

**Virginia Private Colleges
Benefits Consortium, Inc. Health Plan**

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices 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 of Privacy Practices (the "Notice") describes the legal obligations of the Virginia Private Colleges Benefits Consortium, Inc. Health Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) Your past, present, or future physical or mental health or condition;
- (2) The provision of health care to you; or
- (3) The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact **Tim Klopfenstein, Executive Director/Privacy Official, Virginia Private Colleges Benefits Consortium, Inc., 1 Cedar Hill Ct. Ste. D, Bedford, Virginia 24523, (540) 525-9693.**

To Avert a Serious Threat to Health or Safety.

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of P

you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—