

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2021

***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.***

**If you have any questions about this notice, please contact, Becky Mullins, Treasurer, at (740) 335-6620 x5013.**

**Who Will Follow the Requirements of This Notice.** This notice describes the Jefferson Health Plan Participating Member's practices and those of its employees (who are responsible for the operation and administration of the Participating Member in the Jefferson Health Plan) and its business associates with regard to the Jefferson Health Plan. The Jefferson Health Plan, the employees of the Participating Member and the business associates (as described above and referred to as "we" or "us" in this notice) may share medical information with each other for the purposes of treatment, payment, or other operations of the Jefferson Health Plan as described in this notice.

**Privacy of Health Information.** We understand that medical information about you and your health is personal. This notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations that we have regarding the use and disclosure of medical information. We are required by law to:

- Assure the medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**Use and Disclosure of Medical Information.** The following describes the different ways that we may use and disclose your medical information. Generally, private health information may be released without your authorization for the purposes of treatment, payment, or other healthcare operations of the Jefferson Health Plan. However, if we disclose your medical information for underwriting purposes, we will not use or disclose your genetic information for this purpose. Medical information may also be released for the following purposes:

- As required by, or to comply with, law.
- For public health services.
- In connection with the investigation of abuse, neglect, or domestic violence.
- To health oversight agencies in connection with health oversight activities.

- For judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners, medical examiners, and funeral directors with respect to decedents.
- For research if a waiver of authorization has been obtained.
- To prevent serious and imminent harm to the health or safety of a person or the public.
- For specialized governmental functions.
- For military and veterans' activities.
- For national security and intelligence.
- For protective services for the President and others.
- To the Department of the State to make medical suitability determinations.
- To correctional institutions and law enforcement officials regarding an inmate.
- For workers' compensation if necessary to comply with the laws relating to workers' compensation and other similar programs.

**Rights Regarding Medical Information.** You have the following rights regarding medical information that we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about you, including medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information about you, you must submit your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee. If you request a copy of this information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances, and if you are denied access to medical information, you may request that the denial be reviewed.
- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Jefferson Health Plan. To request an amendment, your request must be made in writing and submitted to the Treasurer, Fiscal Agent or Human Resources Designee. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or properly supported by a reason; or the information was not created by us; is not part of the medical record kept by the Jefferson Health Plan; is not part of the information that

you would be permitted to inspect and copy; or is accurate and complete. If we deny your request, we will provide a basis for the denial.

- Right to an Accounting. You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about you. To request this list, you must submit your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee. Your request must state a time period that may not be longer than the 6 years prior to the date of your request. Your request must also indicate in what form you want the list (for example, on paper or electronically). The first list that you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any cost is incurred.
- If we use or maintain an electronic health record ("EHR") with regard to your medical information, you have the right to receive an accounting of disclosures which includes all disclosures for purposes of payment, healthcare operations or treatment over the past 3 years, in accordance with the laws and regulations currently in effect. You have the right to access your medical information contained in an EHR and to direct us to send a copy of the EHR to a designated third party.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information that we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make a written request to the Treasurer, Fiscal Agent or Human Resources Designee telling us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example disclosures to your spouse. We will also consider your request for restrictions if the disclosure is to a health plan for purposes of carrying out treatment, payment or healthcare operations and the medical information relates solely to treatment or services for which the healthcare provider has been paid out-of-pocket and in full, however, we are not required to agree to this request.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example by mail or only at work. To request confidential communications, you must make your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee and specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a

copy of this notice by contacting the Treasurer, Fiscal Agent or Human Resources Designee.

