



NOTICE of PRIVACY PRACTICES for MEMBERS

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.

You are receiving this Notice of Privacy Practices (Notice) because you are eligible to be covered by the Franklin County Cooperative Health Improvement Program health plan ("Plan", also referred to as "we", "our" or "us"). This Notice describes the Plan's legal obligations and your legal rights regarding your protected health information (PHI) held by the Plan. Among other things, this Notice describes how your PHI may be used or disclosed to carry out treatment, payment or health care operations or for any other purposes that are permitted or required by law. The Plan is required to provide this Notice to you pursuant to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you have questions about this Notice, please contact the Benefits & Wellness Office referenced in the Contact Information at the end of this Notice.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information (PHI). "Protected Health Information" is information:

- (i) that is created or received by health plans, certain health care providers, health care clearinghouses or employers, that relates to:
 - the past, present, or future physical or mental health or condition of an individual;
 - the provision of health care to an individual;
 - or the past, present, or future payment of the provision of health care to an individual; and
- (ii) that either identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

The term excludes certain federally protected education records and employment records held by a health plan, certain health care providers or health care clearinghouses. Also excluded is medical information related to the non-medical components, including disability and life insurance benefits.

This notice applies to PHI about you, your spouse, your domestic partner or any dependent participating in the Plan.

We are obligated to provide you with a copy of this Notice setting forth our legal duties and our privacy practices with respect to your PHI. We must 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 and to make the new Notice provision effective for all PHI that we maintain. If we make a material change to the Notice, a copy of the revised Notice will be mailed to your address on record or distributed by another method.

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USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

The following is a description of when we, or a business associate acting on our behalf, are permitted or required to use or disclose your protected health information (PHI).

- **Treatment.** We may disclose your PHI as necessary for purposes of “treatment”. For example, we may disclose your PHI when a health care provider involved in your treatment requests such information in order to make decisions about your care.
- **Payment.** We may use and disclose your PHI for all activities that are included within the definitions of “payment”. We will use or disclose your PHI to fulfill our responsibilities for coverage and providing benefits as established under your health benefits plan. For example, we may disclose your PHI when a health care provider requests information regarding your eligibility for benefits under the Plan, or we may use your information to determine if a treatment that you received was medically necessary. As another example, we may also use your PHI to process and pay claims and to resolve claims inquiries and disputes.
- **Health Care Operations.** We may use and disclose your PHI for all activities that are included within the definitions of “health care operations”. We will use or disclose your PHI to support our business functions. These functions include, but are not limited to: quality assessment and improvement, case management and care coordination, reviewing and evaluating provider performance, licensing, utilization review and management, underwriting, premium rating, conducting or arranging for medical review, legal services, and auditing functions, and business planning and business development. For example, we may use or disclose your protected health information: (i) to provide you with information about a health and wellness resource or service management tool; (ii) to respond to a customer service inquiry from you; (iii) in connection with fraud and abuse detection and compliance programs, or (iv) to survey you concerning how effectively we are providing services, among other issues.

We will *never* share your information for the following practice:

- Use of genetic information for the purpose of underwriting

We will *never* share your information for the following practices, unless you give us written permission:

- Marketing purposes
- Sale of your information

- **Disclosures to the Plan Sponsor.** We may disclose your PHI to the Plan Sponsor of the Plan.
- **Business Associates.** We contract with service providers – called business associates – to perform various functions on our behalf. For example, we may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI. The business associates may share your PHI with each other to carry out payment and healthcare operations activities. In all cases, we require these business associates to agree in writing to

maintain physical, administrative and technical procedures to protect against the improper use and disclosure of your PHI and to be statutorily liable for the privacy and security of your information. Business Associates performing operational functions of the plan are included in the definition of "we" or "the plan" when they are acting as agents on our behalf.

- **Other Covered Entities.** We may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing. This also means that we may disclose or share your PHI with other health care programs or insurance carriers (such as Medicaid or Medicare, etc.) in order to coordinate benefits, if you or your family members have other health insurance or coverage.
- **Others Involved in Your Health Care.** With your written approval, we may disclose your protected health information to a family member, other relative or friend that is involved in your health care. We may disclose your protected health information to your legal guardian or to your medical power of attorney. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then, using professional judgment, we may determine whether the disclosure of information that is directly related to the situation is in your best interest.
- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.
- **Disclosures to You.** We are required to disclose to you, or to your personal representative who has authority to act on your behalf under applicable law, most of your PHI when you or your personal representative request access to this information. We may ask for you or your personal representative to present identification. We may ask for verification of a personal representative's status and authority. We may elect not to treat a person as your personal representative if (i) we have reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglected by such person, (ii) treating such person as your personal representative could endanger you, or (iii) we determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.
- **Required by Law.** We may use or disclose your PHI to the extent required by law.
- **Public Health Activities.** We may disclose your PHI for public health activities and purposes that are permitted or required by law. For example, we may use or disclose information to a public health authority for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority or other appropriate government authority authorized to receive reports of child abuse or neglect.

