



**THE OHIO STATE UNIVERSITY**

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HEALTH PLAN

## Notice of Privacy Practices

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**Effective Date:** April 14, 2003

**Revised Date:** February 13, 2026

**OSU Health Plan, Inc.**  
**Privacy & Compliance**

**Privacy Officer:**

Daniel E. Muhlbach, MHA  
700 Ackerman Road, Suite 1007  
Columbus, OH 43202  
Daniel.Muhlbach@osumc.edu



**Your Information.  
Your Rights.  
Our Responsibilities.**

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.**

**Your  
Rights**

**You have the right to:**

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

► **See page 3** for more information on these choices and how to exercise them

**Your  
Choices**

**You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

► **See page 3** for more information on these choices and how to exercise them

**Our Uses &  
Disclosure**

**We may use and share your information as we:**

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law, including addressing workers' compensation, law enforcement, and other government requests

► **See pages 3 and 4** for more information on these uses and disclosures



**Organized Health Care Arrangement**

The Ohio State University Health Plan (“OSUHP”) participates in an Organized Health Care Arrangement (“OHCA”) with The Ohio State University Wexner Medical Center. We will share PHI with each participant in the OHCA for treatment, payment, or health care operations relating to the purposes of the OHCA, including to enhance patient experience and outcomes, improve care coordination, reduce healthcare costs, and support other value-based care initiatives.

**Who does this notice apply to?**

The terms of this notice apply to OSUHP and its plan participants and their dependents. This notice does not apply to disability benefits, life insurance, or any non-health plans or benefits.

**What is the purpose of this notice?**

This notice describes how we use or disclose your protected health information (PHI), which 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. This notice also describes your rights to access and control some uses and disclosures of your PHI.



**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

**Get a copy of your health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete
- In some instances, we may say “no” to your request, but we will tell you why in writing within 60 days of your request

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- We will consider all reasonable request and must say “yes” if you tell us you would be in danger if we do not

**Ask us to limit what information we use or share**

- You can ask us **not** to use or share certain health information for treatment payment, or our operations
- We are not required to approve your request, and we may say “no” if it would affect your care

**Get a list of those with whom we have shared your information**

- You can ask for a list (or “accounting”) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain disclosures (such as any you asked us to make). We will provide one accounting per year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months
- Requests must be made in writing and signed by you or your authorized representative. Accounting request forms are available at <https://osuhealthplan.com/health-plan-tools/forms-policies> or by calling OSUHP Customer Service at (614) 292-4700

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly

**Choose someone else to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information
- We will make sure the person has this authority and can act for you before we take any action relating to your health information

**File a complaint if you feel your rights are violated**

- You can submit a complaint if you feel we have violated your rights by contacting us using the information at the top of Page 1
- You can also file a complaint with the Department of Health & Human Services (HHS) Office for Civil Rights (OCR) by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

*NOTE: We will not retaliate against you for filing a complaint*

## Your Choices

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions to the extent possible.

**In these cases, you have both the right and the choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for the care you receive
- Share information in a disaster relief situation

*Note: If you are unable to tell us your preference (for example, if you are unconscious) we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Uses & Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with providers who are treating you
- We will make disclosures of your PHI as necessary for your treatment

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.**

*Example: We use health information about you to develop better services for you*

**Pay for your health care services**

- We can use and disclose your health information as we pay for your health services

*Example: We share information about you with your provider to schedule a procedure*

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations, such as:</p> <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• In limited circumstances, we may disclose your PHI for research purposes. For example, a research organization may wish to compare the outcomes of patients with different insurance types and will need to review records that we hold</li><li>• In all cases where your direct authorization has not been obtained, your PHI will be protected by strict confidentiality</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health &amp; Human Services (HHS) if it wants to see that we are complying with federal privacy law</li></ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations</li><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies</li></ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions, such as military, national security, and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena</li></ul>

## Substance Use Disorder (SUD) Treatment Records

If OSUHP receives or maintains any information about you from a 42 CFR Part 2 covered SUD treatment program through a consent you provide to the Part 2 Program to use and disclose your records for the purposes of treatment, payment or health care operations, OSUHP may use and disclose your Part 2 records for treatment, payment or health care operations, as described in this Notice. If OSUHP receives or maintains your Part 2 Program records through a specific consent provided to us by you, a Part 2 Program or another third party, we will use and disclose your Part 2 Program records only as expressly permitted by the consent provided to us. OSUHP will never use or disclose your Part 2 Program records, or testimony that describes the information contained in those records in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your consent or by court order following any required notices and an opportunity to be heard. You have the right to revoke this consent in writing at any time, except to the extent that OSUHP has acted in reliance upon it.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI)
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind
- For more information, see:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

### Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website ([www.osuhealthplan.com](http://www.osuhealthplan.com)) and we will mail a copy to you

**For questions relating to this notice, or for other privacy-related concerns, contact the OSUHP Privacy Officer:**

Daniel E. Muhlbach  
700 Ackerman Road, Suite 1007, Columbus, OH 43202  
[Daniel.Muhlbach@osumc.edu](mailto:Daniel.Muhlbach@osumc.edu)

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# DISCRIMINATION IS AGAINST THE LAW

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-264-1552, Access Code# 80014189.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-264-1552, Código de acceso # 80014189.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-264-1552，访问代碼 # 80014189

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-264-1552, Zugangscode # 80014189.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 008 462 2551. رمز الدخول 98141008

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-800-264-1552, Toegangscod # 80014189.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-264-1552, Код доступа # 80014189.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-264-1552, Code d'accès # 80014189.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-264-1552, mã số truy cập # 80014189.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-264-1552, Access Code# 80014189.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-264-1552, 액세스 코드 # 80014189, 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-264-1552, Codice d'accesso # 80014189.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-264-1552，访问代碼 # 80014189，まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-264-1552, Toegangscod # 80014189.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-264-1552, Код доступу# 80014189.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-264-1552, Cod de acces # 80014189.