- **Right to Notice of a Data Breach.** We are required to notify you upon an unauthorized disclosure of any unsecured medical information. The notice must be made within 60 days from when we become aware of the unauthorized disclosure and will include: (a) a brief description of the disclosure, including the date it occurred and the date it was discovered; (b) a description of the types of unsecured medical information disclosed or used during the breach; (c) steps you can take to protect yourself from potential harm; (d) a description of our actions to investigate the disclosure and mitigate any harm now and in the future; and (e) contact procedures (including a toll-free phone number) for affected individuals to find additional information. We will notify you in writing by first class mail (unless you have opted for electronic communications). However, if we have insufficient contact information for you, an alternative notice method (posting on a website, broadcast media, etc.) may be used.
- **Right to Assign a Designee.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care, or share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

**Changes to This Notice.** We reserve the right to make changes to this notice, and to make the revision or change applicable to medical information we already have about you. The Participating Member will post a copy of the current notice in each building within the Jefferson Health Plan Participating Member's jurisdiction. We will notify you or any revisions or amendments within 60 days of the effective date of the revision or amendment.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Jefferson Health Plan Participating Member. To file a complaint, please contact Becky Mullins, Treasurer, at (740) 335-6620 x5013. All complaints must be submitted in writing and must name the entity that is the subject of the complaint and describe any acts or omissions believed to be in violation of this notice. A complaint must be filed within 180 days of when you knew or should have known of the violation. You can also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201-0004, (800) 368-1019 or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be retaliated against for filing any complaint.

**Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. In addition, we cannot make a communication to you about a product or service which encourages you to purchase or use the product or service, or make any use or disclosure of your psychotherapy notes (where

appropriate) without your authorization. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. However, we will not be able to take back any disclosures that we already made during any period in which your permission was in effect.

In addition, we are prohibited from receiving direct or indirect payments in exchange for your private medical information without your valid authorization. However, this prohibition does not apply if the purpose of the exchange is for: (a) public health activities; (b) research purposes (if the price charged reflects the cost of preparation and transmittal of the information); (c) your treatment; (d) health care operations related to the merger or consolidation of the Jefferson Health Plan Participating Member; (e) performance of services by a business associate on behalf of the Jefferson Health Plan; (f) providing you with a copy of your private medical information; or (g) other reasons determined to be necessary and appropriate by the Secretary of Health and Human Services.

Adopted: April 14, 2021

## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can 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 say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with 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, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone’s health or safety
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**Do research**

- We can use or share your information for health research.
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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.
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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
    - For workers’ compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**This Notice of Privacy Practices applies to the following organizations.**

## **HIPAA Notice of Privacy Practices**

THIS NOTICE OF PRIVACY PRACTICES (THE “NOTICE”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW THIS NOTICE CAREFULLY.**

This Notice applies to the Washington Court House City Schools Employee Benefit Plan (the “Plan”). The purpose of this Notice is to describe how the Plan may use and disclose your protected health information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”) and the HIPAA Omnibus Final Rule (the “Final Rule”). This Notice also describes the obligations of the Plan with respect to your protected health information, describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operations, and describes your rights to control and access your protected health information. The Plan has agreed to the provisions set forth in this Notice.

We are required to provide this Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (a) your past, present, or future physical or mental health or condition;
- (b) the provision of health care to you; or
- (c) the past, present, or future payment for the provision of health care to you.

### **1. Responsibilities of the Plan.**

The Plan is required under HIPAA to maintain the privacy of your protected health information. Protected health information includes all individually identifiable health information transmitted or maintained by the Plan that relate to your past, present or future health, treatment or payment for health care services. The Plan must abide by the terms of this Notice, and must provide you with a copy of this Notice upon request.

### **2. How the Plan May Use and Disclose Your Protected Health Information.**

The following categories describe the different situations in which the Plan is permitted or required to use or disclose your protected health information:

- **For Treatment.** The Plan may use or disclose your protected health information to facilitate medical treatment or services by providers. The Plan may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
- **For Payment Purposes.** The Plan has the right to use and disclose your protected health information to satisfy their responsibilities with respect to providing you with coverage and benefits under the Plan. Such disclosures will include those necessary to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibilities under the Plan, or to coordinate Plan coverage. For example, the Plan may disclose your protected health information to determine if a treatment that you received was covered under the Plan.
- **Health Care Operations.** The Plan has the right to use and disclose your protected health information to perform functions necessary for the operation of the Plan. Such disclosures will include those made to conduct quality assessment and improvement activities, for underwriting, premium rating and other activities relating to insurance coverage, for legal services and auditing functions, and for other business management and general administrative activities. For example, the Plan may disclose your protected health information to respond to your customer service request, in connection with its fraud compliance programs, or to provide you with information regarding a new disease management program.
- **Business Associates.** The Plan Sponsor of the Plan may contract with certain service providers (“Business Associates”) to perform various functions on behalf of the Plan. To provide these services, the Business Associates may receive, create, maintain, use or disclose protected health information. The Plan Sponsor (on behalf of the Plan) and each Business Associate will enter into, or have already entered into, an agreement requiring the Business Associate to safeguard your protected health information as required by law and in accordance with the terms of this Notice. For example, the Plan may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation.
- **Required By Law.** The Plan may use or disclose your protected health information to the extent required by federal, state or local law. For example, the Plan may disclose your protected health information when required by national security laws or public health disclosure laws.
- **Lawsuits and Disputes.** The Plan may disclose your protected health information in response to a court or administrative order. Your protected health information may also

