

**[OHIO COUNTY FISCAL COURT  
[OHIO COUNTY FISCAL COURT]  
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003  
Revised: September 23, 2013

THIS NOTICE OF PRIVACY PRACTICES (“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 AND SHARE IT WITH YOUR SPOUSE AND OTHER DEPENDENTS WHO ARE COVERED UNDER THE **[OHIO COUNTY FISCAL COURT] [OHIO COUNTY FISCAL COURT]**.

**Introduction**

*This Notice applies to the medical, dental, prescription drug, vision, and EAP benefits under the **[OHIO COUNTY FISCAL COURT] [OHIO COUNTY FISCAL COURT]**, which are collectively referred to as the “Plan” in this Notice. The Plan contracts with a number of outside service providers to provide you the benefits just described. **[Blue Cross Blue Shield]**, **[Delta Dental]** and **[Medco]** are examples of the Plan’s service providers. You may receive separate notices from the Plan’s service providers regarding their particular privacy practices.*

This Notice does not apply to **[OHIO COUNTY FISCAL COURT]** (the “Company”) in its role as your employer or to any non-health benefit plan or programs sponsored by the Company, such as sick leave, worker’s compensation, short- or long-term disability, or life insurance, even though such plans or programs might involve the use or disclosure of your health-related information.

The Plan is required by the HIPAA Privacy Rules to maintain the privacy of participants’ protected health information and to provide participants with notice of its legal duties and privacy practices regarding protected health information. In many cases the Plan has contracted with its outside service providers to assist the Plan in fulfilling these legal obligations.

This Notice summarizes the main provisions of the Plan document governing how the Plan may use and disclose your protected health information for:

- your treatment,
- payment of your claims,
- health care operations functions of the Plan, and
- other uses and disclosures of such information allowed by law.

It also describes the Plan provisions related to your ability to access and control the use and disclosure of your protected health information.

The Plan must abide by the terms of this Notice as currently in effect. The terms of this Notice may change and new notice provisions effective for all protected health information held by or on behalf of the Plan may be added. In the event of a significant change to this Notice, you will receive an updated Notice. You may also request a copy of this Notice at any time by contacting the **[OHIO COUNTY FISCAL COURT]** at [270-298-4493].

The Plan is required by law to:

- Make sure that your protected health information is kept private;
- Provide you with this Notice of our legal duties and privacy practices with respect to your protected health information;
- Notify affected individuals following a breach of unsecured protected health information; and
- Follow the terms of this Notice (as currently in effect or subsequently amended).

### **Protected Health Information**

“Protected health information,” (PHI) as the term is used in this Notice, means health information maintained or transmitted by or on behalf of the Plan that identifies you or creates a reasonable basis to believe that it could be used to identify you, including information relating to your past, present or future physical or mental health, the health care that you have received or payment for your health care, including your name, address, date of birth and Social Security number. Health information that is merely in summary form and that does not identify you as its subject is not protected and may be used or disclosed by the Plan without restriction under the HIPAA Privacy Rules. For example, the Plan may use aggregated data regarding claims paid for all Plan participants to help project benefit costs for the next year.

### **Use or Disclosure of Your Protected Health Information for Plan Administration**

The following paragraphs describe different ways that the Plan may use and disclose protected health information without your authorization. Not every possible use or disclosure is listed.

#### *Treatment*

Your protected health information may be used or disclosed to carry out medical treatment or services by health care providers, including physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, in carrying out treatment functions, the Plan (or service providers acting on behalf of the Plan, such as [ANTHEM]) could use or disclose your protected health information to protect you from receiving inappropriate medications or share information about prior prescriptions if a newly prescribed drug could cause problems for you. In the event of an emergency where you are unable to give your physician your medical history, the Plan may share that history (if known to the Plan) with the physician so that the physician can most appropriately provide medical services to you. The Plan also may share information about prior treatment with a health care provider who needs such information to treat you or your family properly.

#### *Payment*

Your protected health information may be used or disclosed for payment purposes, such as to determine your eligibility for Plan benefits, to coordinate coverage between this Plan and another plan, to facilitate payment for services you receive and similar purposes related to the Plan’s determination and payment of benefits. The Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational or medically necessary, or to determine whether the Plan will cover the treatment. Your information may be shared with an outside vendor that the Plan has hired to review use of certain services or medications, or with an outside company hired to help the Plan ensure that it is properly reimbursed if a third party is responsible for medical costs the Plan would otherwise pay.

