

## NOTICE OF PRIVACY PRACTICES

**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.**

UnitedHealthcare **StudentResources** is required by law and is committed to protecting the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can disclose that information to others. You also have rights regarding your health information that are described in this notice.

The terms "information" or "health information" in this notice include any personal information that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We reserve the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or post it on our website [www.uhcsr.com](http://www.uhcsr.com).

### **How We Use or Disclose Information**

**We will** disclose your health information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, and
- When required by law.

**We have the right to** use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

- **For Payment** of premiums due us and to process claims for health care services you receive.
- **For Treatment.** We may disclose health information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health care coverage.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **To Persons Involved With Your Care** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person.
- **To Avoid a Serious Threat to Health or Safety**, for example, by disclosing information to public health agencies.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

If the above permitted disclosures do not apply, **we will obtain your written authorization prior to use or disclosure of your health information.** If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, contact our Privacy Office at 469-229-6500 or 1-888-889-3822 , PO Box 809025, Dallas, Texas 75380-9025 or 2301 W Plano Pkwy, 3rd Floor, Plano, Texas 75075

### What Are Your Rights

The following are your rights with respect to your health information.

- **You have the right to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask for confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address).
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) made prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures that federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. If you have received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice by calling the numbers below or at our website [www.uhcsr.com](http://www.uhcsr.com).

### Exercising Your Rights

If you have any questions about this notice, want to exercise any of your rights or to file a complaint, please contact us at:

**Privacy Office**  
UnitedHealthcare StudentResources  
PO Box 809025  
Dallas, TX 75380-9025

**Privacy Office**  
UnitedHealthcare StudentResources  
2301 W Plano Pkwy, 3rd Floor  
Plano, TX 75075

469-229-6500 or 888-889-3822

**You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.