

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 Miami Trace Local School District 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 Debbie L. Black, Treasurer/CFO at 740-335-3010.

- **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 Debbie L. Black, Treasurer/CFO at 740-335-3010.

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 Debbie L. Black, Treasurer/CFO, 3818 SR 41 NW, Washington C. H., OH 43160. 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 July 1, 2016.

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 the District's HIPPA Privacy Officer:

Debbie L. Black, CPA
Treasurer/CFO
Miami Trace Local School District
3818 SR 41 NW
Washington C. H., OH 43160
740-335-3010