

SHAWNEE STATE UNIVERSITY EMPLOYEE HEALTH BENEFIT PLAN

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 for informational purposes only – no action is required on your part as a result of this Notice.

A newly effective provision of the federal law known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires the **Shawnee State University Employee Health Benefit Plan** (the “Plan”) sponsored by **Shawnee State University** (“SSU”) to provide you with this Notice regarding the Plan’s legal duties and privacy practices with respect to your protected health information.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal and we are committed to protecting it.

We are required by law to maintain the privacy of our members’ protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us.

WHO IS COVERED BY THIS NOTICE

The terms of this Notice of Privacy Practices applies to the Plan. The University will share protected health information of members as necessary to carry out treatment, payment, and health care operations (TPO) as permitted by law.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Generally, we will not use or disclose your protected health information without your authorization. Once your authorization has been obtained, we must use or disclose your protected health information in accordance with the specific terms of that authorization. You have the right to revoke the authorization in writing unless we have taken any action in reliance on the authorization. To provide authorization to use and disclose your protected health information that is not otherwise permitted under this Notice, complete and submit an *Authorization Form* signed by you or your authorized representative via a *Notice of Personal Representative* form (requires notarization). Both forms can be found online at <http://www.shawnee.edu/offices/payper/index.html> or request this form by calling Human Resources at 740.351.3481, or by e-mail at HIPAA@shawnee.edu

Without your authorization, we may use or disclose your protected health information in order to provide you with services and the treatment you require or request, or to collect payment for those services and to conduct other related health care operations otherwise permitted by law. Also, we are permitted to disclose your protected health information within and among our work force in order to accomplish these same purposes. However, we are still required to limit such uses or disclosures to the minimum amount of protected health information that is necessary to provide those services or complete those activities.

The following categories describe different ways that we use and disclose protected health information without your authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to

use and disclose the information will fall within one of the categories. To the extent there is stricter federal or Ohio law protecting your protected health information, we will comply with the stricter provisions of the law.

For Treatment: We may use or disclose protected health information about you to facilitate medical treatment for services by providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

For Payment: We may use and disclose protected health information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan or to coordinate Plan coverage. For instance, we may use information regarding your medical procedures to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan that may also have an obligation to process and pay claims on your behalf.

For Health Care Operations: We may use and disclose your protected health information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use protected health information in connection with conducting quality assessment and improvement activities; underwriting and premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

Family and Friends Involved In Your Care: With your approval, we may disclose your protected health information to designated family, friends and others who are either involved in your care or in the payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial service, claims payment, legal services, etc. At times it may be necessary for us to provide certain portions of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services: We may from time to time use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health related without your written permission.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization.

- We may release your protected health information for any purpose required by law;
- We may communicate with you regarding your claims, premiums or other services connected with the Plan;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information to a government authority authorized to receive such reports, if we suspect child abuse or neglect; we may also release your

protected health information as required or permitted by law if we believe you to be a victim of abuse, neglect, or domestic violence;

- We may release your protected health information to a person subject to the jurisdiction of the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your protected health information to other members of the organized health care arrangement described above, as necessary to carry out treatment, payment, and health care operations permitted by law;
- We may release your protected health information to the plan sponsor of the Plan; provided, however, that the plan sponsor has certified that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law;
- We may release your protected health information in the course of an administrative or judicial proceeding, such as in response to a court order or (under certain circumstances) in response to a subpoena, discovery request or other lawful process not accompanied by a court order;
- We may release your protected health information to law enforcement officials for law enforcement purposes, including reporting wounds and injuries and crimes;
- We may release your protected health information to medical examiners, coroners and/or funeral directors consistent with law;
- We may release your protected health information if necessary to arrange an organ, eye or tissue donation from you or a transplant for you;
- We may release your protected health information under certain circumstances and consistent with applicable law and standards of ethical conduct, if we believe it necessary to avert a serious threat to the health or safety of a person or the public;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities;
- We may release your protected health information to a correctional institution or to a law enforcement official under certain circumstances, if you are an inmate of a correctional institution or under the custody of a law enforcement official; and
- We may release your protected health information as necessary to comply with worker's compensation laws or similar programs established by law to provide benefits for work-related injuries or illness without regard to fault.

