

## **WITTENBERG UNIVERSITY WELFARE BENEFIT PLAN**

### **Notice of Privacy Practices for Protected Health Information**

**THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how the Wittenberg University Welfare Benefit Plan (“the Plan,” also referenced herein as “we,” “our” and “us”) uses and discloses your protected health information (“PHI”). PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health condition, in the past, present or future. This notice also describes your rights to access and control your PHI.

The terms of this Notice apply to Plan participants as related to participation in medical/prescription, dental, and/or vision benefits under the Plan, as well as participation in the Plan’s health flexible spending account program, health savings account program, and any other component health benefits that are part of the Plan. Under no circumstances will the terms of this Notice apply to any non-health component benefit under the Plan (such as disability insurance or life insurance).

We are required by federal law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to your 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 as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the Notice effective for all PHI maintained by us. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our 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.

Wittenberg University, as Plan Sponsor, contracts with claims administrators, insurers and other third parties to provide the Plan with services. The activities of the Plan, as described in this Notice, include the activities of these third parties when performing services for the Plan. PHI may be shared among the components of the Plan and the third parties providing services for the components of the Plan in the course of treatment, payment and Plan operations.

When their services involve the use of PHI, the third parties will be required to perform their duties in a manner consistent with this Notice. However, a third party providing a fully insured benefit (for example, vision and dental benefits under the Plan) or an employee assistance program may give you a separate notice of privacy practices describing its privacy practices. If so, the third party will follow its own privacy practices to the extent those practices are more restrictive (i.e., more protective of your privacy) than those described in this Notice.

Copies of revised Notices will be e-mailed to you and posted to the university intranet. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

## Uses and Disclosures of Your Protected Health Information

**Authorization.** We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose PHI to anyone for any purpose. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time** by sending a written request for revocation to the Privacy Official at Wittenberg University, Human Resources Department, P.O. Box 720, Springfield, OH 45501.

**Disclosure for Treatment:** We may use or disclose your PHI as necessary to facilitate your medical treatment or services by providers. For instance, a doctor or health care facility involved in your care may request your PHI in our possession to assist in your care.

**Uses and Disclosures for Payment.** We will use and disclose your PHI as necessary to determine and pay for covered services. For instance, we will use your PHI to process or pay claims, for subrogation, to perform a hospital admission review to determine whether services are for medically necessary care or to perform a prospective review. We may also forward your PHI to another health plan in order for it to process or pay claims on your behalf. The Plan may mail explanation of benefits (EOB) forms and other information to the member at the address it has on record for the member.

**Uses and Disclosures for Health Care Operations.** We may use and disclose your PHI as necessary for our own Plan operations. Operational activities include, but are not limited to the following activities: quality assessment and improvement activities, activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of the Plan. For example, we may use PHI to provide disease management programs for participants with specific conditions, such as diabetes, asthma, or heart failure. Other operational activities requiring use and disclosure of PHI include administration of stop loss coverage; legal, actuarial; and audit services; business planning and cost management; detection and investigation of fraud; administration of pharmaceutical activities, including data and information systems management and customer service. The Plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

**Other Health-Related Uses and Disclosures.** We may also use and disclose your PHI to send you treatment reminders for services, such as mammograms or prostate cancer screenings. Also, we may use or disclose your PHI to give you information about alternative medical treatments and programs or health-related products and services that may be of interest to you. For example, we might send you information about smoking cessation or weight-loss programs.

**Plan Sponsor.** To determine if and when you and your family members are covered by the Plan, we may disclose your PHI to Wittenberg University, the Plan Sponsor. The Plan will also periodically disclose PHI to Wittenberg University so that designated employees can assist participants with benefits questions, problems and appeals; perform financial planning and projections; monitor the performance of third parties; and oversee and assist with the

administration of the Plan. Wittenberg University will only use the PHI for these purposes or as authorized by you or as required by law.

