

**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**

Ohio University Employee Benefit Plan

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
Updated August 23, 2013

The following is the Notice of Privacy Practices (the “Notice”) of the Ohio University Employee Benefit Plan (the “Plan”) as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (commonly known as “HIPAA”). HIPAA requires the Plan by law to maintain the privacy of your personal health information and to provide you with notice of the Plan's legal duties and privacy practices with respect to your personal health information. The Plan is required by law to abide by the terms of this Notice.

Your Personal Health Information

The Plan collects personal health information from or about you through the application and enrollment process, utilization and review activities, claims management, and/or other activities in connection with the general management of the Plan. Your personal health information that is protected by law broadly includes any information, verbal, written or recorded, that is created or received by certain healthcare entities, including healthcare providers, such as physicians and hospitals, as well as, health insurance companies or health plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual who is associated with that health information.

Uses or Disclosures of Your Personal Health Information

Generally, the Plan may not use or disclose your protected health information (“PHI”) without your permission. However, the plan may not use PHI that is genetic information, including family medical history, for underwriting purposes. Once your permission has been obtained, the Plan must use or disclose your PHI in accordance with the specific terms of that permission. The following are the circumstances under which the Plan is permitted by law to use or disclose your PHI.

Without Your Permission

The Plan may use or disclose your PHI without your permission (a) to determine whether payment is appropriate and, if so, render payment for those covered services that you may receive, and (b) to conduct other related healthcare operations in connection with the general management of the Plan. Also, the Plan is permitted to disclose your PHI within and among those persons performing services for the Plan.

Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by the Plan to obtain premiums or to determine or fulfill its responsibilities for coverage and

provision of benefits under the health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, including utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

The Plan may also disclose PHI without your permission as follows:

To Ohio University (the “University”). The Plan may disclose your PHI to designated University personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Plan Administrator and/or the members of the University’s Benefits Department. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other University employee or department, and (2) will not be used by the University for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the University.

To a Business Associate. Certain services are provided to the Plan by third party administrators know as “business associates.” For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan’s business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

Treatment Alternatives. The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Individual Involved in Your Care or Payment of Your Care. The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.

As Required By Law

The Plan may use or disclose your PHI without your permission to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *Examples of instances in which the Plan is required to disclose your PHI include:* (a) public health activities; (b) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (c) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (d) law enforcement purposes; (e) to avert a serious threat to health or safety; (f) to covered entities that are government programs providing public benefits, and for workers’ compensation.

Miscellaneous Activities; Notice

The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be available to you. The Plan may disclose your PHI to the sponsor of the Plan for purposes permitted by HIPAA.

All Other Situations, With Your Written Authorization

Except as otherwise permitted or required, as described above, the Plan may not use or disclose your PHI without your written authorization. Specifically, the plan may not sell PHI, use PHI for marketing purposes, or disclose psychotherapy notes without your written authorization. Further, the Plan is required to use or disclose your PHI consistent with the terms of your authorization. You may revoke your authorization to use or disclose any PHI at any time, except to the extent that either the Plan has taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Your Rights With Respect to Your PHI

Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of your rights and the Plan's duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your PHI. *You may request restrictions on the following uses or disclosures:* (a) to obtain payment or with respect to healthcare operations of the Plan; (b) disclosures to your family members, relatives, or close personal friends of your PHI directly relevant to payment related to your healthcare, or your location, general condition, or death; (c) instances in which you are not present or when your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While the Plan is not required to agree to any requested restriction, if the Plan agrees to a restriction, the Plan is bound not to use or disclose your protected healthcare information in violation of such restriction, except in certain emergency situations. You cannot request to restrict uses or disclosures that are otherwise required by law.

Right To Receive Confidential Communications

You have the right to receive confidential communications of your PHI. The Plan may require a written request for confidential communications that includes an alternative address or method of contact. The Plan may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. However, the Plan is required by law to accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state disclosure of all or part of the information could endanger you.

Right To Inspect And Copy Your PHI

You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

Right To Amend Your PHI

If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment as long as the information is kept by or for the Plan. To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete; not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

Right To Receive An Accounting Of Disclosures Of Your PHI

Beginning April 14, 2003 you have the right to receive a written accounting of all disclosures of your PHI that the Plan has made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such accountings will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure. *The Plan is not required to provide accountings of disclosures for the following purposes:* (a) payment and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) to persons involved in your care, and (e) with respect to disclosures occurring prior to April 14, 2003. The Plan reserves the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. The Plan will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to the Plan Administrator.

