

**UNIVERSITY OF SOUTHERN CALIFORNIA  
USC NETWORK MEDICAL PLAN, DELTA DENTAL PLAN, USC SENIOR CARE PLAN  
AND HEALTHCARE FLEXIBLE SPENDING ACCOUNT PLAN  
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.**

**What is this Notice and Why Is It Important?**

This Notice applies to: (1) the University of Southern California (“USC”) self-insured medical and dental plans, which provide health benefits to eligible employees and their eligible dependents, (2) the USC Senior Care Plan, a supplemental plan to Medicare, and (3) USC’s Health Care Flexible Spending Account Plan, which permits employees to set aside salary on a pre-tax basis for subsequent reimbursement of qualifying health care expenses (collectively, the “USC Plans”)<sup>1</sup>. The USC Plans are required to protect the privacy of your identifiable medical and other health information (“health information”).

The USC Plans are required by law to give you this notice to tell you how they may use and give out (“disclose”) your health information. The USC Plans must follow the terms of this notice when using or disclosing your health information.

**How the USC Plans May Use Your Health Information**

The USC Plans generally are required to obtain your written authorization (“permission”) before using your health information. This section explains those situations where, under federal law, the USC Plans may use or disclose your health information without your permission.

To the extent that the USC Plans engage in the following, they do not need to obtain your written permission to use your health information for the purposes set forth below.

- **Treatment:** The USC Plans may use and disclose your health information to your health care provider to provide health care services to you, such as for managing your health care with the USC Plans or for referring you to another provider for care.
- **Payment:** The USC Plans may use and disclose your health information to obtain payment for health care services and to fulfill the USC Plans’ responsibility to provide health benefits (e.g., to make coverage determinations, administer claims and coordinate benefits with other coverage you may have). The USC Plans also may disclose your health information to another health plan or a health care provider for its payment activities (e.g., for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you).
- **Health Care Operations:** The USC Plans may use and disclose your health information for its health care operations, such as business planning, arranging for medical reviews, and conducting quality assessments and improvement activities. The USC Plans also may disclose your health information to other health plans or health care providers that have or had a relationship with you so that they may conduct quality assessment and improvement activities, accreditation, certification, licensing, or credentialing activities, or for the purpose of health care fraud and abuse detection or compliance (e.g., for the other health plan to perform case management or evaluate health care

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<sup>1</sup>USC’s self-insured health plans are the Medical Care Plan Number 520 (i.e., the USC Network Medical Plan, and the dental plan administered by Delta Dental), USC Senior Care Plan, and the Health Care Flexible Spending Account Plan Number 521 (i.e., the FSA Plan).

provider performance, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills).

The USC Plans also may disclose your health information to third parties to assist in these activities, but only if they agree in writing to maintain the confidentiality of your health information.

- **Disclosures to USC as the USC Plans' Sponsor:** The USC Plans may disclose your health information to certain employees or other individuals under the control of USC (the "USC Plans' Sponsor") as necessary for them to carry out the USC Plans' Sponsor's responsibilities to administer the USC Plans' payment, reimbursement and health care operations activities. USC, as the USC Plans' Sponsor is not permitted to use your health information disclosed by or on behalf of the USC Plans for any other purpose. The USC Plans' documents identify by position the specific employees or other individuals under the control of the USC Plans' Sponsor who are authorized to have access to or receive your health information for the purpose of administering the Plans.

In addition, USC may use and disclose your health information under the following circumstances:

- **Public Health Activities:** The USC Plans may disclose your health information for the following public health activities:
  - To report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - To report information to the U.S. Food and Drug Administration about products and services under its jurisdiction; and
  - To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease.
- **Victims of Abuse, Neglect or Domestic Violence:** If the USC Plans reasonably believe that you are a victim of abuse, neglect or domestic violence, the USC Plans may disclose your health information as required by law to a social services or other governmental agency authorized by law to receive such reports.
- **Health Oversight Activities:** The USC Plans may disclose your health information to a health oversight agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid (for example, for fraud and abuse investigations), or other regulatory programs for which health information is necessary for determining compliance.
- **Specialized Government Functions:** The USC Plans may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law.
- **Law Enforcement Officials, Judicial and Administrative Proceedings:** The USC Plans may disclose health information to police or other law enforcement officials. The USC Plans also may disclose health information in judicial or administrative proceedings, such as in response to a subpoena.
- **Coroners or Medical Examiners:** The USC Plans may disclose health information to a coroner or a medical examiner as authorized by law.

