# HIPAA Notice of Privacy Practices

## Section 1: Purpose of this notice and effective date

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: This Notice, originally effective April 14, 2003, was amended effective September 23, 2013, and has been updated to be effective as of February 16, 2026.

This Notice is required by a federal law called the Health Insurance Portability and Accountability Act, commonly known as HIPAA.

This Notice applies to all group health plans maintained by the University of Arkansas that are subject to HIPAA, collectively referred to herein as the "Plans."

This Notice of Privacy Practices describes how the University of Arkansas Plans may collect, use and disclose your protected health information and your rights concerning your protected health information.

"Protected health information" (PHI) is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

The Plans are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plans' uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plans' duties with respect to your PHI,
4. Your right to file a complaint with the Plans and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plans' privacy practices.

This Notice applies to your PHI used or disclosed by the Plans as well as entities designated as "business associates" of the Plans.

Please share these Notices with your covered family members, as their PHI is also protected under federal law.

## Section 2: Your protected health information

### Protected Health Information (PHI) defined

The term "Protected Health Information" (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to

payment for health care. PHI includes information maintained by the Plans in oral, written, or electronic form.

# Section 3: Use or disclosure for which your authorization or consent is not required

## When the Plans may use or disclose your PHI

Under the law, the Plans may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- At your request. If you request it, the Plans are required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plans' compliance with the privacy regulations.
- For treatment, payment or health care operations. The Plans and their business associates will use PHI in order to carry out treatment, payment, or health care operations.

**Treatment** is the provision, coordination, or management of health care and related services. For example, the Plans may disclose PHI to a physician who is treating you.

**Payment** includes but is not limited to actions to make coverage determinations and payment. For example, the Plans may use PHI to pay claims from your health care provider. If we contract with third parties to help us with payment operations, such as a third-party claims administrator, we will also disclose information to them and they may conduct these activities on our behalf. These third parties are known as "business associates."

**Health care operations** includes but is not limited to quality assessment and improvement, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plans or its third-party administrators may use information about your claims to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

The Plans will not use your genetic information for underwriting purposes.

## Disclosure to the Plan sponsor

The Plans will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and the Plans have amended or had their delegates amend the Plan Documents to permit this use and disclosure as required by federal law.

For example, we may disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, the Plans may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plans have provided health benefits.

## Other use or disclosure of your PHI for which consent, authorization or opportunity to object is not required

The Plans are allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. When required by applicable law.
2. Public health purposes. To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. Domestic violence or abuse situations. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. Health oversight activities. To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example, to the Department of Labor).
5. Legal proceedings. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. Law enforcement health purposes. When required for law enforcement purposes (for example, to report certain types of wounds).
7. Law enforcement emergency purposes. For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.
8. Determining cause of death and organ donation. When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
9. Funeral purposes. When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For research, subject to certain conditions.
11. Health or safety threats. When consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and

the disclosure is to a person who is reasonably able to prevent or lessen the threat, including the target of the threat.

12. Workers' compensation programs. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. Specialized Government Functions. When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence and other national security activities.
14. Correctional Institutions. If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization, which you have the right to revoke.

Your explanation of benefits forms and other mailings containing protected health information will be sent to the address on record for the subscriber of the health benefits plan. If available, this also pertains to the claims information contained electronically and available via secured Internet access and corresponding telephonic claims sites.

## Other uses or disclosures

The Plans may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

## Additional restrictions on use and disclosure

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted diseases. In such case, the Plans will follow the more stringent or protective law, to the extent that it applies.

Note, information that is disclosed by the Plans in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

# Section 4: Use or disclosure for which your authorization or consent is required

When the Plans obtain or receive a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized us to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plans will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plans will be unable to take back any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Official identified in Section 7. The following situations require your authorization:

## Use of psychotherapy notes

The Plans do not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. The Plans may use and disclose such notes when needed by the Plans to defend itself against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

## Marketing of PHI

The Plans do not engage in the marketing of your PHI. In any event, before the Plans could market your PHI, it would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note face-to-face communications made by the Plans to you and promotional gifts of nominal value provided by the Plans are not considered as marketing.

## Sale of PHI

The Plans do not sell your PHI. In any event, before the Plans could sell your PHI, it would have to obtain your authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plans where the Plans directly or indirectly receive remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.

## Substance use disorder treatment records

To the extent that the Plans have your substance use disorder patient records, subject to 42 CFR Part 2, the Plans will not share that information for investigations or legal proceedings against you without either your written consent or a court order and a subpoena.

## Fundraising

The Plans will not use or disclose your PHI (including, but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plans, or for or on behalf of others. In any event, before the Plans could use your PHI for fundraising, it would have to obtain your written authorization for such use or disclosure, and with respect to SUD Records, give you the opportunity to elect not to receive any fundraising communications.

# Section 5: Your individual privacy rights

All requests under this section with respect to information about the Plans should be addressed to the Privacy Official identified in Section 7 below. If a form is required, it will be available from the Privacy Official.

## You may request restrictions on PHI uses and disclosures

You may request the Plans to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or

2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plans, however, are not required to agree to your request if the Plans' Administrator or Privacy Official determines it to be unreasonable.

## You may request confidential communications

You have the right to ask us to communicate with you using an alternative means or at an alternative location. The Plans will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on use and disclosures of your PHI.

## You may inspect and copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plans maintain the PHI.

The Plans must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plans and HHS.

Designated Record Set: includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

## You have the right to amend your PHI

You have the right to request that the Plans amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions.

The Plans have 60 days after receiving your request to act on it. The Plans are allowed a single 30 day extension if the Plans are unable to comply with the 60-day deadline. If the Plans denied your request in whole or part, the Plans must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI.

## You have the right to receive an accounting of the Plan's PHI disclosures

At your request, the Plans will also provide you with an accounting of certain disclosures by the Plans of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plans have 60 days to provide the accounting. The Plans are allowed an additional 30 days if the Plans give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

## Receive a paper copy of this notice

You have the right to obtain a paper copy of this Notice upon request.

## Your personal representative

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form or other form acceptable under state or federal law.

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse, violence, or neglect.

## Use or disclosure of your PHI to family members

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

# Section 6: The Plans' duties

The Plans are required by law to maintain the privacy of your PHI and to maintain the privacy of Protected Health Information, to provide individuals with notice of its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

The Plans are required to abide by the terms of the Notice currently in effect.

The Plans reserve the right to change the terms of the Notice and to apply the changes to any PHI received or maintained by the Plan prior to that date. If this Notice is changed, a revised version of this Notice will be provided to you.

# Section 7: Your right to file a complaint with the Plans or the HHS secretary

## Complaint to the Plans

If you believe that your privacy rights have been violated, you may obtain additional information or file a complaint with the Plans, in care of the Privacy Official at the following addresses:

## University of Arkansas Group Health & Dental Plans

**University of Arkansas System Administration**

Benefit and Risk Management Services

2404 North University Avenue

Little Rock, AR 72207

Phone: 501-686-2500

**Group Health Plan Administrator**

UMR

Customer Service Department

Phone: 888-438-6105

**Group Dental Plan Administrator**

Arkansas BlueCross BlueShield

Customer Service Department

Phone: 844-662-2281

## Complaint to HHS

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services ("HHS"). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at www.hhs.gov, or contact the Privacy Official for more information about how to file a complaint.

The Plan will not retaliate against you for filing a complaint.

# Section 8: If you need more information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official listed in Section 7.

# Section 9: Conclusion

PHI use and disclosure by the Plans is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this Notice if there is any discrepancy between the information in this notice and the regulations.