Right to revoke an Authorization to Disclose PHI

You have the right to revoke a previous authorization to disclose PHI. A revocation is effective upon receipt by the Plan of a written request to revoke. Written requests to revoke PHI should be submitted to Greg Fialko, Director of Benefits, Ohio University, 169 West Union Street, Athens, Ohio 45701.

Complaints

You may file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to the attention of the **Nicolette Dioguardi , Associate Director of Legal Affairs, Ohio University, Pilcher House, Athens, Ohio 45701; dioguard@ohio.edu**. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice. A complaint must be received by the Plan or filed with the Secretary of the U.S. Department of Health and Human Services within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Notice

The Plan reserves the right to revise or amend this Notice at any time. These revisions or amendments may be made effective for all PHI the Plan maintains even if created or received prior to the effective date of the revision or amendment. The Plan will provide you with notice of any revisions or amendments to this Notice, or changes in the law affecting this Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

On-going Access to Privacy Notice

The Plan will provide you with a copy of the most recent version of this Notice at any time upon your written request sent to the Plan Administrator. Also, if your work site maintains a website, the most current version of the Notice may be obtained from the intranet website. For any other requests or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint with the Plan, please contact the Privacy Officer at Ohio University, Pilcher House, Athens, Ohio 45701.

Contact Information

Any inquiry to the Plan Administrator should be sent to Steven Golding, Vice President for Finance and Administration, Ohio University, Cutler Hall, Room 209, Athens, Ohio 45701.

ADDITIONAL INFORMATION REGARDING THE
NOTICE OF PRIVACY PRACTICES

A. Deadlines and additional requirements

Health Plans

A health plan must provide notice no later than, (a) the plan's compliance date (April 14, 2003 and April 14, 2004 for small health plans with \$5 million or less in annual receipts) to individuals covered by the plan, (b) thereafter, at the time of enrollment to new enrollees, and (c) within sixty (60) days of a material revision to the notice to individuals then covered by the plan.

No less frequently than once every three years, the health plan must notify individuals then covered by the plan of the availability of the notice and how to obtain copies of the notice.

A health plan may have more than one notice, each specific to the different types of individuals requesting notice.

Affiliated Covered Entities (requires common ownership or control)

The covered entities electing affiliated covered entity status may comply with HIPAA requirements through a joint notice of privacy practices.

Health Plans with Websites; E-Mail

A health plan that maintains a website which contains information about the health plan's customer service or benefits must prominently post its Notice of Privacy Practices on the web site and make the Notice of Privacy Practices available electronically through the web site.

Any individual, even those obtaining electronic notice, may request a paper copy of this Notice of Privacy Practices.

B. Group health plans and insurance issuers

A group health plan that provides health benefits solely through an insurance contract with a health insurance issuer or HMO and the group health plan does not create or receive PHI, except for summary health information, or information regarding enrollment in a health insurance plan or insurance issuer or HMO, is not subject to the standards or implementation specifications in 45 C.F.R. §164.530(a)-(f) and (i), which include, designation of a privacy office or official; workforce privacy training; administrative, technical, and physical safeguards; internal complaints processes; sanctions against its workforce; certain documentation requirements; mitigation of policy and procedure violations; and internal privacy policies and procedures.

An individual enrolled in a group health plan has a right to notice of privacy practices from the health insurance issuer or HMO with respect to the group health plan through which such individuals receive their health benefits under the group health plan. See, §164.520(a)(2). However, if, and to the extent that, such an individual does not receive health benefits under the

group health plan through an insurance contract with a health insurance issuer or HMO, the group health plan must provide a notice of privacy practices.

A group health plan that provides health benefits solely through an insurance contract with a health insurance issuer or HMO, and that creates or receives PHI in addition to summary health information as defined in §164.504(a) or information on whether the individual is participating in the group health plan, or is enrolled by the plan, must: (a) maintain a notice of privacy policy, and (b) provide such notice upon request to any person. See, §164.520(a)(2).

A group health plan that provides benefits solely through an insurance contract with a health insurance issuer or HMO, and does not create or receive PHI other than summary health information as defined in §164.504(a) or information on whether an individual is participating in the group health plan, or is enrolled in or has dis-enrolled from a health insurance issuer or HMO offered by the plan, is NOT required to maintain or provide a notice of privacy policy. See, §164.520(a)(2).