- **Organ and Tissue Donation:** The USC Plans may disclose health information to organizations that assist with organ, eye or tissue donation, banking or transplant.
- **Health or Safety:** The USC Plans may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Marketing Activities:** The USC Plans may provide you with marketing materials in a face-to-face encounter, without obtaining your authorization. We may tell you about a health care product or service (or payment for such product or service) that is provided by, or included in the USC Plans' plan of benefits. The USC Plans are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your authorization. The USC Plans will not accept payments from other organizations or individuals in exchange for telling you about their health care products or services, unless you give us your permission or the communication is permitted by law without your permission. We will ask your permission to use your health information for any other marketing activities.
- **Workers' Compensation:** The USC Plans may disclose health information as necessary to comply with workers' compensation laws or similar laws relating to work-place injury and illness.
- **Research:** The USC Plans may disclose health information without your authorization for certain research purposes. For example, in limited circumstances, the USC Plans may disclose your information to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. The USC Plans also may provide limited health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify you.
- **As Required by Law:** The USC Plans may disclose health information when required to do so by any other law not already referred to in the preceding categories.

FOR ANY PURPOSE OTHER THAN THE ONES DESCRIBED ABOVE, THE USC PLANS ONLY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WHEN YOU GIVE YOUR WRITTEN AUTHORIZATION.

**Highly Confidential Information:** Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your health information that is maintained in psychotherapy notes or is about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; or (8) sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

**Sale of Health Information.** The USC Plans will not make any disclosure that is considered a sale of your health information without your written authorization unless the disclosure is for a purpose permitted by law.

**Genetic Information:** The USC Plans are not permitted to use or disclose genetic information for underwriting purposes. This does not apply to underwriting performed in connection with issuing long-term health care policies.

## **Your Rights Regarding Your Health Information**

**Right to Request Access to Your Health Information:** You may request access to the USC Plans' records that contain your health information in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, the USC Plans may deny you access to your records. If you would like access to your records, please obtain a record request form from the USC Health Plans Department if the request relates to the USC Network Medical Plan, Delta Dental Plan and USC Senior Care Plan or the USC Office of Benefits Administration if the request relates to the FSA Plan. If you request copies, you will be charged a reasonable fee for copies. You also will be charged for postage costs if you request that copies be mailed to you.

**Right to Request Amendments to Your Health Information:** You have the right to request that the USC Plans amend your health information maintained in the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for the USC Plans and any other records used by or for the USC Plans to make decisions about individuals. If you wish to amend your records, please obtain an amendment request form from the USC Health Plans Department if the request relates to the USC Network Medical Plan, Delta Dental Plan, and USC Senior Care Plan or the USC Office of Benefits Administration if the request relates to the FSA Plan. All requests for amendments must be in writing. The USC Plans will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

**Right to Revoke Your Authorization:** You may revoke (e.g., take back) any written authorization obtained by the USC Plans for use and disclosure of your health information, except to the extent that the USC Plans have taken action in reliance upon it. Your revocation must be in writing and sent to the USC Health Plans Department if the revocation relates to the USC Network Medical Plan, Delta Dental Plan, and USC Senior Care Plan or the USC Office of Benefits Administration if the revocation relates to the FSA Plan or to whomever is indicated on your authorization.

**Right to An Accounting of Disclosures of Your Health Information:** Upon written request, you may obtain an accounting of certain disclosures of health information made by the USC Plans, if any (other than for treatment, payment or health care operations and for any disclosures made pursuant to your authorization). The period of your request cannot exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee.

**Right to Request How Information Is Provided to You:** You may request, and the USC Plans will try to accommodate, any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.

**Right to Request Restrictions on the Use of Your Health Information:** You may request that the USC Plans restrict the use or disclosure of your health information. All requests for such restrictions must be made in writing. While the USC Plans will consider all requests for additional restrictions carefully, we are generally not required to agree to a requested restriction (except for certain limited circumstances set by law).

**Right of Personal Representatives:** You may exercise your rights through a personal representative who will be required by the USC Plans to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or if you are the parent of a minor child. The USC Plans reserve the right to deny access to your personal representative.

### **Right to Change Terms of this Notice**

The USC Plans may change the terms of this notice at any time. If this notice is changed, the USC Plans may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If the USC Plans materially change this notice, we will provide you with a copy of the revised notice. You also may obtain any revised notice by contacting the USC Health Plans Department or the USC Office of Benefits Administration.

### **Privacy Complaints**

If you would like additional information about your privacy rights, are concerned that the USC Plans have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact the USC Office of Compliance at 213.740.8258. You also may file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Health Plans Department or the USC Office of Benefits Administration will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

### **Further Information**

#### **USC Health Plans (USC Network Medical Plan/USC Senior Care Plan/Delta Dental Plan/)**

You may contact USC Health Plans at: USC Health Plans, University of Southern California, 1150 S. Olive Street, Suite 2150, Los Angeles, CA 90089, (213) 740-0035.

#### **USC Office of Benefits Administration (Healthcare Flexible Spending Account Plan)**

You may contact the USC Benefits Office at: USC Office of Benefits Administration, University of Southern California, 3720 S. Flower Street, Credit Union Building 200, Los Angeles, CA 90089-0704, (213) 821-8100 or [uschr@usc.edu](mailto:uschr@usc.edu).