

OBERLIN

COLLEGE & CONSERVATORY

Department of Human Resources

HIPAA NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS CAREFULLY

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION OF GROUP HEALTH PLANS OF OBERLIN COLLEGE & CONSERVATORY

This notice is solely for your information. **You do not need to take any action.** The Oberlin College Health Plan for Faculty and Staff and retirees (the “Plan”) is self-insured by Oberlin College as the Plan Sponsor. MEDICAL MUTUAL OF OHIO 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 explains your rights regarding the information. The effective date of this notice is March 1, 2006, revised on October 8, 2018.

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 federal privacy regulations to keep PHI about you private and give you this notice of our legal duties and privacy practices with respect to your PHI. The Plan reserves the right to make the new changes apply to all your health information maintained by the Plan before and after the effective date of the new notice.

When will a Plan use or disclose your medical or health information without your consent or authorization. The following categories describe when a Plan may use or disclose your medical or health information without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

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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.

Payment: For example, the Plan may use or disclose your health information to determine eligibility or plan responsibility for benefits; confirm enrollment and coverage; 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.

Health Care Operations: We may use and disclose PHI about certain operational, administrative and quality assurance activities. These activities include underwriting and rating of the plan, audits of your claims, quality 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.

Health Services: We may use and disclose Health Information to contact you with information about treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

Our Confidentiality and Security Practices: It is our policy to restrict employee access to nonpublic personal information about you to those employees who need

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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.

To the Plan Sponsor: We will not use or disclose PHI obtained as the Plan Sponsor, for employment related actions and decisions or in connection with any other benefit or employee benefit plan of Oberlin College. We will not use or further disclose any PHI except as permitted or required to carry out our responsibilities as Plan Sponsor. We will use PHI as needed to carry out our responsibilities as the Plan Sponsor of the Group Health Plans, provide such uses and disclosures are consistent with the requirements of HIPAA. We will make the information available when required for an account of disclosures. 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. If there is non-compliance with the required commitments to the Plan, the issue of noncompliance will be brought to the attention of the Privacy Officer.

As Required by Law: The Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example: to the US Department of Health and Human Services to audit Plan records; as authorized by state workers’ compensation laws; to comply with legal proceedings, such as a court or administrative order or subpoena; to law enforcement officials for limited law enforcement purposes; to governmental agency authorized to oversee the health care system or government programs; to public officials for lawful intelligence, counterintelligence, and other national security purposes; to public health authorities for public health purposes.

The Plan may also use and disclose your health information as follows: To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this; to your personal representatives appointment by you or designated by applicable law; to consider claims and appeals regarding coverage, exclusion, cost and privacy issues; for research purposes in limited circumstances; to a coroner, medical examiner, or funeral director about a deceased person; to an organ procurement organization in limited circumstances, to avert a serious threat to your health or safety or the health or safety of others.

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Other Applicable Laws: The Plan's use and disclosure of your personal health information must also comply with applicable state law and other federal laws besides HIPAA. Under no circumstances will genetic testing information be used for underwriting purposes.

Uses and Disclosures with your Permission: The Plan will not use or disclose your health information for other purposes, unless you give the Plan your written authorization. If you give the Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your Rights: 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 health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for our office. 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 do not create the information.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. Your request must state a time period and may not include disclosures made more than three (3) years before the date of the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains

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solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. The Plan will accommodate reasonable requests but does not have to agree to your request.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

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 by calling the Oberlin College Privacy Office at 440-775-8430 or submitting the request by email to Privacy.Officer@oberlin.edu.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

If you have questions regarding this notice, please call the Oberlin College Privacy Office at 440-775-8430 or send an email to Privacy.Officer@oberlin.edu, or you may contact MEDICAL MUTUAL OF OHIO at Medical Mutual of Ohio P.O. Box 89499 Cleveland, Ohio 44101-6499. Please include your name, address and telephone number.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office at the address listed below, or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

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You may contact our office at:

Oberlin College & Conservatory

Attention: HR/Privacy Officer

173 West Lorain Street, Suite 205 Oberlin, OH 44074

Telephone: (440) 775-8430

Email: Privacy.Officer@oberlin.edu.

The Plan may change the terms of this Notice at any time. If the Plan changes this Notice, the Plan may make the new Notice terms effective for your entire PHI that the Plans maintain, including any information the Plan created or received before we issued the new Notice. If the Plan changes this Notice, the Plan will make it available to you.