

Oklahoma State University and the Agricultural and Mechanical Colleges
EMPLOYEE GROUP HEALTH PLAN
NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: January 1, 2015

This NOTICE describes how the OSU A&M (Institution’s) Employee Health Plan may use or disclose your health information and how you can get access to that information. It applies to the health information that is protected by HIPAA that is generated or maintained by the Institution’s Employee Health Plan.

Please review it carefully.

In order to provide you with benefits, the Institution will receive personal information about your health, from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

The Institution’s Employee Health Plan is required by law to protect the privacy of your health information that is protected by HIPAA, give you a Notice of its legal duties and privacy practices, and follow the current Notice. It will be followed by all employees of the Institution’s Health Plan.

KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO: This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

WHO MUST ABIDE BY THIS NOTICE

- OSU A&M Group Health Plan.
- All employees, staff, students, volunteers and other personnel whose work is under the direct control of the Institution.

The people and organizations to which this notice applies (referred to as “we,” “our,” and “us”) have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy

practices and legal duties regarding health information to anyone who asks for it.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

Treatment: The Institution’s Employee Health Plan may use or disclose your health information for treatment, services, or activities of health care providers. *Example:* Your health coverage or eligibility information may be shared with doctors so a treatment plan can be arranged.

Payment: The Institution’s Employee Health Plan may use your health information for

payment activities, such as to determine plan coverage. *Example:* Your health information may be released to coordinate payment for services.

Operations: The Institution's Employee Health Plan may use your health information for uses necessary to run its healthcare plan, such as to conduct quality assessment activities, train, audit, or arrange for legal services. We are not allowed to use genetic information to decide whether to give you coverage or the price of that coverage. (This does not apply to long-term care plans.) *Example:* The Institution's Employee Health Plan may access your health information to help you resolve claims issues.

Administration of the Plan: The Institution's Employee Health Plan may disclose your health information to the health plan sponsor for plan administration. *Example:* We may provide the plan sponsor with certain statistics to explain or determine premium setting.

Business Associates: The Institution's Employee Health Plan may disclose your health information to other entities that provide a service to the Institution's Employee health Plan or on behalf of the Institution's Employee Health Plan that requires the release of your health information, such as a third party

administrator, but only if the Institution's Employee Health Plan has received satisfactory assurance that the other entity will protect your health information.

Individuals Involved in Your Care or Payment for Your Care: The Institution's Employee Health Plan may release your health information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

Research: We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

Public Health Activities: We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

To Report Abuse: We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such

reporting, or with your permission.

Law Enforcement: We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

Specialized Purposes: We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and

maintenance of the correctional institution. We may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance).

Oklahoma law requires that the Institution's Employee Health Plan inform you that health information used or disclosed may indicate the presence of a communicable or noncommunicable disease. It may also include information related to mental health.

Information to Members: We may use your health information to provide you with additional information. This may include sending appointment reminders to your address. This may also include giving you information about treatment options or other health-related services that we provide.

Underwriting Purposes: The Institution uses protected health information to conduct underwriting/rate setting purposes. However, federal law prohibits the use or disclosure of genetic information about an individual for such purposes.

Health Benefits Information: Since your enrollment in the Institution's health plan is sponsored by your employer, your health information may be disclosed to your employer, as necessary for the

administration of your employer's health benefit program for employees. Employers may receive this information only for purposes of administering their employee group health plans, and must have special rules to prevent the misuse of your information for other purposes.

Your Rights Regarding Your Health Information

Authorization: We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization. If you authorize us to use or disclose your health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the

authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

Right to Request Restrictions:

You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law or for treatment purposes.

Confidential Communication:

If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

Inspect And Receive a Copy of

Health Information: You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medical and billing records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying, reproducing in electronic media, and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

Amend Health Information:

You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is

something you would not be permitted to inspect or copy, or if it is complete and accurate.

Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover.

Right to a Copy of This Notice:

You have the right to a paper copy of this Notice, which is posted on OSU and A&M Human Resources' websites.

Right to Designate a

Representative: If you have given someone a medical power of attorney or have a legal guardian, that person can exercise your rights under HIPAA and make choices about your health information. We may require proof of this person's status.

Complaints: You have a right to complain about our privacy practices, if you think your

privacy has been violated. You may file your complaint with us, or with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Changes to this Notice:

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will mail the new notice to all subscribers within 60 days of the effective date.

The new notice will include an effective date.

WHOM TO CONTACT: Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

Privacy Official:

Director of Benefits
106J Whitehurst
Stillwater, OK 74078
(405) 744-5449