be disclosed in response to a subpoena, discovery request or other lawful process if efforts have been made to tell you about the request or to obtain an order protecting your protected health information.

- **Certain Government Agencies and Officials.** The Plan may disclose your protected health information to (i) government agencies involved in oversight of the health care system, (ii) government authorities authorized to receive reports of abuse, neglect or domestic violence, (iii) law enforcement officials for law enforcement purposes, (iv) military command authorities, if you are or were a member of the armed forces, (v) correctional institutions, if you are an inmate or in under the custody of a law enforcement official and (vi) federal officials for intelligence, counterintelligence, and other national security activities.
- **To Plan Sponsor.** For purposes of administering the Plan, we may disclose to certain employees of the Company, protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.
- **Public Health and Research Activities; Medical Examiners.** The Plan may also disclose your protected health information (i) for public health activities or to prevent a serious threat to health and safety, (ii) to organizations that handle organ donations, if you are an organ donor, (iii) to coroners, medical examiners and funeral directors as necessary, and (iv) to researchers, if certain conditions regarding the privacy of your protected health information have been met.
- **Workers' Compensation.** The Plan may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** The Plan may be required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA Privacy Rules.
- **Other Uses and Disclosures With Written Authorization.** Disclosures and uses of your protected health information that are not described above may be made by a Plan with your written authorization. If a Plan is authorized to use or disclose your protected health information, you may revoke that authorization, in writing, at any time, except to the extent that the Plan has taken action relying on the authorization. The Plan will not be able to take back any disclosures of your protected health information that have already been made with your authorization.

### 3. Your Rights With Respect to Your Protected Health Information.

The following summarizes your rights with respect to your protected health information:

- **Right to Request a Restriction on Uses and Disclosures of Protected Health Information.** You have the right to request a restriction or limitation on the protected health information used or disclosed about you by the Plan for treatment, payment or health care operations. You also have the right to request a limit on the disclosure of your protected health information to someone who is involved in your care or the payment for your care, such as a family member, friend or other person you have identified as responsible for your care. In your request, you must tell the Plan (i) what information you want to limit; (ii) whether you want to limit the Plan's use, disclosure, or both; and (iii) to whom you want the limits to apply, for example, disclosures to your spouse. The Plan will comply with any restriction request if (iv) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (v) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full. If the Plan agrees to your request, the Plan will honor the restriction until you revoke it or we notify you.
- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about your protected health information in a certain way or at a certain location. For example, you can request that the Plan only contact you at work or by mail. The Plan will accommodate all reasonable requests.
- **Right to Inspect and Copy Your Protected Health Information.** You have the right to inspect and copy your protected health information which may be used to make decisions about your Plan benefits. Under certain limited circumstances, we may deny your access to a portion of your records. For example, you do not have a right to inspect and copy psychotherapy notes or information that the Plan have collected in connection with, or in reasonable anticipation of, any legal claim or proceeding. If you request copies, we may charge you reasonable copying and mailing costs.
- **Right to Amend Your Protected Health Information.** You have the right to request an amendment of your protected health information that is maintained by the Plan if you believe that the information is inaccurate or incomplete. The Plan may deny your request if your protected health information is accurate and complete or if the law does not permit the Plan to amend the requested information. The Plan cannot amend information created by your doctor or any person other than the Plan.
- **Right to Receive an Accounting of Disclosures of Your Protected Health Information.** You have the right to request an accounting of disclosures the Plan has made of your protected health information during the six years prior to the date of your

request. However, you will not receive an accounting of (i) disclosures made prior to April 14, 2003, (ii) disclosures made to you, (iii) disclosures made pursuant to your authorization, (iv) disclosures for purposes of treatment, payment or health care operations and (v) disclosures made to friends or family in your presence or because of an emergency. Certain other disclosures are also excepted from the HIPAA accounting requirements. If you request more than one accounting in any 12 month period, the Plan will charge you a reasonable fee for each accounting after the first accounting statement.

