



NOTICE OF PRIVACY PRACTICES

Effective Date: 04/14/03

Revised Date: 05/04/17

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.

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact the Privacy Officer at The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 1007, Columbus, OH 43202 or Customer Service at (614) 292-4700.

WHO IS COVERED BY THIS NOTICE

The terms of this Notice apply to The Ohio State University Health Plan, Inc. (“Health Plan”), which is participating in an Organized Health Care Arrangement with The Ohio State University Wexner Medical Center. This Notice describes how we use or disclose your Protected Health Information (“PHI”).

This Notice also describes your rights to access and control your PHI. This Notice does not apply to disability benefits, life insurance, or any non-health plans or benefits.

PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health or condition, in the past, present or future.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to maintain the privacy of our members’ PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to notify affected individuals following a breach of unsecured PHI. 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 as necessary and to make the new Notice effective for all PHI maintained by us. Copies of revised notices will be mailed to all members then covered by the Health Plan and copies may be obtained by mailing a request to the Privacy Officer at The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 1007, Columbus, OH 43202.

USES AND DISCLOSURES OF YOUR PHI

Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose, unless you have signed a form authorizing the use or disclosure of such PHI. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions; we may not use or disclose your PHI for marketing without your authorization. We may not sell your PHI without your authorization. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Highly Confidential Information. Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, Treatment and referral; (4) about HIV/AIDS testing, diagnosis or Treatment; (5) about sexually transmitted disease(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about sexual assault; or (9) In vitro Fertilization (IVF). For any of the foregoing, we must obtain your written authorization for any use or disclosure, except to carry out certain treatment, payment, or health care operations. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

Disclosures for Treatment. We will make disclosures of your PHI as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain parts of your PHI that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your PHI as necessary for payment purposes. 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.

Uses and Disclosures for Health Care Operations. We will use and disclose your PHI as necessary, and as permitted by law, for our health care operations that include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, reinsurance, compliance, auditing, rating and other functions related to your health benefits plan. We may also disclose your PHI to another health care facility, health care professional, or health plan for things such as quality assurance and case management, but only if that facility, professional or plan also has or had a patient relationship with you. We are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI 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 PHI with such individuals without your approval.

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

Other Health-Related Products or Services. We may from time to time use your PHI 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 PHI 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.

Research. In limited circumstances, we may use and disclose your PHI for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research, or by representations of the researchers that limit their use and disclosure of member information.

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

- We may disclose your PHI for any purpose required by law;
- We may disclose your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may disclose your PHI as required by law if we suspect child abuse or neglect; we may also disclose your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may disclose your PHI 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 disclose your PHI 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 disclose your PHI to the Ohio State University, the plan sponsor of the Health 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 non-health employee benefit determinations or in any other manner not permitted by law;
- We may disclose your PHI if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such release);

- We may disclose your PHI to law enforcement officials for law enforcement purposes, including reporting wounds and injuries and crimes;
- We may disclose your PHI to medical examiners, coroners and/or funeral directors consistent with law;
- We may disclose your PHI if necessary to arrange an organ, eye or tissue donation from you or a transplant for you;
- We may disclose your PHI under certain circumstances and consistent with applicable law and standards of ethical conduct, if we believe it necessary to avert or lessen a serious threat to the health or safety of a person or the public;
- We may disclose your PHI if you are a member of the military as required by armed forces services; we may also disclose your PHI if necessary for national security or intelligence activities;
- We may disclose your PHI to a correctional institution or to law enforcement officials under certain circumstances, if you are an inmate of a correctional institution or under the custody of a law enforcement official; and
- We may disclose your PHI 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

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain about you. All requests for access must be made in writing and signed by you or your authorized representative. A fee may be charged for copying and postage. If the Health Plan denies access to your information, in part or in whole, it will notify you in writing. The denial will include the reason for the denial, your review rights (if applicable), and information on how to file a complaint. ***You may obtain an access request form online at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling Customer Service at (614) 292-4700.***

Amendments to Your PHI. You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary. The Health Plan may deny your request if you ask the Health Plan to amend information that: is not part of the protected health information kept by or for the Health Plan; was not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If the Health Plan denies

the request, you may file a written statement of disagreement with the Health Plan. ***You may obtain an amendment request form online at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling Customer Service at (614) 292-4700.***

Confidential Communications. We may communicate with you regarding your claims, premiums, or other services connected with the Health Plan. You have the right to request that you receive communications regarding your PHI 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. Confidential Communications request forms are available online at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling Customer Service at (614) 292-4700. You may request these confidential communications in writing by sending your request form to the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 1007, Columbus, OH 43202.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI for the six years prior to your request or as otherwise required by law. Requests must be made in writing and signed by you or your representative. Accounting request forms are available online at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling Customer Service at (614) 292-4700.

Right to Notice of Breaches of Unsecured Protected Health Information. The Health Plan is required to provide you with notice of breaches of your unsecured protected health information.¹

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI made by us for treatment, payment or health care operations by notifying us of your request for a restriction in writing. A restriction request form can be obtained online at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling Customer Service at (614) 292-4700. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed to restriction by sending such termination notice to the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 1007, Columbus, OH 43202. Generally, you have the right to require a health care provider to restrict the disclosure of your PHI to us. However, to obtain such a restriction, you would need to pay your health care provider in full for services and supplies because the restriction would prevent us from making payments on your behalf to your health care provider.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 1007, Columbus, OH 43202. You can access a complaint form online at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling Customer Service at (614) 292-4700. You may also file a complaint with the Secretary of the U.S. Department of

¹ 45 CFR 164.520(b)(1)(v)(A) (1.25.2013).

Health and Human Services in Washington DC in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Revisions to the Notice. The Health Plan reserves the right to change the terms of this Notice and to make the new Notice effective for all protected health information maintained by the Health Plan. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, the Health Plan's duties, or other practices stated in this Notice. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new Notice in which the material change is reflected.

As a member, you retain the right to obtain a paper copy of this Notice, even if you have requested such copy by e-mail or other electronic means.