

**THE UNIVERSITY OF FINDLAY**  
**NOTICE OF PRIVACY PRACTICES**

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.

This notice is effective April 14, 2004, and is required to be provided to you by The University of Findlay Medical And Prescription Drug Plan (the “Plan”) under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires that the Plan take reasonable steps to ensure the privacy of your “Protected Health Information.”

The term “Protected Health Information” (PHI) means all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, or electronic).

**USE AND DISCLOSURE OF PHI UNDER THE PLAN**

The Plan is permitted to use PHI without your consent or authorization to carry out treatment, payment and health care operations. The Plan is also permitted to disclose PHI to the Plan Sponsor, The University of Findlay for purposes related to treatment, payment and health care operations. The Plan Sponsor has amended its plan documents to protect your PHI as required under HIPAA.

The following categories describe the different ways that the Plan may use and disclose PHI. For each category, there are some examples provided. However, not every permitted use or disclosure in a category is listed.

- **Treatment.** The Plan may use or disclose PHI for purposes of treatment. Treatment is the provision, coordination or management of health care and related services. It also includes consultations and referrals between one or more of your providers. For example, your primary care physician would be permitted to send a copy of your medical record to a specialist who needs the information to treat your condition.

- **Payment.** The Plan may use or disclose PHI for purposes of payment under the Plan. Payment includes actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care and utilization review and preauthorization). For example, the Plan would be permitted to tell your physician whether you are eligible for coverage or what percentage of your medical bill would be paid by the Plan.
- **Health Care Operations.** The Plan is permitted to use or disclose PHI for purposes of its health care operations. Health care operations include those types of functions that are necessary for the Plan to operate as a health plan, including such things as conducting quality assessment and improvement activities, reviewing health plan performance, and activities relating to the creation, renewal or replacement of health insurance contracts. It also includes disease management, case management, arranging for medical review, legal services and auditing functions, business management and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.
- **Individuals Involved in Your Care or Payment for Your Care.** The Plan may use or disclose your PHI to your family members, other relatives and your close personal friends if (1) the information is directly relevant to the family's or friend's involvement with your care or payment for that care; and (2) you have either agreed to the disclosure or have been given an opportunity to object and have not objected to the disclosure.
- **As Required by Law.** The Plan will disclose PHI about you when required to do so under federal, state or local law.
- **To Avert A Serious Threat to Health or Safety.** The Plan may use or disclose PHI when necessary to prevent a serious threat to the health and safety of the public or another person. Any disclosure, however, would only be made to an individual or agency able to help prevent the threat.
- **Research.** The Plan may use or disclose PHI for research, subject to certain conditions.
- **Workers' Compensation.** The Plan may use or disclose PHI when necessary to comply with workers' compensation or similar programs.
- **Public Health Risks.** The Plan may use or disclose PHI for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report child abuse or neglect;
  - To report product recalls;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - To notify the appropriate government authority when authorized by law to report information about abuse, neglect or domestic violence if there exists a reasonable

belief that you may be a victim of abuse, neglect or domestic violence. In such a case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause risk of serious harm.

- **Health Oversight Activities.** The Plan may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- **Lawsuits and Disputes.** The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
- **Law Enforcement.** The Plan may disclose your PHI for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement, and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may use or disclose PHI when required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- **Other Uses of PHI.** Except as otherwise indicated in this notice, uses and discloses will be made only with your written authorization subject to your right to revoke such authorization.

## **RIGHTS OF INDIVIDUALS**

You have the following rights regarding your PHI under the Plan.

➤ **Right to Inspect and Copy PHI.**

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set,” for as long as the Plan maintains the PHI. The “designated record set” includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan or other information used by the Plan to make decisions about an individual. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The Plan will provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

To inspect and copy PHI in your designated record set, you or your personal representative will be required to complete a form as provided by the Plan. Requests for access to PHI should be made to the following individual: HIPAA Privacy Officer, The University of Findlay, 1000 N. Main St., Findlay, OH 45840, 419.434.4871. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, instructions on how you may exercise review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

➤ **Right to Amend PHI.**

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. Please note, however, that the Plan cannot amend any PHI that (1) was not created by the Plan or (2) is not part of the PHI kept by the Plan. Thus, the Plan will not be able to amend any information related to your medical condition or any other health information since your provider, and not the Plan, is typically the person responsible for creating your health information.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you request that the Plan amend information that (1) was not created by the Plan, (2) is not part of the PHI kept by the Plan, (3) is not part of the PHI which you would be permitted to inspect and copy, or (4) if the information is otherwise accurate and complete.

If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the following individual: HIPAA Privacy Officer, The University of Findlay, 1000 N. Main St., Findlay, OH 45840, 419.434.4871.

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

➤ **Right to Request Restrictions on PHI Uses and Disclosures**

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to the following individual: HIPAA Privacy Officer, The University of Findlay, 1000 N. Main St., Findlay, OH 45840, 419.434.4871.

➤ **The Right to Receive an Accounting of PHI Disclosures**

At your request, the Plan will provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to April 14, 2004.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

➤ **The Right to Receive a Paper Copy of This Notice Upon Request**

To obtain a paper copy of this Notice contact the following individual: HIPAA Privacy Officer, The University of Findlay, 1000 N. Main St., Findlay, OH 45840, 419.434.4871.

➤ **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may be demonstrated by:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child.

The Plan retains discretion to deny access of PHI to a personal representative for protective purposes. This also applies to personal representatives of minors.

**THE PLAN'S DUTIES**

The Plan is required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices.

The Plan reserves the right to change its privacy practices and apply the change to any PHI received or maintained by the Plan prior to the date of the policy change. If the privacy practice is changed, a revised version of this notice will be provided to all participants and former participants for whom the Plan still maintains PHI. A revised version of this notice will be distributed within 60 days of the effective date of such change to any privacy practice stated in this notice.

➤ **Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to the individual;
- disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; and
- uses or disclosures that are required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and for which there is no reasonable basis to believe that the information can be used to identify the individual.

In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the Plan. “Summary health information” is information that is de-identified and that summarizes the claims history, claims expenses or type of claims experienced by individuals who have received benefits under the Plan.

### **YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE HHS SECRETARY**

If you believe that your privacy rights have been violated, you may complain to the Plan in care of the following individual: HIPAA Privacy Officer, The University of Findlay, 1000 N. Main St., Findlay, OH 45840, 419.434.4871.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

### **WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following individual: Carole Spurgeon, HIPAA Privacy Officer, The University of Findlay, 1000 N. Main St., Findlay, OH 45840, 419.434.4871.