

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 terms of this Notice of Privacy Practices apply to the Youngstown State University Sponsored Health Benefit Plan which provides health care coverage (dental, vision and/or pharmaceutical coverages) and a flexible spending benefit plan to you as described in your benefits description(s) (collectively, the “Health Plan”). Youngstown State University is the sponsor of Health Plan (“Plan Sponsor”). Health Plan offers its health care coverage through a variety of coverage options. If you receive benefits through coverage offered by Anthem or Medical Mutual, then you should receive a separate notice of privacy practices directly from the insurance companies providing those coverage options. If you have questions about those coverage options or do not receive a notice from those companies and you believe you should, then please contact them directly. If you are not able to contact the companies directly, then please contact the Manager of Employee Benefits at: Youngstown State University, One University Plaza, Youngstown, Ohio 44555; phone: 330-941-3748.

Health Plan receives and maintains your health information in connection with providing these benefits to you. This Notice describes how Health Plan uses and discloses the protected health information of persons receiving benefits under Health Plan, as necessary, to facilitate treatment, payment, and health care operations as permitted by law. “Protected health information” is the term that the law applies to the portion of your health information that we must keep private. This Notice refers to Health Plan by using the terms “us”, “we” or “our”.

Health Plan is required by law to maintain the privacy of members’ protected health information and to provide members with notice of its legal obligations and privacy practices. Health Plan is required to abide by the terms of this Notice as long as it is in place. Health Plan reserves the right to change the terms of this Notice as necessary. You will receive a copy of any revised notices that materially change the terms of this Notice. You may also request a copy of our Notice at any time by mailing a request to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Authorization. Except for uses and disclosures described later in this Notice, Health Plan will not use or disclosure your protected health information unless you have signed a written authorization giving Health Plan permission. You have the right to revoke an authorization in writing. Your revocation will be effective upon our receipt of the revocation except to the extent Health Plan has already taken action based on the authorization.

Uses and Disclosures Required or Permitted by Law. The law permits and in some case requires Health Plan to use and/or disclose your protected health information without your authorization. Health Plan may use or disclose your protected health information for:

- Any purpose required by law.
- Public health activities (for example, where required for reporting disease, injuries, births and death), and for required public health investigations.
- Reporting suspected child abuse or neglect; or if you may be a victim of abuse, neglect, or domestic violence.
- Reporting to the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls.
- Reporting to a government oversight agency conducting audits, investigations, or for civil or criminal proceedings.
- A court or administrative ordered subpoena or discovery request.
- Law enforcement officials to report wounds, injuries and crimes.
- County coroners.
- Arrangement of an organ or tissue donation from you or a transplant for you.
- Military purposes, if you are a member of the military, or for national security or intelligence activities.
- Your workers' compensation claim to workers' compensation agencies.

When applicable, Health Plan will comply with State and Federal laws that are more stringent than the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, as they are amended from time to time, regarding Health Plan's use or disclosure of your protected health information.

Uses and Disclosures for Treatment, Payment or Health Care Operations. Health Plan will use and disclose your protected health information as needed for treatment, payment and health care operations purposes. Examples of such uses and disclosures include: providing your protected health information to your health care providers (nurses, doctors, dentists, pharmacies, hospitals and other professionals involved in your care) to assist in your treatment; using and disclosing your protected health information to obtain premiums, determine coverage and provision of benefits, and to obtain or provide reimbursement for the provision of health care, including determination of eligibility or coverage, billing, collection, and review of health care services to determine coverage, medical necessity and appropriateness of care; using and disclosing your protected health information to perform our plan activities, such as quality assessment, administrative activities, management activities and customer service, including using your protected health information for data analyses for policy holders, plan sponsors or other customers; and in some cases, using and disclosing your protected health information for underwriting and premium rating.

Plan Sponsor. Health Plan may disclose your protected health information to the Plan Sponsor, in summary form, including claims history; claims expenses; and claim types, for the purposes of obtaining premium bids for providing health insurance coverage; modifying, amending, or terminating the group health plan; or disclosing whether you are enrolled in, or disenrolled from Health Plan. Such summary form does not include your name, social security number or other identifiable information. Health Plan may also disclose your protected health information to the Plan Sponsor as permitted for Plan Sponsor to assist with Health Plan functions. The Plan Sponsor has agreed in writing to protect the privacy of such protected health information.

