

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 solely for your information. **You do not need to take any action.** The Oberlin College Health Plan for Faculty and Staff (the "Plan") is maintained by Oberlin College as the Plan Sponsor. CIGNA provides administrative services for the Plan. The Health Plan is required by law to take certain steps to maintain the privacy of your personally identifiable health information and to notify you of its legal duties and privacy practices. Oberlin College understands the importance of keeping your medical and personal information confidential. This notice of privacy practices describes generally how the Plan may use and disclose this personal information to administer your benefits and other purposes that are permitted or required by law, and how we protect the security and confidentiality of your personal information. This notice also explains your rights regarding the information. This notice will become effective on March 01, 2006.

Personal information (referred to in this notice as "PHI") includes medical, financial, demographic and other information about you or your dependents that we obtain in arranging for your health plan coverage or administering your benefits. This notice applies to all of the records that we receive to administer your benefits. Your medical provider(s) has different policies or notices regarding such provider's use and disclosure of your PHI created or used within the provider's office.

We are required by the federal privacy regulations to keep PHI about you private, give you this notice of our legal duties and privacy practices with respect to your PHI, and follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE PERSONAL INFORMATION

In administering your benefits, we obtain PHI about you and your dependents. In performing our duties, we may use and disclose this information in various ways. We have provided you with examples in certain categories, however, not every use or disclosure in a category will be listed. Such uses and disclosures include:

Payment. To process payment of your Plan benefits, we may use and disclose PHI about you in several ways, such as, to determine eligibility, collect premiums, investigate and respond to complaints or appeals, conduct utilization reviews, process a claim for covered services, pay your providers or reimburse you for services or products that you received, including sending an explanation of benefits to the participant. For example, we may upon your provider's request disclose that you are enrolled in the Plan and the benefits available so you may receive services and products.

Health Care Operations. We may use and disclose PHI about you for certain operational, administrative and quality assurance activities. These activities include underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, and performance measurements. We may also combine PHI about many participants to decide what additional services may be covered, what services or products are not needed and the appropriate premium rate to charge. We may remove information that identifies you from the PHI so we may use it to study care delivery without disclosing the identity of specific patients.

Treatment. We may use or disclose your PHI to a health care provider for purposes of providing you with treatment. For example, the Plan may disclose to your specialist the name of your primary care physician so that the specialist may request your medical records from your primary care physician.

Dependents PHI. We may release PHI about your dependents to you. We may provide you with an explanation of benefits for you or any of your dependents.

Additional Uses or Disclosures Without Authorization. We may disclose PHI about you concerning:

- **Public Health or Safety** to address situations as permitted by law, including to report problems with products or product recall notices, threat to public health and safety, including disaster relief effort or national security.
- **Military** as required by military command authorities if you are serving in the military.
- **Organ and Tissue Donation** to assist in organ or tissue donation and transplantation.
- **Lawsuits and Disputes** to respond to a court or administrative order or other lawful process.
- **Law Enforcement** to respond to a federal state or local law enforcement official or to a correctional institution if you are an inmate.
- **Coroners, Medical Examiners**
- **Regulatory or administrative oversight** to state insurance departments, Office of Civil Rights, Department of Health and Human Services and other agencies that regulate us.
- **Plan Administration** to Oberlin College or other health plans and programs in which you are a participant for purposes of coordination of benefits.
- **Contractors** to persons who provide services to us who will be required to protect your PHI.

Disclosures With Written Authorization. Any other disclosures of your PHI by the Plan will be made only with your written authorization, which may be revoked at any time.

Our Confidentiality and Security Practices. It is our policy to restrict employee access to nonpublic personal information about you to those employees who need to know that information in order to administer the Plan. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Minimum Necessary Standard. 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. The "minimum necessary" standard will not apply, however, to certain disclosures, such as disclosures of your PHI to you.

Disclosure As You Request. We may disclose PHI to people involved with your receipt of medical care. In addition, uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission, identified as an authorization. If you provide us with an authorization available online at Oberlin College Human Resources website, you may revoke that permission at any time by contacting us by telephone at 440-775-8430 or e-mail at Privacy.Officer@oberlin.edu or by mail to Oberlin College, Attn: Privacy Officer, c/o Kim Wiggerly, Service Bldg., 2nd Floor, 173 W. Lorain Street, Oberlin, OH 44074. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons stated in your authorization. You understand that we are unable to take back any disclosures we have already made with your permission or disclosures made prior to April 14, 2003.

