

**OHIO ASSOCIATION OF COUNTY BOARDS OF DD HEALTH CARE PLAN**  
**Notice of Privacy Practices Regarding Protected Health Information**  
Effective Date: September 1, 2013

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**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.**

**Our Commitment and Responsibilities to Protecting Your Privacy**

We respect your privacy and will protect your health information responsibly and professionally. We're required to maintain the privacy of your health information. Also, we're required to abide by the terms of the privacy notice that's currently in effect.

This notice applies to all employers participating in the Ohio Association of County Boards of Developmental Disabilities Health Care Plan (the "Plan"), employees of the participating employer who are responsible for the operation and administration of the Plan and the Plan's business associates (referred to "we" or "us" in this notice). This notice describes how we may collect, use, and disclose your health information. It also describes your rights concerning your health information.

As you read this notice, you'll see an important term: "**protected health information**" or **PHI**. PHI is information about you, including health and demographic information created and received by us that can reasonably be used to identify you. PHI includes information that relates to your past, present, and future physical or mental condition, the provision of health care, and payment for that care.

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**How We Use or Share Protected Health Information (PHI)**

Below are some examples of ways we may use or share information about you without your consent or authorization. These examples are considered to be treatment, payment, and health care operations. We may use or share your PHI:

- To help pay medical bills for you submitted to us by you or your health care providers.
- With a doctor, hospital, or other health care provider to help them check your eligibility for benefits.
- With another health plan or payor in order to coordinate primary and secondary benefits.
- With a doctor, hospital, or other health care provider for preauthorization or precertification of your health care services.
- With organizations that help us conduct our business operations. We only share your information with businesses that agree to keep it protected.
- To determine premiums for your health plan coverage. However, if we disclose your medical information for underwriting purposes, we will not use or disclose your genetic information for this purpose.
- For our business operations to ensure our members receive quality care.

During the course of our business, there may be additional instances in which your PHI may be used. These instances are described below. We may use or share your PHI:

- To send you a reminder for important services such as mammograms or prostate cancer screenings.
- To give you information about alternative medical treatments and programs that may be of interest to you. For example, we might send you information about smoking cessation or weight-loss programs.
- With an employee benefit plan or plan sponsor through which you receive health benefits. We only share your information with your benefit plan when they agree to keep it protected.

However, 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 applicable) without your authorization.

There are state and federal laws that may require or allow us to release your health information to others. We may be required to provide information for the following reasons:

- **Health Oversight Activities:** We may disclose your PHI to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activities.
- **Legal Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.
- **Law Enforcement:** We may disclose your PHI to law enforcement officials under limited circumstances. For example, in response to a warrant or subpoena, or for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information concerning victims of crimes.
- **For Public Health Activities:** We may disclose your PHI to a government agency that oversees the health care system or government programs for activities such as preventing or controlling disease or activities related to the quality, safety, or effectiveness of an FDA regulated product or activity.
- **Required by Law:** We may disclose your PHI when we're required to do so by law.
- **Workers' Compensation:** We may disclose your PHI when required by workers' compensation laws.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to appropriate authorities if we reasonably believe that you're a possible victim of abuse, neglect, domestic violence or other crimes.
- **Coroners, Funeral Directors, and Organ Donation:** In certain instances, we may disclose PHI to coroners or funeral directors, and in connection with organ donation with respect to decedents.
- **Research:** We may disclose your PHI to researchers, if certain established steps are taken to protect your privacy.
- **Threat to Health or Safety:** We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.
- **For Specialized Government Functions:** We may disclose your PHI in certain circumstances or situations to a correctional institution if you are an inmate in a correctional facility, to an authorized federal official when it's required for lawful intelligence or other national security activities, or to an authorized authority of the Armed Forces.
- **For Cadaveric Organ, Eye, or Tissue Donation:** We may disclose your PHI for the purpose of facilitating organ, eye, or tissue donation and transplantation.

Before we can use or disclose your PHI for any reason other than those listed in this section titled "How We Use or Share Protected Health Information (PHI)", we are required to obtain your written authorization. You may revoke the authorization at any time as long as you do so in writing. Information provided as a result of your authorization will no longer be provided once you revoke the authorization.

In addition, we are prohibited from receiving direct or indirect payments in exchange for your PHI 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 Plan's participating employer; (e) performance of services by a business associate on behalf of the Plan; (f) providing you with a copy of your PHI; or (g) other reasons determined to be necessary and appropriate by the Secretary of Health and Human Services.

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## What Are Your Rights

You have the following rights regarding the PHI we maintain about you.

**You have the right to ask us to restrict** our use and disclosure of protected health information for the purposes of treatment, payment or health care operations. This includes uses and disclosures to family members, relatives, close personal friends, or other persons identified by you who may be involved with your care or payment for your care. We'll consider your request, but we aren't required to agree to restrict the information. 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 related 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.