Business Associates. As part of the services Health Plan provides, it sometimes seeks the help of outside persons or businesses. These outside entities help in a number of ways like providing legal help, plan administration activities, claims management activities, member service support, consulting services, utilization management, and auditing our records, just to list some examples. In order to obtain their help in making Health Plan's benefits available, Health Plan must often give them your protected health information. At times it may be necessary for us to provide certain of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. Before we give out any protected health information to these outside parties, we require them to protect the privacy of your protected health information.

Others Involved in Your Care. If you approve, Health Plan may disclose your protected health information to people that you designate (typically family and friends), who are involved in your care or in payment of your care, to help them with your care or paying for your care. If you are not available, incapacitated, or have a health emergency, and Health Plan determines that a limited disclosure may be in your best interest, Health Plan may disclose protected health information with the people involved in your care or paying for your care without your approval. In some cases, Health Plan may also disclose your protected health information to parties involved in disaster relief to help them find your family member or other persons involved in your care or paying for your care.

Marketing. Health Plan may use your protected health information to contact you about describing replacement of, or enhancements to, Health Plan; describing health-related products or services available to you that add value to, but are not part of, your current benefits; and to give you general health and wellness information.

Communications. You can ask and Health Plan will accommodate reasonable requests to receive communications about your protected health information from us in a different way or at a different place. For example, if you want communications to not be sent to a particular address, you can provide us with an alternative address or other method of contacting you. You must make the request in writing to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits.

Research. Sometimes Health Plan may use and disclose your protected health information for research purposes. If Health Plan does not receive your specific authorization, your privacy will be protected by strict confidentiality requirements used by an Institutional Review Board that oversees the research or by representations of the researchers that limit their use and disclosure of your protected health information.

YOUR RIGHTS

Right to Receive Notice. You have the right to receive a copy of this Notice on paper even if you have requested the Notice by e-mail or in some other electronic transmission.

Access to Protected Health Information. You have the right to copy and/or inspect the protected health information that Health Plan has about you. You have to ask us in writing and sign the request. You can obtain a form for making the request from and send the written request to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits. For copies Health Plan may charge you a reasonable cost-based fee per page, and may also charge for postage if you request a mailed copy. For preparing a summary of the requested protected health information Health Plan may charge you its costs to prepare the summary.

Amendments to Protected Health Information. You have the right to request that Health Plan amend your protected health information. Health Plan does not have to make your amendments but will carefully consider your request. All amendment requests must be in writing, signed and state the reasons for the amendment. You can obtain a form for making the request from and send the written request to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits.

Accounting for Disclosures of Protected Health Information. You have the right to obtain an accounting of certain disclosures Health Plan makes after April 14, 2003 of your protected health information. To obtain this accounting, you have to sign and complete a form which you can obtain from and send to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits. It will not cost you anything for one accounting in a 12-month period, but for each accounting after one in a 12-month period Health Plan may charge you a reasonable cost-based fee and will notify you of the fee prior to preparing the accounting.

Restrictions on Uses and Disclosures. You have the right to ask for restrictions on certain uses and disclosures Health Plan makes of your protected health information for treatment, payment or health care operations. You can obtain a form for making the request from and send the written request to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits. Health Plan does not have to agree to any restriction, but will review it and if it considers it appropriate allow the restriction. Health Plan reserves the right to stop any restriction at any time by giving you written notice. You can also stop a restriction by giving written notice to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with Health Plan on a complaint form. You can obtain the form from and send the complaint to: Youngstown State University, One University Plaza, Youngstown, Ohio 44555, Attn: Manager of Employee Benefits. Health Plan will review it and respond to you. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have any questions about this Notice, you can talk to the Manager of Employee Benefits at: Youngstown State University, One University Plaza, Youngstown, Ohio 44555; phone: 330-941-3748.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.