

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

**SPONSORED BY  
THE UNIVERSITY OF NEBRASKA BOARD OF REGENTS**

**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. Your personal health information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address, and social security number. 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 joint Notice is the required privacy Notice of the following Group Health Plans sponsored by the University of Nebraska Board of Regents (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" or "Plans". Because the Plans are all sponsored by the University, the Plans jointly participate in an Organized Health Care Arrangement which means that they have common privacy practices and compliance activities.

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**USES AND DISCLOSURES OF YOUR INFORMATION**

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The Plan is permitted or required to use or disclose your health information without your authorization (permission) to carry out certain services and activities. Many of those services or activities are performed through contracts with outside persons or organizations, such as auditing, actuarial services, administrative services, legal services, etc. It may be necessary for the Plan to provide certain of your health information to these outside persons or organizations who assist the Plan with these functions or activities. The Plan requires these persons and entities to appropriately safeguard the privacy of your information.

The following are the types of uses and disclosures the Plan may make of your health information without your permission. Where State or federal law restricts one of the described uses or disclosures, the Plan follows the requirements of such State or federal law. These 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 of your health information that the Plan maintains in order to make decisions about your care. The

**Family, Friends and Others.** The Plan may disclose health information to a family member, your personal representative or another person identified by you who is your personal representative or another person identified by you who is 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.

**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.

**Public Health Activities.** The Plan may disclose health information about you for public health activities. These activities may include disclosures:

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- if you are the victim of a crime if the Plan obtains your agreement or, under certain limited circumstances, if the Plan is unable to obtain your agreement;
- to alert authorities of a death the Plan believes may be the result of criminal conduct;
- information the Plan believes is evidence of criminal conduct occurring on our premises; 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.

**Deceased Individuals.** The Plan is required to apply safeguards to protect your health information for 50 years following your death. Following your death the Plan may disclose health information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). The Plan may also release your health information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

**Disaster Relief.** The Plan may use or disclose your name, location and general condition orrrrowime byait

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## CONTACT INFORMATION AND EFFECTIVE DATE

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**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