**Business Associates.** Certain aspects and components of our services are performed by outside people or organizations pursuant to contracts. It may be necessary for us to disclose your PHI to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your PHI.

**Family, Friends and Personal Representatives.** With your approval, we may disclose to family members, close personal friends, or another person you identify, your PHI relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls the Plan with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the Privacy Official.

**Other Uses and Disclosures.** We are permitted by law to use or disclose your PHI, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, to prevent or control disease, injury, or disability; to report vital events such as birth or death; to conduct public health surveillance, investigations, and interventions; or to notify a person who has been exposed to a communicable disease);
- To a governmental authority, if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal investigations, inspections or disciplinary or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for indentifying or locating suspects, witnesses or missing people);
- To coroners, medical examiners and funeral directors to carry out their duties consistent with applicable law;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities, if you are a member of the armed forces, for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all applicable state and federal laws or regulations that provide additional privacy protections, if any. We will only use or disclose AIDS/HIV- related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by applicable state and federal laws or regulations.

## **Your Rights**

**Right to a Personal Representative.** You may identify a person to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health

Care if it allows such person to act when you are unable to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our judgment, we determine that it is not in your best interest.

**Restrictions on Use and Disclosure of your PHI.** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment and Plan operations. You also have the right to request restrictions on disclosure to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to:

For any requests regarding medical, prescription and vision benefits:  
Anthem Blue Cross and Blue Shield Medical: 833-363-1429  
Anthem Blue Cross and Blue Shield Pharmacy: 833-267-2133  
Anthem Blue View Vision: 866-723-0515

For any requests regarding dental benefits:  
Superior Dental Care: 800-801-4915  
6683 Centerville Business Parkway  
Centerville, OH 45459

For any requests regarding the health flexible spending account or health savings account programs:  
Chard Snyder: 800-982-7715

Although the Plan will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or Plan operations, and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. To request such restrictions, please contact the applicable vendor noted above. If your request for a restriction is granted, you will receive a written acknowledgment from the vendor.

**Receiving Confidential Communication of Your PHI.** You may request that when the Plan sends communications to you that contain PHI (e.g. an EOB), it sends them to you by alternative means or to an alternative location. A request must include the alternative location (e.g., fax number, address, etc.) to which you would like the Plan to send the information. The Plan will accommodate reasonable requests in cases where you have stated that normal communications would endanger you. The Plan may but is not required to accommodate other requests. To request an alternate method of communication, you must send a written request to the vendor noted above.

**Access to Your PHI.** You have the right to inspect and/or obtain a copy of your PHI we maintain in your designated record set at a reasonable time and place. To request access to your information, you must send a written request to the applicable vendor noted above. If you request a copy of such PHI, we may charge reasonable copying, processing, and personnel fees. If the PHI that is the subject of a request is maintained in one or more designated record sets electronically and if you request an electronic copy of such information, we will provide you with access to the PHI in the electronic form and format requested if readily producible in such form and format; or, if not, in a readable electronic form and format as agreed upon by you and us.

**Amendment of Your PHI.** You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing to the applicable vendor noted above. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting amendment to are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of a written statement from you and may not include changing, defacing or destroying any necessary information related to your health care or payment for that care.

**Accounting of Disclosures of Your PHI.** You have the right to receive an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the applicable vendor noted above. The request must specify the time period for the accounting. Accounting requests may not be made for periods of time in excess of six (6) years prior to the date on which the accounting is requested. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.

**Right to a Paper Copy of This Notice.** You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact the Plan's Privacy Official.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to the Plan's Privacy Official. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201 or call toll-free (877) 696-6775, by e-mail to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, Voice Phone (312) 886-2359, Fax (312) 886-1807, or TDD (312) 353-5693.

**Contact Persons.** We have designated a Privacy Official as our contact point for all issues regarding Plan privacy and your rights under this Notice. If you have any questions regarding this Notice, please contact Wittenberg University, Human Resources Department, P.O. Box 720, Springfield, OH 45501.