You have the following rights regarding your PHI:

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that we maintain. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, as allowed by law.

- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information that is contained in a “designated record set,” e.g., information used to make payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment if it is not in writing if it does not include a reason to support the request, if the current information is accurate and complete or if we did not create the information.
- **Right to an Accounting of Disclosures.** You have the right to request a list of our disclosures for purposes other than treatment, payment or health care operations. Your request must state a time period and may not include dates before April 14, 2003.

If you request more than one list in a year, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request to restrict the way we use or disclose PHI regarding treatment, payment, or health care operations. You also have the right to request to restrict the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. In your request, you must tell us (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communication.** You have the right to request in writing that we communicate PHI to you in a certain way or at a certain location. The Plan will accommodate such a request if you provide information that the disclosure of all or part of this information could otherwise endanger you.
- **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 at any time.

You may request any of the above by calling the Oberlin College Privacy Office at 440-775-8430 or submitting the request by e-mail to Privacy.Officer@oberlin.edu.

If you wish to make any of the requests listed above of CIGNA on or after April 14, 2003, you must complete and mail to CIGNA the appropriate form. To obtain the form please visit the website at <http://www.cigna.com/general/misc/privacy.html> and print the appropriate form. Or you can call Member Services at the toll-free number on your CIGNA HealthCare ID card to request the appropriate form. Forms should be mailed to the address printed on the forms. After your signed, completed form is received, CIGNA will respond to your request. You may also call the CIGNA Privacy Office at 800-762-9940, reach it by fax at 850-226-9513, or call the Customer Service number on your health card.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint to the Plan or CIGNA. To file a complaint with the Plan, c/o Oberlin College, call 440-775-8430, e-mail the complaint to Privacy.Officer@oberlin.edu or mail the complaint to Oberlin College, Attn: Privacy Officer, c/o Kim Wiggerly, Service Bldg., 2nd Floor, 173 W. Lorain Street, Oberlin, OH 44074, and include your name, address, telephone number and the Plan will respond. To file a complaint with CIGNA, mail the complaint to CIGNA HealthCare, Attn: Privacy Officer, P.O. Box 5400, Scranton, PA 18503, 800-762-9940, Fax 860-226-9513, and include your name, address and telephone number and CIGNA will respond. All complaints must be submitted in writing. You may also contact the Secretary of the Department of Health and Human Services at 233 N. Michigan Avenue, Suite 240, Chicago, Illinois, 60601, voice phone (312) 886-2359, fax (312) 886-1807, TDD (312) 353-5693 or by email to OCRComplaint@hhs.gov.

If you have a complaint about the use or disclosure of your PHI, you may, within 180 calendar days, submit a detailed written description of the problem to the contact person specified above. Please include your name, address, telephone number, and the approximate date regarding the complaint.

No one may retaliate against you in any way because you have filed a complaint.

CHANGES TO THIS NOTICE

We may change the terms of this notice and our privacy policies. If we make such changes, the new terms and policies will apply to all PHI from March 01, 2006 and forward that we maintain. If we make material changes, we will send a new notice to participants. We will post a copy of the current notice on the Oberlin College HR website.

If you have any questions regarding this notice, please call the Oberlin College Privacy Office at 440-775-8430 or send a message by e-mail to Privacy.Officer@oberlin.edu, or you may contact CIGNA, Attn: Privacy Officer, P.O. Box 5400, Scranton PA 18503. Please include your name, address and telephone number.

EFFECT OF THIS NOTICE

The Plan is required to abide by the terms of this Notice currently in effect. The Plan, however, reserves the right to change the terms of the Notice and the new Notice provisions may be made effective with respect to all PHI maintained by the Plan at such time. If the Plan does not make such a change, the Plan will notify affected individuals by distributing a revised version of this Notice within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan, or other privacy practices stated in this Notice.

The use of PHI is governed by a Federal law known as the Health Insurance Portability and Accountability Act of 1996, or "HIPAA." These rules are at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize portions of the HIPAA regulations; the regulations will supersede any discrepancy between the information in this Notice and the regulations.