**You have the right to ask to receive confidential communications.** You may request that when we send communications to you that contain PHI, we send them to you by alternative means or to an alternative location. You must request this in writing and clearly state that our disclosure of all or part of that communication could endanger you. You must also tell us the alternative location (e.g., fax number, address, etc.) to which you would like us to send the information.

**You have the right to inspect and obtain a copy** of the (PHI that we maintain about you in a designated record set. A designated record set contains PHI that we collect, maintain or use to administer or make decisions regarding your enrollment, payment, claims adjudication, or case/medical management. If we don't maintain the PHI, but we know who does, we'll tell you. Requests to access the information must be made in writing, and we'll respond within 30 days of receipt of your request. We may charge a reasonable, cost-based fee to provide you with the information. There are exceptions as to what information can be accessed. For example, psychotherapy notes or information compiled for legal proceedings cannot be accessed. If we deny access to your information, in part or in whole, we will notify you in writing. Our denial will include the reason for the denial, your review rights (if applicable), and information on how to file a complaint.

**You have the right to ask us to amend** protected health information about you that's contained in a designated record set (as described above). All amendment requests must be in writing and include a reason for the request. We'll respond within 60 days of receiving the request. If the request is approved, we'll amend the information in our records and notify any other individual(s) whom we know and/or whom you have told us has received the information, and we'll provide them with the amendment as well. In certain cases, your request may be denied. For example, we may deny a request if the information we have on file is accurate or if we didn't create the information. We'll notify you in writing of any denial. You may respond by filing a written statement of disagreement with us, and we have the right to rebut the disagreement statement. Should this occur, you have the right to request that your original request, our denial, and any statement of disagreement, along with our rebuttal, be included in future disclosures of the PHI.

**You have the right to request an accounting of certain disclosures** of protected health information. An accounting will show you to whom we provided your PHI. The first accounting request in a 12-month period of time will be provided free of charge. Subsequent requests are subject to a reasonable, cost-based fee, of which you will be made aware of in advance. All requests for disclosures must be made in writing, and we'll respond within 60 days of receipt. Your request must state a time period that the accounting should cover, which cannot be longer than 6 years prior to the date of your request. There are some accountings we aren't required to provide. For example, we aren't required to account for disclosures made for purposes of treatment, payment, or health care operations. Also, we won't provide accountings for disclosures that you have authorized, and certain other disclosures such as for national security purposes.

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 PHI contained in an EHR and to direct us to send a copy of the EHR to a designated third party.

**You have the right to a paper copy of this notice** upon request. You may write us at the address provided in the complaints and inquiries section of this notice and we'll mail or fax a current notice to you. This privacy notice is also found at [www.cbaben.com](http://www.cbaben.com) under OACBTrust

**You have the right to be notified 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.

For more information, or to begin the formal process connected with these rights, please contact our Customer Service Department at 866-880-0068.

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### **Complaints and Inquiries**

You may register a complaint to us or to the Secretary of the Department of Health and Human Services, Office of Civil Rights, if you believe that your privacy rights have been violated. To file a complaint with us, please submit it in writing and address it to:

Ohio Association of County Boards of DD Health Care Plan and Trust  
c/o CBA Benefit Services  
Attention: Privacy Officer  
73 East Wilson Bridge Road, Suite B-6  
Worthington, Ohio 43085  
866-880-0068

To submit a complaint to the Secretary of the Department of Health and Human Services, Office of Civil Rights, please access the following website: <http://www.hhs.gov/ocr/privacy/hippa/complaints/index.html>. Alternatively, you may file a complaint with the regional office in the state or jurisdiction where the Plan is located.

Your complaint should include the following:

- your name
- the plan holder's name
- plan number
- name of employer or plan sponsor
- the identification number on the health plan card (this may be the employee's social security number)
- address or other means of communicating with you in writing
- a telephone number where you can be reached
- a brief description of the nature of your complaint
- the names and phone numbers, if available, of any of our employees with whom you have discussed your complaint
- any other information you think is important in order to resolve your complaint

Please note: You won't be retaliated against or denied any health plan benefit or service because you file a complaint. A complaint must be filed within 180 days of when you knew or should have known of the violation.

### **Effective Date of this Notice and Revisions to the Notice**

This notice is effective September 1, 2013. We're required to abide by the terms of the privacy notice that's currently in effect.

We reserve the right to change the terms of this notice and to make the new notice effective for all PHI we maintain. If we change the notice, we will provide it to you by direct mail. Also, it is posted at [www.cbaben.com](http://www.cbaben.com) under OACB Trust. We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice in which the material change is reflected.