plan will use and disclose your health information as necessary for payment purposes. For example, the Plan may use and disclose your health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your Plan, to determine your eligibility for benefits, to determine whether services are medically necessary or to pre-authorize or certify services as covered under your plan of benefits.

Health Care Operations. The Plan will use and disclose your health information as necessary, and as permitted by law, for the Plan's health care operations. For example, the Plan may use and disclose your medical information to (i) conduct quality improvement activities, (ii) engage in care coordination, or (iii) purchase reinsurance for excess claims.

Business Associates. Some functions, such as auditing or Plan Administration functions, are performed on behalf of the Plan by outside parties called “Business Associates.” The Plan will furnish health information to Business Associates, or permit them to create health information involving you, in order to perform these functions. Contracts with Business Associates will require them to appropriately safeguard the privacy of your health information.

Plan Sponsor. The Plan may disclose your health information to the Plan Sponsor to permit the Plan Sponsor to perform Plan Administration functions on behalf of the Plan. The Plan may disclose “Summary Health Information” to the Plan Sponsor for obtaining bids or for the purpose of amending or terminating the Plan. “Summary Health Information” includes claim history, claim expenses and types of claims by individuals without including any information that identifies you or your family members. The Plan may also disclose to the Plan Sponsor information on whether you are participating in the Plan. If the Plan discloses any other health information to the Plan Sponsor without your authorization, the Plan documents will restrict how the information is used and prevent it from being used to make employment decisions about you. The Plan documents restrict the uses and disclosures that the Plan Sponsor may make of your health information, and require the Plan Sponsor to certify that the information provided will be maintained in a confidential manner and not used for employment-related decisions or for other employee benefit determinations without your authorization or in any other manner not permitted by law or the Plan documents.

Information Received Prior to Enrollment. The Plan Sponsor may receive from you and your health care providers health information prior to your enrollment in the Plan. The Plan will not use or disclose this health information for any purpose, except as required by law, unless you enroll in the Plan. After enrollment, uses and disclosures are governed by the terms of the Notice then in effect.

Friends and Family. The Plan may disclose health information to family members or friends who are involved in your care or payment for your care to facilitate that person's involvement in caring for you or paying for your care. If you are present, the Plan will give you the opportunity to object before it makes such disclosures. If you are unavailable, incapacitated or are in an emergency situation, the Plan may disclose limited information to these persons if the Plan determines disclosure is in your best interest.

Disaster Relief. The Plan may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.

Deceased Individuals. The Plan may disclose the health information of a deceased individual to a coroner, medical examiner or funeral director to carry out their duties as allowed by law.

Organ Donation. If you are an organ donor, or recipient, the Plan may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Research. The Plan may use or disclose your medical information for research purposes in accordance with certain safeguards.

Law Enforcement. The Plan may disclose your health information to law enforcement authorities for law enforcement purposes, such as in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; if you are the victim of a crime, but only if your agreement is obtained or, under certain limited circumstances, if the Plan is unable to obtain your agreement; about a death which is believed to be the result of criminal conduct; and in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. The Plan must comply with federal and State laws in making such disclosures.

Public Health Activities. The Plan may disclose medical information about you for public health activities. These activities may include disclosures to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability; to appropriate authorities authorized to receive reports of child abuse and neglect; to the Food and Drug Administration (FDA) or a person subject to the jurisdiction of the FDA for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect and Domestic Violence. The Plan may notify the appropriate government authority if it believes you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, the Plan will only make this disclosure if you agree or, if unable to obtain your agreement, under other limited circumstances when authorized by law.

To Avert a Serious Threat To Health or Safety. Under certain circumstances the Plan may use or disclose Protected Health Information if, in good faith, the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or, under limited circumstances, is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Military and National Security. The Plan may release your health information if you are a member of the armed forces as required by military command authorities. It may also release medical information about foreign military personnel to the appropriate foreign military authority. The Plan may also release your health information to federal authorities, if necessary, for national security or intelligence activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your Protected Health Information to the correctional institution or to a law enforcement official for (1) the institution to provide health care to you, (2) your health and safety and the health and safety of others, or (3) the health and security of the correctional institution.

