



## HIPAA Privacy Notice – Detail

*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 describes your Group Health Plan (the "Plan") policies with respect to the privacy of each person's medical and health information.

The Plan and myCafeteriaPlan (the "Company") are committed to keeping each person's medical and health information confidential and secure. In addition, the Plan is required by law to take reasonable steps to ensure your protected health information, as defined below, remains private.

The Plan collects a variety of medical and health information. Some of this information is provided by the person on the enrollment form and other correspondence between the Plan and the person. The Plan also receives health and medical information from others such as the person's physician, other medical providers and insurance companies.

The Plan treats all personal information securely and confidentially. The Plan limits access to this information to only those individuals who need this information to administer the Plan. These individuals are trained on how important it is to safeguard this information and they must comply with all applicable laws and the Plan's own procedures governing confidentiality. The Plan maintains strict physical, electronic and procedural security standards to protect personal information and the Plan also has established and maintains internal procedures to ensure the integrity and accuracy of such information.

The Plan is required by law to maintain the privacy of the person's protected health information. The law also requires the Plan to provide individuals with notice of Plan's legal duties and privacy practices with respect to protected health information. The Plan is required to comply with the terms of this notice.

Protected health information is defined as information that is created or received by the Plan and relates to the past, present or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant.

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### ***Uses and Disclosures of Protected Health Information***

The Plan may use and disclose protected health information in the following ways:

**Uses and Disclosures for Payment** – The Plan may use and disclose protected health information about you to determine your eligibility for Plan benefits and to pay claims for the treatment and services you have received from various providers. The Plan also may use and disclose your

protected health information to coordinate Plan coverage and determine benefit responsibility. For example, the Plan may disclose your protected health information to your health care provider regarding your medical history to determine if a particular treatment is experimental, investigational or medically necessary or to determine if the treatment or services are covered under the Plan. The Plan also may share your protected health information with a utilization review or pre-certification service provider. Additionally, the Plan may forward protected health information to another entity to help the Plan process and pay claims, coordinate and/or subrogate benefits and claims.

**Uses and Disclosures for Health Care Operations** – The Plan may use and disclose protected health information about you for other Plan operations. These uses and disclosures are necessary to operate the Plan. For example, the Plan may use medical information to perform quality assessment and improvement activities, underwriting, premium rating and other activities relating to Plan coverage. The Plan also may use your protected health information when submitting claims for stop loss coverage, when conducting medical reviews, obtaining legal and auditing services. In addition, your protected health information may be used to help detect fraud and abuse as well as being used for business planning and development such as cost and business management and general Plan administrative activities.

**Uses and Disclosures Required by Law** – The Plan will disclose your protected health information when required by Federal, State or Local law. For example, the Plan will disclose your protected health information when required by court order or in a lawsuit involving medical malpractice.

**Uses and Disclosures to Avert Serious Threat to Health and Safety** – The Plan may use and disclose your protected health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such use and disclosure would be to someone able to help prevent the threat. For example, the Plan may disclose protected health information in a licensing proceeding for a physician.

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### ***Other Situations***

**Disclosure to the Company** – Your protected health information may be disclosed to another Company sponsored health plan to help facilitate the payment of claims under that other health plan. The protected health information also may be disclosed to certain Company associates so that they can administer the Plan or another Company sponsored health plan.

**Family and Friends Involved In Your Care** – The Plan may, with your approval, disclose, from time to time, your personal health information to designated family, friends and others who are involved in your care or in payment for your care to help facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated or have an emergency medical situation and the Plan determines that limited disclosure maybe in your best interest, the Plan may share limited personal health information with such individuals without your approval. The Plan also may disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts so that entity can locate a family member or other person that may be involved in some aspect of caring for you.

**Disclosure for Organ and Tissue Donations** – If you are an organ or tissue donor the Plan may release your protected health information to organizations that handle organ and tissue procurement or transplants.

**Disclosure for Military and Veterans** – If you are in the armed forces the Plan may disclose your protected health information as required by the military command.

**Disclosure for Workers' Compensation** – The Plan may disclose your protected health information for workers' compensation and similar programs that provide benefits for work related injuries and illness.

**Disclosure of Public Health Risks** – The Plan may disclose protected health information for public health activities. These activities include:

- To prevent or control disease, injury or disability;
- To report deaths and births;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify individuals of product recalls;
- To notify an individual who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- To notify the appropriate authorities if there is reason to believe a person has been the victim of abuse, neglect, or domestic violence. This type of disclosure will only be made if the person agrees to the disclosure or when the disclosure is required by law.

**Disclosure for Health Oversight Activities** – The Plan may disclose protected health information to a health oversight agency as authorized by law. The disclosure is necessary for the government to monitor health care systems, government programs and compliance with various laws. The protected health information may be used for audits, investigations, inspections and licensure.

**Disclosures for Lawsuits and Other Disputes** – If you are involved in a lawsuit or other type of dispute the Plan may disclose protected health information in response to a court or administrative order. The protected health information also may be disclosed in response to a subpoena, discovery request or any other lawful process by someone involved in the lawsuit or dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Disclosure for Law Enforcement** – The Plan may release protected health information if requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify a crime victim if, under certain circumstances, the Plan is unable to obtain the person's consent;
- Disclosure to report a death if criminal activity is suspected;
- Disclosure if criminal activity is suspected with a medical provider; and
- In an emergency to report a crime, the location of the victim(s) or to help identify the person who may have committed the crime.

**Disclosure to Medical Examiners, etc** – The Plan may disclose protected health information to a coroner, medical examiner, funeral director so that they may carry out their duties such as identifying the person or determining the cause of death.

