

# HIPAA Notice of Privacy Practices

## University of the South Group Health Plan

### **Your Information. Your Rights. Our Responsibilities.**

---

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.**

This notice applies to the University of the South Group Health Plan. It does not apply to employment records or other university records that are maintained separately from the Group Health Plan.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Get a copy of health and claims records**—You can ask to see or get a copy of your health and claims records and other health information we maintain about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct health and claims records**—You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say no to your request, but we will tell you why in writing within 60 days.
- **Request confidential communications**—You can ask us to contact you in a specific way, such as at home, at work, or on your mobile phone, or to send mail to a different address. We will consider all reasonable requests and must agree if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share**—You can ask us not to use or share certain health information for payment or health plan operations. We are not required to agree to your request, and we may say no if the request would affect plan administration or care-related functions.
- **Get a list of those with whom we have shared information**—You can ask for a list, sometimes called an accounting, of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those related to treatment, payment, and health care operations, and certain other disclosures such as those you asked us to make. We will provide one accounting a year for free. We may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**—You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**—If someone has authority to act for you, such as through a medical power of attorney or legal guardianship, that person may exercise your rights and make choices about your health information. We will make sure the person has that authority before we take any action.

- **File a complaint if you believe your rights are violated**—You can complain if you believe we have violated your rights by contacting us using the information listed at the end of this notice. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. We will follow your instructions when required by law.

You have some choices in the way that we use and share information as we:

- Share information with family members, friends, or others involved in payment for your care, when appropriate
- Communicate with you in the way you request, when reasonable

If you are not able to tell us your preference, for example if you are unconscious or otherwise unable to communicate, we may share your information if we believe it is in your best interest.

We will never use or disclose your information for marketing or sell your information unless you give us written permission.

## Our Uses and Disclosures

We may use and share your information as we:

- **Operate the Group Health Plan and support health care operations**—We may use and disclose your health information as needed to operate the Group Health Plan, process claims, coordinate benefits, support case management, conduct audits, perform compliance activities, and carry out other health care operations permitted by law.
- **Pay claims and administer benefits**—We may use and disclose your health information to determine eligibility, process claims, coordinate benefits, and support payment for covered services.
- **Administer the Group Health Plan**—We may disclose protected health information to the University, as plan sponsor, only as permitted by law and only for plan administration purposes. Protected health information disclosed for plan administration will not be used for employment-related decisions. We may also share information with third parties that help administer the plan, such as claims administrators, consultants, or other service providers, as permitted by law.
- **Comply with the law**—We will disclose information about you if state or federal law requires it, including to the Department of Health and Human Services if it wants to verify that we are complying with federal privacy law.
- **Conduct or support research when allowed by law**—We may use or disclose your information for research when allowed by law and when required conditions are met.
- **Support public health and safety activities when required or permitted by law**—We may disclose health information for certain public health and safety activities, such as preventing disease, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing a serious threat to health or safety.

- **Respond to workers' compensation, law enforcement, and other government requests when required or permitted by law**—We may use or disclose health information about you for workers' compensation claims, certain law enforcement purposes, health oversight activities authorized by law, and other government functions as permitted or required by law.
- **Respond to lawsuits and legal actions**—We may disclose health information about you in response to a court or administrative order, or in response to a subpoena or other lawful process, when permitted by law.

### **Special protection for certain substance use disorder records**

To the extent that we maintain substance use disorder patient records that are subject to 42 CFR Part 2, we will not use or disclose that information in civil, criminal, administrative, or legislative proceedings against you unless we have your written consent or a court order and subpoena, as required by law.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we maintain about you. The new notice will be available upon request and through the Group Health Plan.

### **Contact Information**

- **Privacy Contact:** Benefits Administrator
- **Email:** [hr@sewanee.edu](mailto:hr@sewanee.edu)
- **Phone:** 931.598.1381
- **Mailing Address:** 735 University Ave, Sewanee, TN 37383

### **Effective Date**

Effective Date of this Notice: April 17, 2026