Legal Proceedings. If you are involved in a lawsuit or a dispute, the Plan may disclose medical information about you in response to a court or administrative order. 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 if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Workers' Compensation. The Plan may disclose your health information to comply with workers' compensation laws or other similar programs providing benefits for work-related injuries.

Health Oversight Activities. The Plan 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.

Required by Law. The Plan will disclose health information about you when required to do so by federal or State law, including disclosures to the U.S. Department of Health and Human Services upon request for purposes of determining the Plan's compliance with federal law.

You and Your Authorization. The Plan must disclose your health information to you, as described later in this Notice. You may also give us written authorization to use your health information or to disclose it for any purpose. You may revoke your authorization at any time, but your revocation will not affect any use or disclosure made by the Plan in reliance on your authorization. Without your written authorization, the Plan may not use or disclose your medical information for any reason except those described above.

INDIVIDUAL RIGHTS

The Plan contracts with outside administrators (the "Administrator") to actually administer and operate the Plan. Under the terms of the arrangement, it is the Administrator, not the Plan, which creates, maintains and uses most or all of the Protected Health Information about you. To exercise the individual rights described in this Notice, or to file a complaint, contact:

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| a. | In the case of University of Nebraska Group Health Plan:
Blue Cross Blue Shield of Nebraska
Attention: Privacy Office
P.O. Box 247040 Omaha, NE 68124-7040
Telephone Number: (402) 343-3521
Toll Free Number: (877) 258-3999 | b. | In the case of University of Nebraska Dental Plan:
Blue Cross Blue Shield of Nebraska
Attention: Privacy Office
P.O. Box 247040 Omaha, NE 68124-7040
Telephone Number: (402) 343-3521
Toll Free Number: (877) 258-3999 |
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- c. In the case of University of Nebraska Prescription Drug Plan:
CVS Caremark Inc.
Attention: Customer Care Department
P.O. Box 659629 San Antonio, TX 78265-9529
Toll Free Telephone Number: (800) 841-5550
- d. In the case of University of Nebraska Flexible Spending Plan (Medical Spending Plan):
Director of Universitywide Benefits
217 Varner Hall
3835 Holdrege Street
Lincoln, NE 68583-0742
(402) 472-7162

Request for Voluntary Restrictions. You have the right to request a restriction on how we use and disclose your medical information for treatment, payment, health care operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree.

Access to Medical Information. You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary of your medical information, we may charge a fee to prepare the summary.

Amendment. You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting of certain disclosures of your medical information made by us or our Business Associates. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

Confidential Communications. You may request that we communicate with you about your medical information in a certain way or at a certain location. The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger, specifies the alternative means or location and continues to permit the Plan to collect premiums and pay claims under your health plan, including issuance of explanation of benefits to the subscriber of Plan in which you participate.

Complaints. If you have concerns about any of the Plan's privacy practices or believe that your privacy rights may have been violated, you may file a complaint with the Plan using the contact information at the beginning of this section. You may also submit a written complaint to the U.S. Department of Health and Human Services. The Plan supports your right to protect the privacy of your health information. Neither the Plan nor the Plan Sponsor will retaliate in any way if you chose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

ABOUT THIS NOTICE

The Plan is required to abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all of your personal health information that it maintains, including that which it created or received while the prior Notice was in effect. If the Plan makes a material change to its privacy practices, it will revise this Notice and provide you with a copy of the revised Notice.

CONTACT INFORMATION

PRIVACY OFFICER: For questions about this Notice, contact the Plan's Privacy Officer at:
Director of University wide Benefits/Plan Privacy Officer
217 Varner Hall
3835 Holdrege
Lincoln, NE 68583-0742
Telephone Number: (402) 472-7162

EFFECTIVE DATE OF NOTICE: April 14, 2004