



## HEALTH PLANS NOTICE OF PRIVACY PRACTICES

**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.**

The County of Summit sponsors a combination of health plans for the benefit of its participants, including medical, dental, and vision plans as well as health care spending accounts (collectively referred to as the “Plan”). To better serve the participants, the County and its health plans need to coordinate the operations of these plans. This Notice applies to all of the health plans sponsored by the County to enable them to share health as necessary for treatment, payment or health care operations.

The Plan is required by law to maintain the privacy of your health information, to provide you with notice of its legal duties and privacy practices with respect to your health information, and to notify you following a breach of your protected health information (“PHI”). The Plan is required to follow the privacy practices described in the most current Notice. The effective date is listed at the end of the Notice.

This Notice describes how the Plan has extended certain protections to your PHI and how, when, and why we may use and disclosure 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 as required by law. We will also have our Notice available upon request.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The Plan is committed to maintaining the confidentiality of your PHI. Your PHI may be used and disclosed for purposes of treatment, payment, and health care operations. Outside of these permitted uses and the others outlined below, we will not disclose your PHI 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 any authorization in writing except to the extent any action has been taken in reliance on the authorization.

**Treatment.** The Plan may release your PHI to another health care facility or professional who is not affiliated with this organization but who is or will be providing treatment to you. For instance, if, after

you leave the hospital, you are going to receive home health care, the Plan may release your PHI to

that home health care agency so that a plan of care can be prepared for you.

**Payment.** The Plan will make uses and disclosures of your PHI as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, the Plan may forward information regarding your medical procedures and treatment in order to arrange payment for the services provided to you, or the Plan may use your information to prepare a bill to send to you or the person responsible for your payment.

**Health Care Operations.** The Plan may release your PHI as necessary for health care operations purposes. This may include use or disclosure for clinical improvement, professional peer review, business management, accreditation and licensing, etc. activities. The Plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

**Stricter Law.** Certain provisions of Ohio law may be more stringent than the federal laws and regulations protecting the privacy of your medical information. Specifically, Ohio law requires that we obtain consent from you before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition. 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 PHI to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, legal services, etc. For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your PHI. These business associates are required to properly safeguard the privacy of your PHI.

## **OTHER 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, health oversight audits or inspections, 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.

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 PHI with friends and family without your approval.

We may also make disclosures to your personal representative appointed by you or designated by law, to appropriate military authorities, if you are a member of the armed forces, and to inform you of other health related benefits or services that may be of interest to you.

We will not use or disclose your psychotherapy notes except to carry out treatment, payment, or health

care operations: use by the creator of the notes for treatment, use or disclosure for training purposes, or use in a legal action or other proceeding brought by you. We will not use or disclose your PHI for marketing purposes, including informing you about non-health related products and services, without your authorization except if the communication is a face-to-face communication or a promotional gift. You will be notified if payment is to be made for use or disclosure of your information. We will not sell your PHI without your authorization. You will be notified if payment is to be made for the sale of your information.

We will not disclose your PHI except as described in this Notice and as otherwise required by law. However, if you wish that we otherwise disclose your PHI, you must give us written authorization. To receive an authorization form, please contact the Privacy Officer.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**1. *Restrictions on Use and Disclosure of Individual Protected Health Information.*** You have the right to request that we restrict how we use and disclosure your PHI. These restrictions must be made in writing to the Privacy Officer and signed by you or your representative. You must advise us: 1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. We are 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 Privacy Officer.

**2. *Access and/or Copying Your Protected Health Information.*** You have the right to request to inspect and/ or copy your PHI. Your request must be in writing on an access form that you can obtain from the Privacy Officer. You or your legal representative must sign the form and return it to the Privacy Officer. 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. The Plan must make PHI available in electronic format upon request and where available. You may request that copies of your PHI be sent to a third party.

**3. *Amendments to Individual Protected Health Information.*** You have the right to request that your PHI 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 Privacy Officer.

**4. *Accounting for Disclosures of Individual Protected Health Information.*** You have the right to receive an accounting of certain disclosures of your PHI made by us within the last 6 years. Requests must be made in writing and signed by you or your representative. Request for accounting forms are available from the Privacy Officer. The first accounting in any 12-month period is free, but the Plan may charge you for additional accountings within the same 12-month period. The Plan will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**5. *Confidential Communications.*** You have the right to request, and we will accommodate your reasonable requests, to receive communications regarding your PHI from us by alternative means or at

alternative locations. You may request such confidential communication by sending your written request to the Privacy Officer.

6. **Right to Paper Copy.** You have the right to receive a paper copy of this or any revised Notice and/or an electronic copy by email upon request to Privacy Officer.
7. **Complaints.** If you believe that we may have violated your privacy rights, or you disagree with a decision about your PHI, you may file a complaint with the Privacy Officer. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of when the act or omission complained of occurred at 200 Independence Avenue, SW, Washington D.C. 20201 or call 1-877-696-6775. **There will be no retaliation for filing a complaint.**

**Contact Information.** If you have any questions about this notice, please contact

County of Summit Privacy Officer  
175 S. Main Street  
8<sup>th</sup> floor, Department of Law and Risk Management  
Akron, Ohio, 44308  
Phone Number: 330.643.8052

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You may view this Notice or any new notices on the website: [www.co.summit.oh.us](http://www.co.summit.oh.us)

**Effective Date: 01.2019**