



# Notice of Privacy Practices

## Aetna Student Health

*Para recibir esta notificación en español por favor llamar al número provisto en este documento.*

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***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.***

Aetna Student Health<sup>1</sup> considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

When we use the term “personal information,” we mean information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By “health information,” we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care).

This notice became effective on September 30, 2008.

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### **How Aetna Student Health Uses and Discloses Personal Information**

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources – particularly your school or Student Health Center, other insurers, HMOs or third-party administrators (TPAs), and health care providers. In administering your health benefits and providing mail order pharmacy services, we may use and disclose personal information about you in various ways, including:

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<sup>1</sup> Fully insured plans are underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies.

**Health Care Operations:** We may use and disclose personal information during the course of running our health business – that is, during operational activities such as quality assessment and improvement; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; preventive health, case management and care coordination. For example, our nurse case managers may use and disclose personal information in connection with the case management activities they perform with respect to certain treatments or conditions. Other operational activities requiring use and disclosure include underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments (when applicable); transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of Aetna Student Health with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

**Payment:** To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). In addition, we make claims information available to subscribers and covered dependents on the Navigator<sup>®</sup> health site.

**Treatment:** We may disclose information to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may send certain information to doctors for patient safety or other treatment-related reasons.

**Disclosures to Other Covered Entities:** We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose personal information to other health plans (i.e. if you are covered as a dependent under a parent’s plan) if it has been arranged for us to do so in order to have certain expenses reimbursed.

## **Additional Reasons for Disclosure**

We may use or disclose personal information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** – to your school, when we have been informed that appropriate language has been included in your plan documents.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Partners** – to persons, including student health centers, who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to state insurance departments, U.S. Department of Labor and other government agencies that regulate us.
- **Law Enforcement** – to federal, state, and local law enforcement officials.
- **Legal Proceedings** – *in response to a court order or other lawful process.*
- **Public Welfare** – *to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).*

## **Disclosure to Others Involved in Your Health Care**

We may disclose health information about you to a Student Health Center, a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member, a student health center, or a school department providing a service function for us, or other caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Customer Services number on your ID card.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Customer Services number on your ID card – or have your provider contact us.

## **Uses and Disclosures Requiring Your Written Authorization**

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Customer Services number on your ID card.

## **Your Legal Rights**

The federal privacy regulations give you the right to make certain requests regarding health information about you. You may ask us to:

- Communicate with you in a certain way or at a certain location. We will accommodate reasonable requests.
- Restrict the way we use or disclose health information about you in connection with health care operations, payment, and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- Obtain a copy of health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management, and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies, and, in certain cases, may deny the request.
- Amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- Provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

You may make any of the requests described above, or may request a paper copy of this notice, by calling the toll-free Customer Services number on your ID card.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

Aetna Privacy Office  
Aetna Inc.  
151 Farmington Avenue - RC61  
Hartford, CT 06156

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

### **Aetna Student Health's Legal Obligations**

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

### **Safeguarding Your Information**

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

### **This Notice is Subject to Change**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

If you have questions regarding this notice, please contact Chickering Claims Administrators, Inc. by mail at 1 Charles Park, Cambridge, MA 02142-1254, by phone at the toll-free number on your ID card, or by fax at (860) 907-4650. Include your name, phone and fax number.