

**PREMIER HEALTH PLAN  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION 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 Premier Health Insuring Corporation and Premier Health Plan Inc. For purposes of this notice, "Premier Health Plan" refers to Premier Health Plan, Inc. (PHP) and Premier Health Insuring Corporation (PHIC). PHP and PHIC are affiliated covered entities under the Health Insurance Portability and Accountability Act (HIPAA). This means PHP and PHIC are under common ownership and control and have agreed to treat themselves as a single covered entity under HIPAA. This permits PHIC and PHP to share your protected health information between themselves for purposes permitted under applicable law. Premier Health Plan will share protected health information of members as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to protected health information. For doctors and hospitals, protected health information is found in items such as medical records and clinical charts. For a health plan, protected health information is found in records such as enrollment records, premium bills, health assessment data, biometric screening data, health outreach documentation, and care management program records. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. The revised Notice will be mailed to all members then covered by the Plan and posted on the Plan's website.

### **Protecting Your Information**

We are committed to protecting your privacy. Appropriate measures are taken to use only the minimum necessary information for the job at hand. Staff are trained on privacy and confidentiality to protect your privacy. Precautions are taken to ensure your information is discussed in confidential settings, written protected health information PHI is maintained in locked cabinets, and PHI stored electronically is secure. If we need to use or disclose your PHI for any purpose not covered under HIPAA regulations, you will be contacted to obtain your authorization to do so.

### **Uses and Disclosures of Your Protected Health Information**

**Your Authorization:** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. A Member Authorization to Use or Disclose Protected Health Information form may be obtained by contacting Member Services. All completed authorization forms must be submitted back to the Member Services Department. You have the right to revoke that authorization in writing unless we have already taken any action in reliance on the authorization. There are certain uses and disclosures of your protected health information for which we will always obtain a prior authorization, and these include:

- **Marketing communications**, unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment;

- Most sales of your protected health information unless for treatment or payment purposes or as required by law; and
- Psychotherapy notes unless otherwise permitted or required by law.

**Uses and Disclosures for Treatment:** We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

**Uses and Disclosures for Payment:** We will make uses and disclosures of your protected health information as necessary for the payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan which may also have an obligation to process and pay claims on your behalf.

**Uses and Disclosures for Health Care Operations:** We will use and disclose your protected health information as necessary, and as permitted by law, for our healthcare operations which include credentialing health care providers, professional peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefit plans. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management but only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and Friends Involved in Your Care:** With your approval, from time to time we may disclose your protected health information to designated family, friends, and others who are involved in your care, or are involved in payment for your care, in order to facilitate that person's involvement in caring for you or in paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide certain protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Communications with You:** We may communicate with you regarding your claims, premiums or other things connected with your health plan. You have the right to request, and we will accommodate reasonable requests by you, to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. We cannot, however, agree to electronic mailing of an ID card at this time. Please remember that electronic communications are, by their nature, not encrypted or completely secure. We will not be responsible for disclosures caused by a member request to provide confidential communications to invalid fax numbers or incorrect email addresses. You may request confidential communications by completing and submitting a form available from the Member Services Department.

**Other Health-Related Products and Services:** We may use your protected health information from time to time to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness or contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

**Research:** In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of all patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board which oversees the research or by representations of the researchers that limit their use and disclosure of member information.

**Genetic Information:** We are prohibited from using or disclosing your genetic information for underwriting purposes.

**Other Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

We may release your protected health information:

- For any purposes required by law;
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- As required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- To a student's school, but only if parents or guardians (or the student if not a minor) agree either orally or in writing;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- If required to do so by subpoena or discovery request; in most cases you will have notice of such release;
- To law enforcement officials as required by law to report wounds, injuries, and crimes;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange for an organ or tissue donation from you or a transplant for you;
- For certain research purposes when such research is approved by an Institutional Review Board with established rules to ensure privacy;
- In limited instances if we suspect a serious threat to your health or safety;
- As required by armed forces services if you are a member of the military; we may also release your protected health information if necessary for national security or intelligence activities; and
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program, and before disclosing information about mental health services you may

have received. For full information on when such consents may be necessary, you can contact the Privacy Officer, 110 N. Main Street, Suite 930, Dayton, Ohio 45402.

## Rights That You Have

**Access to Your Protected Health Information:** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. However, please remember that we do not collect or maintain any medical records or hospital charts. We can only provide you access to the protected health information that we have in our records, which consists mainly of the information from claims that your healthcare providers have submitted to us, as well as enrollment information and the files for Member Services logs, utilization review files, or files for any complaints and grievances that you have filed with us. All requests for access must be made in writing and signed by you or your representative. You may obtain an access request form from the Member Services Department. If we are unable to provide you the access requested, we will contact you in writing and explain the reason for the denial of the access you requested and the process to appeal this denial, if the grounds for denial are reviewable. We may charge you per page if you request a copy of the information. We may also charge for the postage if you request a mailed copy and may charge for preparing a summary of the requested information if you request such summary.

You have the right to obtain an electronic copy of your health information that exists in an electronic format, and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information. We may charge you a fee for our labor and supplies in preparing your copy of the electronic health information.

**Amendments to Your Protected Health Information:** You have the right to request in writing that protected health information we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. In order to be considered by us, all amendment requests must be in writing, signed by you or your representative, and state the reasons for the amendment/correction request. You may obtain an amendment request form from the Member Services Department. If any amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

**Accounting of Disclosures of Your Protected Health Information:** You have the right to receive an accounting of certain disclosures by us of your protected health information for six years prior to the date of your request. The accounting will not include disclosures that were made: for purposes of treatment, payment or healthcare operations; to you; pursuant to your authorization; to your friends or family in your presence or because of an emergency; for national security purposes; or incidental or otherwise permissible disclosures. Requests must be made in writing, signed by you or your representative, and submitted to the person listed below. The first accounting in any 12-month period is free. You will be charged a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Protected Health Information:** You have the right to request, in writing, restrictions on certain of our uses and disclosures of your protected health information for treatment, payment, or health care operations. A restriction request form can be obtained from the Member Services Department. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such



termination. You also have the right to terminate, in writing, any agreed-to restriction by sending such notice to the Member Services Department.

**Breach Notification:** In the unlikely event that there is a breach or unauthorized release of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint, in writing, with the Member Services Department or the Privacy Officer, Premier Health, 110 N. Main Street, Suite 930, Dayton, Ohio 45402. You may also file a complaint, in writing, within 180 days of a violation of your rights with the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. There will be no retaliation for filing a complaint.

### **For Further Information**

If you have questions or need further assistance regarding this Notice, you may contact the Member Services Department (Premier HealthOne Plan Member Services: (855) 572-2159) (Premier Health Advantage Plan Member Services: (855) 572-2161) (Premier Health Business Value Plan Member Services (855) 572-2160) TTY users call (855) 250-5604) or the Privacy Officer, 110 N. Main Street, Suite 1200, Dayton, Ohio 45402.

This Notice of Privacy Practices is provided to all members on paper but is also available electronically on Premier Health Plan's website. As a member, you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. To request a paper copy of this notice, please contact Member Services and request that it be mailed to you.

### **Effective Date**

This Notice of Privacy Practices is effective October 21, 2016.