

University of Akron
UA Choice Benefit Plan
Employee Health Care Spending
Account
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.

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 Health Plan is required to follow the privacy practices described in this Notice.

This Notice describes how the Health 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 Health 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. You may view this Notice or any new notices on our website: www.uakron.edu/hr/BenftsAdmin.php.

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. We 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 disclosures of your physician's name for purposes of referral, disclosures for purposes of approval of reimbursement from the Plan or disclosure for audit 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. 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 properly safeguard the privacy of your health information.

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 health information with friends and family without your approval. Unless you object, we may share your health information with friends and family who are directly involved in your care or payment for your care.

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.

Personal representatives may act on your behalf upon evidence of their authority (power of attorney, court order, minor child, etc.).

We will not disclose your health information except as described in this Notice and as otherwise required by law. However, if you wish that we otherwise disclose your health information, you must give us written authorization. You have the right to revoke that authorization. To receive an authorization form, please contact the Privacy Official.

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 disclosure your health information. These restrictions must be made in writing and signed by you or your representative. 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 Official.

2. ***Access and/or Copying Your Health Information.*** You have the right to request to inspect and/or copy your health information. Your request must be in writing on an access form that you can obtain from the Privacy Official. You or your legal representative must sign the form and return it to the Privacy Official. 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 Privacy Official.

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 Privacy Official. The first accounting in any 12-month period is free.

5. ***Confidential Communications.*** You have the right to request, and we will accommodate your reasonable requests, to receive communications regarding your health information from us by alternative means or at alternative locations. You may request such confidential communication by sending your written request to the Privacy Official.

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 Official.

If you have any questions about this Notice, please contact the Privacy Official below.

How to Complain About Our Privacy Practices. 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 Official at the University of Akron, 302 Buchtel Mall, Akron, Ohio 44325-4703, phone: 330-972-7593. 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 D.C. 20201 or call 1-877-696-6775. There will be no retaliation for filing a complaint.

Effective Date: 04-14-03