

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

University of Cincinnati Choice Benefits Plan

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

A newly effective provision of the federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires the University of Cincinnati Choice Benefits Plan (the "Plan") sponsored by the University of Cincinnati to provide you with this Notice regarding the Plan's legal duties and privacy practices with respect to your personal health information.

The Plan is required by law to abide by the terms of this Notice. The welfare benefit programs covered by this Notice include the medical, dental, prescription drug, vision, mental health, medical reimbursement spending account and employee assistance programs.

This Notice is for informational purposes only. No action is required on your part as a result of this Notice.

Your Personal Health Information

The Plan may collect personal health information from or about you through the application and enrollment process, utilization and review activities, claims payment, and/or other activities in connection with the general management of the Plan. Your personal health information that is protected by law broadly includes any information, verbal, written or recorded, that is created or received by certain healthcare entities, including healthcare providers, such as physicians and hospitals, as well as, health insurance companies or health plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual who is associated with that health information.

Uses or Disclosures of Your Personal Health Information

Generally, the Plan may not use or disclose your protected health information without your permission. Further, once your permission has been obtained, the Plan must only use or disclose your protected health information in accordance with the specific terms of that permission. There are, however, circumstances under which the Plan is permitted by law to use or disclose your protected health information without your permission.

Disclosures Without Your Permission

The Plan may use or disclose your protected health information without your permission, in order to render benefit claim payments for those covered services that you may receive and to conduct other related healthcare operations in connection with the general management of the Plan otherwise permitted or required by

law. Also, the Plan is permitted to disclose your protected health information within and among those persons performing services for the Plan.

Examples of benefit plan claim payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under the health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, including utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Examples of healthcare operations include: (a) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (b) reviewing the qualifications of healthcare professionals; (c) underwriting and premium rating; (d) medical review, legal services, and auditing functions; and (e) general administrative activities such as customer service and data analysis.

Disclosures As Required By Law

The Plan may also use or disclose your protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *Examples of instances in which the Plan is required to disclose your protected health information include:* (a) public health activities; (b) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (c) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (d) law enforcement purposes; (e) to avert a serious threat to health or safety; (f) to covered entities that are government programs providing public benefits, and for workers' compensation.

All Other Situations, With Your Written Authorization

Except as otherwise permitted or required, as described above, the Plan may not use or disclose your protected health information without your written authorization. Further, the Plan is required to use or disclose your protected health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any protected health information at any time, except to the extent that either the Plan has taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Miscellaneous Activities; Notice

The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be available to you. The Plan may disclose your protected health information to the sponsor of the Plan for purposes permitted by HIPAA.

Your Rights With Respect to Your Protected Health Information

Under HIPAA, you have certain rights with respect to your protected health information. The following is a brief overview of your rights and the Plan's duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your protected health information. *You may request restrictions on the following uses or disclosures:* (a) to obtain payment or with respect to healthcare operations of the Plan; (b) disclosures to your family members, relatives, or close personal friends of your protected health information directly relevant to payment related to your healthcare, or your location, general condition, or death; (c) instances in which you are not present or when your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While the Plan is not required to agree to any requested restriction, if the Plan agrees to a restriction, the Plan is bound not to use or disclose your protected healthcare information in violation of such restriction, except in certain emergency situations. You cannot request to restrict uses or disclosures that are otherwise required by law.

Right To Receive Confidential Communications

You have the right to receive confidential communications of your protected health information. The Plan may require such a request for confidential communications be made in writing. The Plan may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. However, the Plan is required by law to accommodate reasonable requests to receive communications of protected health information by alternative means or at alternative locations if you clearly state disclosure of all or part of the information could endanger you.

Right To Inspect And Copy Your Protected Health Information

Your designated record set is a group of records the Plan maintains that includes enrollment, payment, claims adjudication, and care and medical management records. You have the right of access in order to inspect and obtain a copy of your protected health information contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by the Plan to the extent to which the provision of access to you would be prohibited by law. The Plan requires a written request for access. The Plan must provide you with hard copy access to your protected health information if you request it and if it is available and, if not, in any other form reasonably available. The Plan may provide you with a summary of the protected health information requested, in lieu of providing access to the protected health information, or may provide an explanation of the protected health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. The Plan will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your protected health information or mailing a copy to you at your request. The Plan may discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your protected health information or agree to a summary or explanation of such information, the Plan may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance. The Plan reserves the right to deny you access to and copies of certain protected health information as permitted or required by law. The Plan will reasonably attempt to accommodate any request for protected health information by, to the extent possible, giving you access to other protected health information after excluding the information as to which the Plan has a ground to deny access. Upon denial of a request for access or request for information, the Plan will provide you with a written denial specifying the basis for denial, a statement of your

rights, and a description of how you may file a complaint with the Plan. If the Plan does not maintain the information that is the subject of your request for access but the Plan knows where the requested information is maintained, the Plan will inform you of where to direct your request for access.

Right To Amend Your Protected Health Information

You have the right to request that the Plan amend your protected health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by the Plan. The Plan has the right to deny your request for amendment, if: (a) the Plan determines that the information or record that is the subject of the request was not created by the Plan, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by the Plan, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. The Plan requires that you submit a written request and provide a reason to support the requested amendment. If the Plan denies your request, the Plan will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with the Plan or the Secretary of the U.S. Department of Health and Human Services. This denial will also include a notice that if you do not submit a statement of disagreement, you may request that the Plan include your request for amendment and the denial with any future disclosures of your protected health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If the Plan accepts your request for amendment, the Plan will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received protected health information prior to amendment and persons that the Plan knows have the protected health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to Privacy Officer, c/o University of Cincinnati Choice Benefits Plan at University Hall, Suite 340, 51 Goodman Drive, Cincinnati, OH 45221-0099.

Right To Receive An Accounting Of Disclosures Of Your Protected Health Information

Beginning April 14, 2003 you have the right to receive a written accounting of all disclosures of your protected health information that the Plan has made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such accountings will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure. *The Plan is not required to provide accountings of disclosures for the following purposes:* (a) payment and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) to persons involved in your care, and (e) with respect to disclosures occurring prior to April 14, 2003. The Plan reserves the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. The Plan will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to Privacy Officer c/o University of Cincinnati Choice Benefits Plan, at University Hall, Suite 340, 51 Goodman Drive, Cincinnati, OH 45221-0099.

Complaints

You may file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to the Plan's Complaint Officer, c/o University of Cincinnati Choice Benefits Plan, at University Hall, Suite 340, 51 Goodman Drive, Cincinnati, OH 45221-0099.

A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice. A complaint must be received by the Plan or filed with the Secretary of the U.S. Department of Health and Human Services within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Notice

The Plan reserves the right to revise or amend this Notice at any time. These revisions or amendments may be made effective for all protected health information the Plan maintains even if created or received prior to the effective date of the revision or amendment. The Plan will provide you with notice of any revisions or amendments to this Notice, or changes in the law affecting this Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

On-going Access to Privacy Notice

The Plan will provide you with a copy of the most recent version of this Notice at any time upon your written request sent to the Plan's Privacy Officer, c/o University of Cincinnati Choice Benefits Plan, at University Hall, Suite 340, 51 Goodman Drive, Cincinnati, OH 45221-0099.

For any other requests or for further information regarding the privacy of your protected health information, and for information regarding the filing of a complaint with the Plan, please contact the Plan's Privacy Officer, c/o University of Cincinnati Choice Benefits Plan, at University Hall, Suite 340, 51 Goodman Drive, Cincinnati, OH 45221-0099.