I. The terms of this Notice of Privacy Practices (NPP) apply to University of Cincinnati (UC) Benefits Plan. It describes how your health information may be used and disclosed. Please review it carefully.

UC collects and maintains protected health information (PHI) about its members in the Benefits Plan through the enrollment process, utilization and review activities, claims management, and/or other activities in connection with the general management of the Health Plan. UC will use and disclose PHI of members as permitted and needed for treatment, payment and health care operations purposes.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

We are required by law to maintain the privacy of plan member’s PHI. We must provide our members with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this NPP so long as it remains in effect. We reserve the right to change the terms of this NPP as necessary and to make the new NPP effective for all PHI maintained by us. You may receive a paper copy of this or any revised notices by requesting a copy from UC Benefits Plan, University Hall, Suite 340, 51Goodman Street, Cincinnati, OH 45219 or you may view a copy of the notice on our website at www.uc.edu/hr/benefits.html.

III. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. We will not use or disclose your PHI for any purpose other than treatment, payment and health care operations unless you have signed a form authorizing the use or disclosure with the exception of the situations outlined below. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Treatment. The Benefits Plan may make disclosure of your PHI for treatment purposes. For instance a doctor or health facility involved in your care may request certain parts of your personal health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your PHI as necessary for payment purposes, to manage your benefits and to pay claims for your health care. For instance we may confirm your benefits with a health care provider.

Uses and Disclosures for Health Care Operations. We will use and disclose your PHI as necessary, and as permitted by law, for our health care operations which include business management, accreditation and licensing, compliance, auditing, utilization review and quality improvement.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your personal health information to designated family, friends and others who are either involved in your care or in the payment of your care. If you are unavailable, incapacitated or face an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

Business Associates. Certain aspects and components of our services may be performed through contracts with outside persons or organizations such as auditing, claims payment, data compilation, etc. At times it may be necessary for us to provide certain portions of your PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, business associates are required to appropriately safeguard the privacy of your information.
Other Health-Related Products or Services. We must receive your authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of a face-to-face communication made to you personally; or a promotional gift of nominal value provided by UC. It is not considered marketing to send you information related to your individual treatment, case management, and care coordination or to direct or recommend alternative treatment, therapies, health care providers or settings of care. These may be sent without written permission. If the marketing is to result in direct or indirect payment to the UC by a third party we will state this on the authorization.

Confidentiality of Alcohol and Drug Abuse Records. Federal law and regulations protect the confidentiality of alcohol and drug program records maintained by UC. PHI containing information on your alcohol or drug use may not be disclosed without 1) your written authorization; 2) a court order; or 3) unless the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Federal law or regulations do not protect any information about a crime committed by you at our facility or about any threat to commit a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization.

- We may release your PHI for any purpose required by law; if we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect, or domestic violence; to law enforcement officials as required by law to report wounds, injuries and crimes; if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings; and if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;

- We may release your PHI to public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations; we may release your PHI to coroners and/or funeral directors consistent with law;

- We may release your PHI to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

- We may release your PHI to your employer when we have provided health care to you at the request of your employer; provided, however, that the employer has certified that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permissible by law; in most cases you will receive notice that information is disclosed to your employer;

- We may release your PHI if in limited instances we suspect a serious threat to health or safety;

- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will receive notice of such release);

- We may release your PHI for certain research purposes without your authorization when such research is approved by an institutional review board with established rules to ensure privacy or with researcher representation that limit the use and disclosure of the PHI;

- We may release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities; and

- We may release your PHI to workers' compensation agencies if necessary for your workers' compensation benefit determination.

- Ohio law requires that we have your authorization or a court order before disclosing the results of an HIV test or diagnosis of AIDS or AIDS-related condition.
IV. RIGHTS THAT YOU HAVE REGARDING YOUR PHI

Access to Your Protected Health Information. You have the right to receive a copy and/or inspect much of the PHI we retain on your behalf, unless excluded by law. All requests for access must be made in writing and signed by you or your legal representative. We may charge you a fee for copying the information and for postage if you request a mailed copy. You may obtain an access request form from the site where you receive your care.

Amendments to Your Protected Health Information. You have the right to request in writing that PHI that we maintain about you be amended. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment request. If an amendment you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the site where you received your care.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your legal representative. Accounting request forms are available from: Privacy Officer, University of Cincinnati, Van Wormer Hall, 2614 McMicken Circle, P.O. Box 0097, Cincinnati, OH 45221.

The first accounting in any 12-month period is free; you will be charged a reasonable fee as allowed by law for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request a restriction on the uses and disclosures of your PHI for treatment, payment and health care operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing, any agreed-to restriction by sending such termination notice to: Privacy Officer, University of Cincinnati, Van Wormer Hall, 2614 McMicken Circle, P.O. Box 0097, Cincinnati, OH 45221.

UC will agree to a restriction on the disclosure of your PHI to a health plan if the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service that you and not your health plan have paid UC for in full out of pocket.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint in writing to the Privacy Officer, University of Cincinnati, Van Wormer Hall, 2614 McMicken Circle, P.O. Box 0097, Cincinnati, OH 45221.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, Region V, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601 in writing within 180 days of an alleged violation of your rights. There will be no retaliation for filing a complaint.

VI. PERSON TO CONTACT FOR FURTHER INFORMATION OR ASSISTANCE

If you have questions or need further assistance regarding this NPP, you may contact the Privacy Officer, University of Cincinnati, Van Wormer Hall, 2614 McMicken Circle, P.O. Box 0097, Cincinnati, OH 45221.

As a member you retain the right to obtain a paper copy of this NPP, even if you have requested a copy by e-mail or other electronic means.