- **Uses and Disclosures that Require Your Authorization.** The following uses and disclosures will be made by the Plan only with your authorization:

- uses and disclosures for marketing purposes, including subsidized treatment communications;
- uses and disclosures that constitute the sale of PHI;
- if the Plan maintains psychotherapy notes, the use and disclosure of such notes will only be made upon the authorization from you; and
- other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

- **Right to Opt-Out of Fundraising Communications.** If the Plan conducts or engages in fundraising communications, you shall have the right to opt-out of such fundraising communications.

- **Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request, even if you agreed to receive this Notice electronically. To obtain a paper copy of this Notice, contact Erica L. Malone at [erica.malone@wchcs.org](mailto:erica.malone@wchcs.org).

- **Right to Be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) commits or discovers a breach of unsecured protected health information.

- **To Exercise Your Individual Rights.** To exercise any of your rights listed above, you must complete the appropriate form. To obtain the required form, please contact Erica L. Malone at [erica.malone@wchcs.org](mailto:erica.malone@wchcs.org).

**4. Use of Genetic Information.**

The Plan is prohibited from using or disclosing your genetic information for underwriting purposes.

**5. Filing a Complaint With the Plan or the U.S. Dept. of Health and Human Services.**

If you believe that a Plan has violated your HIPAA privacy rights, you may complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. Complaints to the Plan should be sent to Erica L. Malone . Complaints to the Secretary should be sent to the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C. 20201. The Plan will not penalize you or retaliate against you for filing a complaint.

**5. Changes to this Notice.**

The Plan reserves the right to change the provisions of this Notice and to apply the changes to all protected health information received and maintained by the Plan. If the Plan makes a material change to this Notice, a revised version of this Notice will be provided to you within thirty (30) days of the effective date of the change at your address of record.

**6. Effective Date.**

This Notice becomes effective on January 1, 2014.

**7. Contact Information.**

If you have any questions regarding this Notice or would like to exercise any of your rights described in this Notice, please contact:

Washington Court House City Schools  
Attention: HIPAA Privacy Officer  
306 Highland Ave.  
Washington Court House, Ohio 43160  
Telephone: 740-335-6620

## **HIPAA Special Enrollment Rights under the Washington Court House City Schools Plan**

You are or may become eligible to participate in Washington Court House City Schools Health Plan (the “Plan”). A federal law called HIPAA requires that we notify you about a very important provision in the Plan. This is your right to enroll in the Plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this Plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### **I. Special Enrollment Provision**

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or an eligible dependent (including your Spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage.)

**Loss for Coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your Spouse) while Medicaid coverage or coverage under a state children’s health insurance program (“CHIP”) is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents’ coverage ends under Medicaid or a state CHIP.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

**Eligibility for Medicaid or a State Children’s Health Insurance Program.** If you or your dependents (including your Spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state CHIP with respect to coverage under this Plan, you may request to enroll yourself and your dependents in this Plan, provided that your request is made not later than 60 days after the date that Medicaid or the state child health plan determines that you and/or your dependent(s) are eligible for such financial assistance.

To request special enrollment or to obtain more information about the Plan’s special enrollment provisions, contact Erica L. Malone.

## **II. Interaction with COBRA**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) includes some provisions that may affect decisions you make about your participation in Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”). These provisions are as follows:

1. Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first 60 days of COBRA coverage, an 11-month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11-month extension, affected individuals must still comply with the notification requirements in a timely fashion.

2. A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer’s group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

If you have any questions about your special enrollment or COBRA rights or this Notice, please contact Erica L. Malone.