#### *Health Care Operations*

Your protected health information may be used for various administrative purposes that are called “health care operations” of the Plan. For example, your information might be included as part of an audit

designed to ensure that the Plan's outside claims administrator is performing its job as well as it should for the Plan. And your information, along with that of all other participants, may be used each year to set appropriate premiums for the Plan or to help secure insurance that is needed to protect the Plan or Plan sponsor financially.

#### *Disclosures to Business Associates*

The Plan often relies on outside service providers (generally known as "business associates") to handle important treatment, payment and health care operations tasks on behalf of the Plan. When these tasks involve the use or disclosure of protected health information, the Plan is permitted to share your information with these outside providers (for example, the companies that may process claims for benefits under the Plan or administer your prescription drug benefits under the Plan). Whenever an arrangement between the Plan and a business associate involves the use or disclosure of your protected health information, the Plan and the business associate will have a written agreement that requires that the business associate keeps your information confidential.

#### *Disclosures to Company Personnel*

The Plan may disclose your protected health information to Company personnel who are involved in the administration of the Plan. These disclosures will be made in connection with the Company's role as the sponsor of the Plan, and will be made to enable Company personnel to carry out their duties in administering the Plan. Information may also be shared among the various health benefit programs that make up the Plan for purposes of each program's treatment, payment and health care operations functions. The Company has amended the Plan documents and instituted policies and procedures to help ensure that your protected health information is made available only to those individuals who need it to perform important Plan functions. Such individuals have received training in the proper handling of protected health information and have been informed of the sensitivity of this information. It is the policy of the Company that protected health information received from the Plan is not to be used for employment-related purposes or other purposes not related to the Company's sponsorship or administration of the Plan.

#### *Disclosures to the Employer*

The Plan may disclose the Plan's enrollment information to the Company. This information merely indicates whether you are enrolled in the Plan and shows your specific Plan benefit options. Your employer requires such information for payroll withholding and other purposes. In addition, the Plan may disclose "summary health information" to the Company for obtaining premium bids or modifying, amending or terminating the benefits provided under the Plan. Summary health information summarizes the claims history, claims expenses or type of claims experience by individuals for whom a plan sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with federal privacy rules.

#### **Additional Uses and Disclosures Required or Allowed by Law**

The HIPAA Privacy Rules also allow covered health care entities, including our Plan, to use and disclose protected health information without obtaining written authorization for a variety of governmental, public health and similar purposes, such as the following:

- As authorized by and to the extent necessary to comply with workers' compensation or similar laws;

- For judicial and administrative proceedings, such as lawsuits or other disputes in response to a court order or subpoena; or
- For public health activities, such as preventing or controlling disease and reporting reactions to medications.

### **Uses and Disclosures Requiring That You Receive an Opportunity to Agree or Object**

Certain circumstances might arise where the Plan needs to disclose your protected health information to family members and other appropriate persons in order to ensure that you are receiving appropriate care and to notify certain persons of your medical condition or your location. The Plan will make such disclosures only if you have agreed (or have not objected) to the disclosure. Specifically, the Plan may disclose your protected health information to your family member, relative, or another person designated by you, but only to the extent the information is directly relevant to such individual's involvement with your care or payment for care. In addition, you may authorize a personal representative to receive your PHI and to act on your behalf.

### **Incidental Uses and Disclosures**

The HIPAA Privacy Rules allow for incidental uses and disclosures that occur as a by-product of a permissible or required use or disclosure. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the HIPAA Privacy Rules. The Plan has instituted reasonable safeguards to protect against uses and disclosures not permitted by the HIPAA Privacy Rules and to limit incidental uses or disclosures. However, those safeguards cannot totally guarantee the prevention of incidental uses and disclosures. The Plan is not required to obtain your authorization or notify you if an incidental disclosure occurs.

### **Uses or Disclosures of PHI That Require Your Written Authorization**

The Plan will not use or disclose your PHI for the following purposes without your prior written authorization:

**Psychotherapy Notes:** Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against the Company or the Plan) the Plan will not use or disclose any mental health professional's psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior written authorization.

**Marketing or Sales:** Unless you give the Plan your prior written authorization, the Plan will not use or disclose your PHI for any paid marketing activities or sell your PHI.

### **No Other Uses or Disclosures Without Your Authorization**

Other than the uses and disclosures described in this Notice, the Plan may not disclose your protected health information or make any other use of it without your written authorization. You may revoke any such authorization in writing except to the extent that the Plan has already taken action in reliance on your authorization.