- **Regarding Victims of Abuse, Neglect or Domestic Violence.** As required or permitted by law, or upon your agreement, we may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you have been a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and entities subject to civil rights laws.
- **Lawsuits and Other Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your PHI in response to a subpoena, a discovery request, or other lawful process.
- **Law Enforcement.** Under certain conditions, we also may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (i) responding to a court order or similar process; (ii) locating or identifying a suspect, fugitive, material witness, or missing person; or (iii) responding to a law enforcement official's request concerning the victim of a crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner or medical examiners when necessary for identifying a deceased person, determining a cause of death or performing other related duties. Consistent with applicable law, we also may disclose PHI to funeral directors as necessary to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** We may disclose your PHI to researchers under limited conditions provided certain measures are taken to protect the privacy of such information.
- **Preventing a Serious Threat to Health or Safety.** Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military.** Under certain conditions, if you are Armed Forces personnel, we may disclose your PHI for activities deemed necessary by appropriate military command authorities.

- **National Security, Intelligence and Protective Services.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.
- **Correctional Institutions and Law Enforcement Custodial Situations.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety, and the health and safety of others; (iii) law enforcement on the premises of the correctional institution; and (iv) the safety and security of the correctional institution.
- **Workers' Compensation.** We may disclose your PHI to comply with workers' compensation laws and other similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault.
- **Other Uses And Disclosures of Your Protected Health Information**
Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide the Plan with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have previously used or disclosed.
- **Contacting You**
We (or our health plan service providers) may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

The following is a description of your rights with respect to your PHI.

- **Right to Request a Restriction.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations. You also have a right to request a limit on disclosures of your PHI to family members or friends who are involved in your care or the payment of your care. Your request must be in writing and be signed by you or your personal representative. You may obtain a form to request such a restriction by using the Contact Information at the end of this Notice. Your request must be submitted to the Benefit and Wellness Department at the address set forth in the Contact Information at the end of the Notice. We are not required to agree to any restrictions that you request. If we agree to the restriction, we can stop complying with the restriction upon providing notice to you. We also may use or disclose the restricted information in certain circumstances if you are in need of emergency treatment. Your request must include the PHI you wish to limit, whether you want to limit our use, disclosure, or both, and (if applicable), to whom you want the limitations to apply (for example, disclosures to your spouse). You may terminate any agreed-to restriction in writing or orally by providing notice to the Benefit and Wellness Department.

- **Right to Request Confidential Communications.** You may 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 requests. If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you by alternative means or at an alternative location. For example, you may ask that all communications be sent to an alternate address or through an alternate means. Your request must be in writing and be signed by you or your personal representative. You may obtain a form to request a confidential communication by using the Contact Information at the end of this Notice. Your request must be submitted to the Benefit and Wellness Department at the address set forth in the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger.

- **Right to Obtain a Copy of Health and Claims Records.** You have the right to see or get a copy of your health and claims records and other health information we have about you. Your request must be in writing and signed by you or your personal representative. You may request a copy of records by contacting the Benefits & Wellness Office at the Contact Information indicated at the bottom of this notice. For your convenience, you may obtain an record request form using the E-mail address at the bottom of this notice. 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.

- Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to the information. Depending on the circumstances, you may have a right to have a decision to deny access reviewed.

- **Right to Request an Amendment.** You have the right to request an amendment of your PHI held by us if you believe that information is incorrect or incomplete. Your request must be in writing and be signed by you or your personal representative. You may obtain a form to request such amendment by contacting the Benefits & Wellness Office using the Contact Information at the end of this form. Your request must set forth a reason(s) in support of the proposed amendment. In certain cases, we may deny your request for an amendment. If so, we will advise you of the denial and the reason within 60 days. For example, we may deny your request if the information you want to amend is accurate and complete or was not created by us. If we deny your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

- **Right to Request an Accounting of Disclosures.** You have the right to request an accounting (list) of certain disclosures we have made of your PHI. (This right does not extend to disclosures that were made to you, that were made for purposes of treatment, payment or health care operations, or that were made pursuant to an authorization.) Your request must be in writing and signed by you or your personal representative. You may obtain an accounting request form by contacting the Benefits & Wellness Office.

Your request must be submitted to the Benefits & Wellness Office using the information at the end of this Notice. You can request an accounting of disclosures made up to six years prior to the date of your request. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover our costs for additional requests within that twelve-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to Receive a Privacy Breach Notice.** You will receive written notification if we discover a breach of unsecured PHI, requiring such notification. We follow all HIPAA requirements when determining if such a breach has occurred.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain such a copy, please contact the Benefits and Wellness Department using the Contact Information at the end of this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer in the Data Center at 373 S. High St., 9th Floor, Columbus, OH 43215. All complaints made to us must be in writing and be signed by you or your personal representative. Your written complaint to us must be submitted to the Privacy Officer at the address set forth above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W., Washington, D.C. 20201 or by calling **1-877-696-6775**, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Your complaint to the Secretary must be in writing and must be filed within 180 days of when you knew or should have known of the violation, unless the Secretary waives this time limit. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

To obtain or file any form described above or to obtain more information, please contact:

Franklin County Cooperative Health Improvement Program
Franklin County Human Resources – Benefits & Wellness Office
373 S. High Street, 25th Floor
Columbus, OH 43215

Local Telephone: **614.525.5750**

Fax: **614.525.5515**

Email: Benefits@franklincountyohio.gov

Website: <http://BeWell.franklincountyohio.gov>

For additional information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

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