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.

Marquette University Self-Funded Health Plan ("Health Plan") is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The terms of this Notice apply to members and their dependents for applicable self-funded coverages – i.e., medical and dental coverages. Privacy practices for coverages that are fully insured (e.g., through an HMO or third party insurer) are subject to notice from those insurers. If you have questions about any part of this Notice or if you want more information about the privacy practices of the Health Plan, please contact Stephen Duffy, Associate Vice President, Department of Human Resources, P.O. Box 1881, Milwaukee, WI 53201-1881, phone 414-288-7305. Mr. Duffy is the designated privacy officer for the Marquette University Health plan.

How the Health Plan May Use Or Disclose Your Health Information

The following categories describe the way that the Health Plan may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. Payment Functions. We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

2. Treatment. We may disclose your personal health information as necessary for your treatment. For instance, a doctor or health care facility involved in your care may request your personal health information in our possession to assist in your care.

3. Health Care Operations. We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

4. Preenrollment Information. We may request and receive from you and your health care providers personal health information prior to your enrollment in the health plan. We will use this information to determine whether you are eligible to enroll in the health plan. If you do not enroll, we will not use or disclose the information we obtain about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by state and/or federal privacy laws.
5. Business Associate. Certain aspects and components of the Health Plan’s services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your personal health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your personal health information.

6. Family, Friends and Personal Representatives. With your approval, we may disclose to family members, close personal friends, or another person you identify, your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your personal health information with outside entities to assist in disaster relief efforts.

7. Disclosures to Plan Sponsors. We may disclose your health information to Marquette University, the sponsor of the Health Plan, for purposes of administering benefits under the Health Plan. (Marquette University is considered a separate legal entity from the Health Plan.) Marquette University has certified that your health information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan.

8. Other Uses and Disclosures. We are permitted or required by law to use or disclose your personal health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions, or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations; certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers’ compensation programs.

We will adhere to all applicable state and federal laws or regulations to provide additional privacy protection. We will only use or disclose AIDS/HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by state and federal law or regulations.
When the Health Plan May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Statement of Your Health Information Rights

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. The health plan is not automatically required to agree to the restrictions that you request.

2. Right to Request Confidential Communications. You have the right to receive your health information through a reasonable alternative means or at an alternative location. We are not required to agree to your request.

3. Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment. You have the right to request that the plan amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. You must also provide a reason for your request.

5. Right to Accounting of Disclosures. You have the right to receive a list or “accounting of disclosures” of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The Health Plan will provide one list per 12-month period free of charge. However, you may be charged for additional lists.

6. Right to Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Practices at any time. You may also obtain a copy of this Notice at our website, www.marquette.edu/hr/benefits.

If you would like to have a more detailed explanation of these rights contact or call Mr. Duffy at the address listed above. If you would like to exercise one or more of these rights, submit your request in writing to Mr. Duffy at the address above.

Changes to this Notice of Privacy Practices

The Health Plan reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it
maintains. We will promptly revise our notice and distribute it to you whenever we make material changes to the Notice. Until such time, the Health Plan is required by law to comply with the current version of this Notice.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to Stephen Duffy, Associate Vice President, Department of Human Resources, P.O. Box 1881, Milwaukee, WI 53201-1881, Phone 414-288-7305. Health Plan will not retaliate against you in any way for filing a complaint. All complaints to Health Plan must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

Effective Date of This Notice: February 8, 2008.