THE UNIVERSITY OF MISSOURI WELLNESS PROGRAM
NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS
You have the right to:
- Get a copy of your wellness information
- Correct your wellness information
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See Page 2 for more information on these rights and how to exercise them.

OUR USES AND DISCLOSURES
We may use and share your wellness information as we:
- Run our organization to develop and provide programs
- Seek payment for certain wellness services
- Do research using de-identified, aggregated data
- Comply with the law
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuit and legal actions

See page 4 for more information on these uses and disclosures.
YOUR RIGHTS: When it comes to your wellness information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your wellness information:
- You can ask to see or get a copy of your wellness information and other health information we have about you. Contact the privacy officer identified at the end of this Notice to make this request.
- We will provide a summary of your wellness information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct wellness information:
- You can ask us to correct your wellness information if you think they are incorrect or incomplete. Contact the privacy officer identified at the end of this Notice to make this request.
- We may say “no” to your request, but we will tell you why in writing within 60 days. You will be permitted to add a statement to be included in your wellness information explaining any correction you believe is necessary.

Request confidential communications:
- You can ask us to contact you in a specific way (for example, use your home or office phone) or to send mail to you at a different address.
- We will consider all reasonable requests, and will say “yes” if you tell us you will 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 your wellness information, payment, or our operations.
- We are not required to agree to your request.
- You can ask for a list (an accounting) of the times we have shared your wellness information for six years prior to the date you ask, who we shared it with and why.

Get a list of those with whom we’ve shared your health information:
- You can ask for a list (an accounting) of the times we have shared your wellness information for six years prior to the date you ask, who we shared it with and why.
- We will account for all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice of Privacy Practices:
- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you:
- If someone is your legal guardian, or in certain circumstances, if you have given someone power of attorney, that person can exercise your rights and make choices about your wellness information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:
- You can complain if you feel that we have violated your rights by contacting the privacy officer identified at the end of this Notice.
- You can 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you if you file a complaint.

YOUR CHOICES: For certain wellness information, you can tell us your choices about what we share. If you have a clear preference for how we share or disclose your wellness information you can request Healthy for Life to send you your wellness information to you directly, and with whomever you choose.

If you are not able to provide consent we may go ahead and share your wellness information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your wellness information unless you give us written permission
- We don’t use your wellness information for marketing purposes
- We do not sell your wellness information
OUR USES AND DISCLOSURES:
How do we typically use or share your wellness information? We typically use your wellness information in the following ways:

To help manage the wellness programs we offer.
- We can use your wellness information and share it with professionals who are treating you.

To run our organization
- We can use and disclose your wellness information to run our organization and contact you when necessary.
- We may use your de-identified wellness information to design or evaluate wellness program offerings.
- De-identified wellness information is your wellness information with your name and other identifiers removed.
- We may seek payment for certain wellness services.

To help with public health and safety issues:
- We can share wellness information about you for certain situations such as
  - Preventing disease
  - Reporting adverse reactions to vaccinations
  - Reporting suspected abuse or neglect
  - Preventing or reducing a serious threat to anyone’s health or safety.

To do research:
- We can use or share your de-identified wellness information for health research.

To comply with the law and to respond to lawsuit and legal actions:
- We will share wellness information about you if state or federal laws require it.

To address worker’s compensation, law enforcement, and other government requests:
- We can use or share wellness information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services.

To respond to lawsuit and legal actions:
- We can share wellness information about you in response to a court or administrative order, or in response to a subpoena.
OUR RESPONSIBILITIES:

• We are required by law to maintain the privacy and security of your protected wellness 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 provide you a copy of this Notice, if you request it.
• We will not use or share your wellness information other than as described here 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 the privacy official identified below know if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE OF PRIVACY PRACTICES: We can change the terms of this Notice, and the changes will apply to all wellness information we have about you. The new Notice will be available upon request and on our web site. You may request a written copy of this Notice at any time.

Privacy Official: Rita Bowie This Notice is effective April 2, 2014.