**Disclosures for Miscellaneous Reasons** – The Plan may disclose protected health information for national security reasons as required by law or for other reasons like providing information for the treatment of inmates.

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### ***Your Rights Regarding Your Protected Health Information***

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy** – You have the right to inspect and copy your protected health information held by the Plan. All requests must be in writing on an approved form and must be submitted to the Privacy Officer at the address listed below. The Plan will respond to your request within thirty days if the Plan has the information available on site and within sixty days of your request if the Plan has to retrieve the information off site. The Plan may request up to an additional thirty days to gather the information. If the Plan does not have the information, the Plan will advise you where you can obtain the information if the Plan knows where the information is located.

There may be a charge associated for copying, mailing, etc. your protected health information.

Under certain limited circumstances your request to review and copy your protected health information may be denied. For example, the law states an individual does not have the right to review and copy psychotherapy notes and information compiled in anticipation of a lawsuit. If your request is denied, you will be notified, in writing, why the request was denied, how you can appeal the decision and a copy of the Plan's complaint procedures.

**Right to Amend** – If you believe the Plan's medical information about you is not correct or is incomplete, you may ask the Plan to amend the information by contacting the Privacy Officer, in writing, and stating why you believe the information should be amended. The Plan may deny your request to amend the information if you do not state why you want the information amended or if you refuse to supply the Plan with information it needs to determine if the amendment should be made. In addition, the Plan may refuse to amend the information if:

- The information is not part of the Plan's medical information;
- The information was not created by the Plan unless the person or entity that created the information is no longer available to make the amendment;
- The information is not part of the information which you are permitted to inspect and copy;  
or
- Is complete and accurate.

You have the right to request the Plan amend your medical information for as long as the Plan maintains that information. The Plan will respond to your request to amend your protected health information within sixty days unless the Plan requests an additional thirty days to respond to your request.

If your request is denied, you will be notified, in writing, why the request was denied, how you can appeal the decision and a copy of the Plan's complaint procedures.

**Right to an Accounting** – You have the right to request an accounting of certain disclosures of your protected health information. Your request must be in writing on an approved form and must be submitted to the Privacy Officer. The request must state the time period which can not be before April 14, 2003, and can not be for more than six years. You must identify the format (i.e. paper or electronic) in which you want the information. If you request this information within twelve months of a previous request, the Plan may charge to process your request.

The Plan is not required to provide you an accounting of disclosures that were made for purposes of treatment, payment or health care operations.

The Plan will respond to your request within sixty days unless the Plan requests an additional thirty days to respond to your request. If your request is denied, you will be notified, in writing, why the request was denied, how you can appeal the decision and a copy of the Plan's complaint procedures.

**Right to Request Restrictions** – You have the right to request the Plan place restrictions or limitations on your protected health information use or disclosures for treatment, payment or health care operations. You also have the right to request a limit on the medical information disclosed to someone who is involved with your care or payment for your care, like a family member or friend. If you would like to restrict or limit the disclosure of your protected health information you must submit a request to the Privacy Officer on an approved form that lists:

- What information you want limited;
- Whether you want to limit the use and disclosure of the information; and
- Who you want the restrictions to apply to (e.g. a spouse).

Please note that the Plan is not required to honor your request to limit or restrict the use or disclosure of your protected health information.

**Right to Request Confidential Communications** – You have the right to request that all communications regarding your protected health information be in a certain format or be at a certain location. For example, you may request that the communication be mailed to your work. To request confidential communications you must submit your request on an approved form to the Privacy Officer. The Plan will accommodate all reasonable requests and the Plan will not ask why you are making the request.

**Right to a Paper Copy of this Notice** – You are entitled to a paper copy of this notice at any time. To request a copy of this notice, please contact the Privacy Officer.

**Rights Regarding Personal Representatives** – You may exercise any of your rights listed in this notice through a personal representative. You must designate your personal representative on an approved form that you can obtain from the Privacy Officer. The Plan retains the right to deny access of your protected health information to your personal representative if the Plan determines it is in your best interest not to disclose the information.

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### ***Changes to This Notice***

This Privacy Notice is effective April 14, 2003. However, the Plan reserves the right to modify this notice at any time (even retroactively) with respect to medical information it already has as well as any medical information it may receive in the future. This notice is intended to comply with the privacy rights under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and should be interpreted accordingly. This notice is not intended to give anyone any greater rights than those required under HIPAA.

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## ***Complaints***

If you believe your privacy rights have been violated you may file a complaint with the Privacy Officer. The Privacy Officer is:

**Doug Griffith**  
BusinessPlans, Inc.  
432 East Pearl Street  
Miamisburg, OH 45342  
937.865.6501

You also may file a complaint with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You can obtain a copy of the complaint form from the Privacy Officer or you may obtain a copy of the form from the Office of Civil Rights at the U.S. Department of Health and Human Services over the internet at <http://www.hhs.gov/ocr/hipaa>.

Complaints may be filed with the Office of Civil Rights at the U.S. Department of Health and Human Services at the following e-mail address: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

Alternatively, you can file the complaint by mail or fax at the following address:

**Office for Civil Rights**  
U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite 240  
Chicago, Illinois 60601

Telephone Number: 312-886-2359  
Fax: 312-886-1807

TDD: 312-353-5693

All complaints should identify the Plan and list the acts or omissions that you believe violate your privacy rights. The complaint must be filed with the Office of Civil Rights at the above address within 180 days of the date you knew or should have known of the alleged violation. The government may waive the 180 day filing deadline if you can show good cause why you failed to file the complaint in time.

The Plan and Company will not retaliate against anyone who files a complaint with the Privacy Officer and/or the Office of Civil Rights at the U.S. Department of Health and Human Services. In addition, the Plan and Company will never ask you to waive your rights under HIPAA.