

The University of Toledo

NOTICE OF PRIVACY PRACTICES

(Health Plans)

Effective Date: 04/14/2003

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

If you have any questions about this Notice, please contact the Human Resources Benefits Department at (419) 530 – 4747.

Your Health Plan is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Plan is required to follow the privacy practices described in this Notice.

This Notice describes how the Plan has extended certain protections to your protected health information (PHI) and how, when and why we may use and disclose your PHI. With certain exceptions, the Plan will use or disclose your PHI in the minimum necessary manner to accomplish the intended purpose of the use or disclosure. The Plan will share PHI as necessary to provide reimbursement for your services as permitted by law.

We reserve the right to change our privacy practices and the terms of this Notice at any time. If we make a material revision to the Notice, we will provide you with a revised copy of the Notice. We will also have our Notice available upon request. The effective date is listed just below the title.

You may view this Notice or any new notices on our website at: www.utoledo.edu/depts/hr/benefits.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The Plan is committed to maintaining the confidentiality of your health information. Your health information may be used and disclosed for purposes of treatment, payment and health care operations. Outside of these permitted uses, we will not disclose your health information without a signed authorization from you, unless the law permits or requires us to use or disclose this information without your authorization. You have the right to revoke that authorization in writing except to the extent any action has been taken in reliance on the authorization.

Disclosure to Employer Sponsoring Your Plan. We may disclose your health information to your employer so that your employer can administer your health plan. Your employer is not permitted to use your health information for any purpose other than administration of your health plan.

Treatment, Payment and Health Care Operations. Except as otherwise provided, the Plan may use and disclose your health information for purposes of treatment, payment and as otherwise necessary and permitted by law, for our health care operations. This may include disclosure to another health care provider, such as a physician, who is involved in your treatment, disclosure for purposes of approval of reimbursement from the Plan, or disclosure for audit purposes to our accountant.

Stricter Law. Certain provisions of Ohio law may be more stringent than the federal laws and regulations protecting the privacy of your medical information. The Plan will, as required by law, comply with the more stringent provisions of Ohio law.

Business Associates. It may be necessary for us to provide your health information to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to safeguard the privacy of your health information.

Treatment alternatives. We may contact you to provide treatment alternatives, or other health-related benefits and services that may be of interest to you.

USE AND DISCLOSURES REQUIRE YOU TO HAVE AN OPPORTUNITY TO OBJECT

Family and Friends. With your approval and using our professional judgment, your health information may be disclosed to family and friends who are directly involved in your care or in the payment for your care.

If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

USES AND DISCLOSURES OF PHI

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, accrediting organizations, required abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donations, worker's compensation purposes and emergencies.

We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

We may use or disclose your medical information for research purposes, but only with your prior authorization or a proper waiver of authorization from the IRB or Privacy Board.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. **Restrictions on Use and Disclosure of Individual Health Information.** You have the right to request that we restrict how we use and disclose your health information. These restrictions must be made in writing and signed by you or your representative. The Plan is not required to agree to your restrictions. We cannot agree to limit uses/disclosures that are required by law. In the event of a termination of an agreed-to restriction by us, we will notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Human Resources Benefits Department at (419) 530 – 4747.
2. **Access or Copying Your Health Information.** You have the right to request to inspect or copy your health information. Your request must be in writing on an access form that you can obtain from the Plans. You or your legal representative must sign the form and return it to the Human Resources Benefits Department at (419) 530 – 4747.

If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies access.

Depending on the circumstances, you may request a review of the decision to deny access. If we deny your request, you will be given written notice that will explain the basis of the denial and your right to appeal.

3. **Amendments to Individual Health Information.** You have the right to request that your health information be amended or corrected. In certain cases, we may deny your request for amendment. If so, you will be given written notice explaining the basis and your right to appeal. You may also submit a statement of disagreement to the denial. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment. If we make an amendment, we may notify others who work with us and have copies of your record if we believe that such notification is necessary. You may obtain a Request for Amendment form from the Plans, The University of Toledo, Transportation Center, Mail Stop 205, 2801 W. Bancroft, Toledo, Ohio 43606 or by calling (419) 530-4747.
4. **Accounting for Disclosures of Individual Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us after April 14, 2003. Requests must be made in writing and signed by you or your representative. Request for Accounting forms are available from the Plans at the address and phone number above. The first accounting in any 12-month period is free.
5. **Right to Paper Copy.** You have the right to receive a paper copy of this or any revised Notice or an electronic copy by email upon request to Plans at the address and phone number above.
6. **Confidential Communications.** You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of a specific way or location for us to use to communicate with you.

How to Complain About Our Privacy Practices.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Human Resources Benefits Department at (419) 530 – 4747. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington DC 20201 or call 1-877-696-6775. There will be no retaliation for filing a complaint.

Organized Health Care Arrangement

The University sponsors a combination of health plans for the benefit of its participants, including medical, dental and vision plans. To better serve participants, the University and its health plans need to coordinate the operations of these plans. This Notice applies to all of the health plans sponsored by the University to enable them to share health information as necessary for treatment, payment or health care operations.