RIGHTS THAT YOU HAVE TO YOUR PROTECTED HEALTH INFORMATION

Right to Access: You have the right to inspect and obtain a copy of your protected health information that we retain on your behalf. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed.

To obtain access or a copy of your protected health information a *Request for Access to Protected Health Information form* signed by you or your authorized representative must be submitted. You may obtain this form online at <http://www.shawnee.edu/offices/payper/index.html> or by calling Human Resources at 740.351.3481.

Right to Amend: If you feel that the protected health information that we have about you is incorrect or incomplete, you may ask us to amend the information we maintain. You have a right to request an amendment for as long as the information is kept by or for the Plan(s).

To request an amendment, a *Request to Amend Protected Health Information form* signed by you or your authorized representative must be submitted. You may obtain this form online at <http://www.shawnee.edu/offices/payper/index.html> or by calling Human Resources at 740.351.3481. In addition you must provide a reason(s) that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason(s) to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan(s);
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and obtain a copy of; or,
- Is accurate and complete.

If your request to amend protected health information is denied, you may request that the denial be reviewed.

Right to Request Confidential Communications: You have the right to request that you receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, you may wish to not have messages left on voice mail or sent to a particular address. We will accommodate all reasonable requests for confidential communications.

You must request confidential communications in writing by completing a *Request for Confidential Communications form* online at <http://www.shawnee.edu/offices/payper/index.html> or by calling Human Resources at 740.351.3481 or by mailing such form to Shawnee State University, Human Resources, Administration Building, Room 021, 940 Second Street, Portsmouth, OH 45662.

Right to Accounting or List of Disclosures: You have the right to receive an accounting of certain disclosures made by us of your protected health information on or after April 14, 2004, where such disclosure was made for any purpose other than treatment, payment, or health care operations, or for certain other exceptions. Requests must be made in writing by submitting the *Request for an Accounting of Certain Disclosure of PHI form* available online at <http://www.shawnee.edu/offices/payper/index.html> or by requesting this form by calling Human Resources at 740.351.3481.

Right to Request Restrictions: You have the right to request a restriction or limitation on certain uses and disclosures of your protected health information made by us for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. We will agree to your requests that, in our judgment, are reasonable.

To request restrictions you must make your request in writing by submitting a *Request to Restrict Uses and Disclosures of PHI* online at <http://www.shawnee.edu/offices/payper/index.html> or by requesting this form by calling Human Resources at 740.351.3481.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our web site at <http://www.shawnee.edu/offices/payper/index.html>. To obtain a paper copy of this Notice contact Human Resources at 740.351.3481 or by email to HIPAA@shawnee.edu

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and make new provisions effective for all protected health information we maintain. We reserve the right to make the revised or changed privacy practices effective for protected health information we already have about you as well as any information we receive in the future. We will post a current Privacy Practices Notice on the Human Resources website. The Notice will contain its effective date on the first page in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint within 180 days of when you know or should have known that the act or omission complained of occurred to the Privacy Official, Human Resources, Shawnee State University, Administration Building, Room 021, Portsmouth, OH 45662. A *Privacy Complaint* form is available online at <http://www.shawnee.edu/offices/payper/index.html> for this purpose.

You may also file a complaint within 180 days of violation of your rights with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201; the toll-free phone number is 1.877.696.6775. There will be no retaliation for filing a complaint.

HOW TO CONTACT US AND OBTAIN COPIES OF FORMS AND PRIVACY NOTICE

You may contact our representatives as follows:

Privacy Officer for HIPAA Compliance

Human Resources
Administration Building, Room 021
Shawnee State University
940 Second Street
Portsmouth, OH 45662
740.351.3398

Privacy Contact Area for HIPAA Privacy Rules

Human Resources
Administration Building, Room 021
Shawnee State University
940 Second Street
Portsmouth, OH 45662
740.351.3464

Employee Claims and Health Records Representative

Human Resources Representative, Benefits
Administration Building, Room 021
Shawnee State University
940 Second Street
Portsmouth, OH 45662
740.351.3481

Copies of the Notice of Privacy Practices and all related documents may be obtained by mailing a request to Human Resources, Shawnee State University, 940 Second Street, Portsmouth, OH 45662, by calling 740.351.3481, or online at <http://www.shawnee.edu/offices/payper/index.html>