

provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to Use or Disclose your health information without your written authorization for the following activities:

As Required by law	Disclosures to federal, state or local agencies in accordance with applicable law
Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illnesses without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects; or to notify individuals of recalls of medication or products they may be using;
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required or permitted by law
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to comply with healthcare system oversight activities such as audits, inspections, investigations, or licensing actions and activities related to healthcare provision or public benefits or services
Specialized government functions	Disclosures to facilitate specified government functions related to the military and veterans, national security or intelligence activities; disclosures to correctional facilities about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice or as may be allowed by law, other Uses and Disclosures of PHI, such as marketing purposes, Use of PHI for the purposes of (f)13(-) Notes, and Disclosures that constitute the sale of PHI will be made only with your written authorization. You may revoke your authorization by written notice of such revocation as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to receive confidential communications of your health information

If you think that Disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations. For example, you may request that the Plan only contact you at work and not at home.

If you want to exercise this right, your request to the Plan must be in writing on the appropriate form and you must include a statement that Disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in records that the Plan maintains in a Designated Record Set for enrollment, payment, claims determination, or case or medical management activities, or direct that they be provided to a third person. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing on the appropriate form. Within 30 days of receipt of your request, the Plan will provide you with:

◁ The access or copies you requested;

For more information on the Plan's privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official, Sarah Guthrie, MSU, 107 Oakley Applied Science Building, Murray, Kentucky 42071; 270-809-3399, sguthrie@murraystate.edu.

Additional contacts

The following is a list of key persons or offices you may need to contact to exercise your rights under the HIPAA privacy rule for different benefit plans offered by MSU:

	Restricted Disclosures	Confidential Communications/ Accounting of Disclosures/ Amendment of Your Health Information	Access to or Copies of Your Health Information
Murray State University Employee Health Plan/ Health Care Flexible Spending Account	Director Human Resources 412 Sparks Hall Murray State University Murray, KY 42071 phone 270-809-2146 fax 270-809-3464 msu.hr@murraystate.edu	Assistant Benefits Manager Human Resources 412 Sparks Hall Murray State University Murray KY 42071 phone 270-809-2146 fax 270-809-3464 msu.hr@murraystate.edu	Benefits Manager Human Resources 412 Sparks Hall Murray State University Murray KY 42071 phone 270-809-2146 fax 270-809-3464 msu.hr@murraystate.edu