### **No Use or Disclosure of Genetic Information for Underwriting**

The Plan is prohibited by law from using or disclosing PHI that is genetic information of an individual for underwriting purposes. Generally, genetic information involves information about differences in a person's DNA that could increase or decrease his or her chances of getting a disease (for example, diabetes, heart disease, cancer or Alzheimer's disease).

### **Additional Special Protections**

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information.

### **Reservation of the Plan's and the Company's Rights**

Generally, it is the Plan's policy to avoid the use and disclosure of your protected health information whenever possible. Therefore, the Plan will not normally use or disclose your protected health information, except when necessary for treatment, payment, or health care operations or to comply with the HIPAA Privacy Rules or other applicable law. Similarly, the Company will seek to avoid the use and disclosure of any summary health or enrollment information whenever possible. However, the Company and the Plan reserve the right to use or disclose your protected health information in any manner permitted by the HIPAA Privacy Rules.

### **Your Rights**

You have the following rights regarding the PHI that the Plan maintains:

**Right to Inspect and Copy:** You have the right to review and receive copies of your enrollment, payment, claims adjudication, and case or medical management records maintained by the Plan. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If you and the Plan cannot agree on an electronic form and format, the Plan will provide you with a paper copy.

If you request copies of this information, you may be charged a reasonable, cost-based fee for the copies. The Plan may deny your request to inspect and copy your PHI in certain limited circumstances. If your request is denied, you will receive a written explanation of the reasons for the denial. Please remember that the Plan is only responsible for providing you with information contained in its records. Hospital records and other records not maintained by the Plan must be procured directly from the individual or institution that maintains those records.

**Right to an Accounting of Disclosures:** You have the right to receive an accounting (*i.e.*, list) of instances where the Plan or the Company disclosed your protected health information to third parties (in the six years prior to the date of your request for such accounting) for reasons other than treatment, payment, or health care operations, except in cases where you have authorized the disclosure, the disclosure was merely incidental to a disclosure that is otherwise permitted under the HIPAA Privacy Rules, or the disclosure was required for certain law enforcement or national security purposes. You may request one such accounting at no charge every 12 months. For any additional requests, you may be charged a reasonable, cost-based fee for the copies.

**Right to Amend:** If you believe that information in your record is incorrect or if important information is missing, you have the right to request that the Plan correct existing information or add missing

information. Your request must include reasons supporting your request for a correction or addition. The Plan has 60 days to respond to your request, subject to a possible 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial.

**Right to Request Restrictions:** You have the right to request restrictions on the Plan's use or disclosure of your protected health information for treatment, payment and health care operations. You may also request restrictions on disclosures to your family members or other individuals who are involved in your care or payment for your care. The Plan will consider your request, but is not required to agree to such restrictions if the disclosure of your protected health information is otherwise permitted under the HIPAA Privacy Rules. Any restriction agreed to by the Plan will not apply if the use or disclosure is necessary to provide you with emergency treatment or if the disclosure is required by law. If the Plan accepts your request, you will receive written notification that your request has been accepted. The Plan will also accommodate reasonable requests for you to receive communications of your protected health information at alternate locations or by alternate methods, if the normal method of communication could endanger you.

To initiate any request for access to your information, an accounting of disclosures, correction or amendment of your information, or restrictions on disclosures, as described above, you must contact the **[OHIO COUNTY FISCAL COURT]** at [270-298-4493], which may then refer you to the appropriate outside provider.

#### **Copy of Notice**

You may obtain a paper copy of this Notice at any time upon request to the **[OHIO COUNTY FISCAL COURT]** at [270-298-4493], even if you have previously agreed to accept the Notice electronically.

#### **Complaints and Additional Information**

If you believe the Plan or its outside service providers has violated your rights under the HIPAA Privacy Rules, you may file a complaint with the Plan or with the Secretary of Health and Human Services. Such complaints must be filed in writing. For further information about the issues covered by this Notice, or to file a complaint, please contact **[ANNE MELTON)**, **[TREASURER]** at **[(270) 298-4493]** or in writing at **[130 E WASHINGTON STREET, STE 215]**. Neither the Plan nor the Company may retaliate against you in any way for filing such a complaint.

***This notice and the privacy policies of the Plan and the Company do not create any legal rights, contractual or otherwise, under state or federal law, but simply give you notice of the Plan's obligations, and your rights, under the HIPAA Privacy Rules.***

The information contained herein has been provided by the Company and is solely the responsibility of Company.