



## NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

This Notice provides information about the use and disclosure of protected health information by the Optimal Health Initiatives Consortium (“OHI”). OHI is required by law to maintain the privacy of protected health information. Protected health information, or “PHI,” is information about you that relates to your health, condition, health care provided to you, and payment for health care services. Your PHI includes any of this information that identifies you or could be used to identify you. This Notice is provided to you to explain Our legal duties and privacy practices with respect to your PHI. The Optimal Health Initiatives Consortium is required to abide by the terms of the Notice currently in effect.

This notice applies to the Optimal Health Initiatives Consortium and its controlling divisions, namely:

- Northern Buckeye Health Plan, Northwest Division of OHI;
- Scioto Health Plan, Southeast Division of OHI; and
- Butler Health Plan, Southwest Division of OHI; and
- Ohio Healthcare Plan, Central Division of OHI.

When used in this Notice, the term “We” or “Our” refers to OHI and its divisions.

**Uses and Disclosures of PHI.** We will use or disclose your PHI as needed and in accordance with the law for purposes of treatment, payment and health care operations. We may use and disclose your PHI for the following purposes without your consent or permission:

***Treatment:*** “Treatment” means the provision, coordination or management of health care by one or more health care providers, including consultations, referrals and coordination with a third party. We are not a health care provider and do not render health care; however, We may disclose your PHI to a health care provider, for example, to assist that provider with respect to your treatment.

***Payment:*** “Payment” includes the activities undertaken by a health care provider to obtain payment and the activities undertaken by a plan to determine eligibility and benefits; to conduct utilization review, precertification, concurrent care and retrospective review activities; to bill and collect premiums; to coordinate benefits and enforce its reimbursement and subrogation rights; and to obtain payment from stop-loss insurance. For example, We may disclose your PHI to Our claims administrator so that We can determine the amount of benefits that may be payable by your health plan.

***Health Care Operations:*** “Health care operations” includes underwriting, premium rating, and other activities relating to the creation or maintenance of a health plan; the acquisition and maintenance of stop-loss insurance; conducting or arranging for medical review, legal services and auditing; business planning and development relating to the management and

operation of a health plan; and conducting the general business activities of a plan. For example, We may disclose your PHI in order to obtain or renew stop loss insurance coverage.

***Underwriting Purposes:*** If at any time We intend to use or disclose your PHI for underwriting purposes, please be advised that We are prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

***Business Associates:*** The activities and functions listed above may be performed by third parties, called business associates. We may disclose your PHI to a business associate to the extent necessary for it to perform those activities and functions. Our claims administrator is a business associate. We may have other business associates as well. When disclosing information to a business associate, We will appropriately protect your PHI by contract.

***Other Disclosures:*** We may use or disclose your PHI without your consent or authorization to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Examples of instances in which We are required to disclose your PHI include: (a) to a person who is authorized by applicable law to make decisions on your behalf regarding your health care and to your executor, administrator or other personal representative following your death; (b) to a member of your family or a close friend who is involved in your health care or payment for your health care to the extent of his or her involvement; however, We will not do so if you tell us not to; (c) to an authorized public health authority for certain public health activities such as preventing and controlling disease, injury or disability; (d) in response to a court order or other lawful process; (e) to a law enforcement official for law enforcement purposes to the extent permitted under law; (f) to a governmental health oversight agency; (g) to coroners, medical examiners and funeral directors as needed for them to perform their duties; (h) for cadaveric donation of organs, eyes or tissue; (i) to avert a serious threat to the health or safety of any person or to the public; (j) certain military activities; (k) national security and intelligence activities; (l) to a correctional institution where you are an inmate; (m) to permit a Sponsor to comply with laws regarding workers compensation and work-related medical conditions; and (n) to a governmental health oversight agency.

***Disclosures to Plan Sponsors:*** We will disclose your PHI to designated representatives of Our Plan Sponsors for purposes related to treatment, payment and health care operations. For example, We may disclose information to the Plan Sponsors regarding your present or former enrollment information. The Plan Sponsors are also required to protect your PHI.

**Uses and Disclosures Pursuant to Your Authorization.** We will not make any other use or disclosure of your PHI (other than disclosures incidental to a permitted use or disclosure) unless you give us your written authorization to do so. We require your written authorization for most uses and disclosures of psychotherapy notes, for marketing (other than a face-to-face communication between you and one of Our workforce members or a promotional gift of nominal value), or before selling your PHI. If you authorize us to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, We will no longer use or disclose your PHI for the reasons listed in your written authorization. The revocation will not apply to uses or disclosures that have already occurred. Also, We will continue to comply with laws that require certain disclosures.

**Additional Protection of Your PHI.** Special state and federal laws apply to certain classes of

PHI. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, We will obtain your authorization before releasing this type of information.

**Your Rights.** You have certain rights with respect to your PHI.

***Restrictions on Uses and Disclosures:*** You have the right to request restrictions or limits on your PHI We use or disclose about you for treatment, payment or health care operations. We are not required to agree to such other requests. However, if We do agree, We will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. Restriction requests must be in writing and you must tell us: (1) what information you want to limit; (2) whether you want to limit Our use, disclosure or both; and (3) to whom you want the limits to apply. We may terminate an agreement to a restriction if We inform you of this termination. We will notify you of such termination, if applicable. You may also request to terminate a restriction or limitation on your PHI. To request a restriction or limit on your PHI, write to the contact person listed near the end of this Notice.

***Restrictions on Communications from OHI:*** You have the right to make a written request that We communicate with you by alternate means or at alternate locations if you clearly state that the disclosure of your PHI through Our ordinary means of communications could endanger you. We will accommodate reasonable requests. Direct your written request to the contact person listed near the end of this Notice.

***Inspection and Copying of PHI:*** You have the right to make a written request that you be allowed to inspect and copy your PHI. All requests for access to your PHI must be in writing and signed by you or your representative. We may charge you a fee, especially if extensive and/or non-recent PHI is requested. We may also charge for postage if you request a mailed copy. If the information you request is maintained electronically and you request an electronic copy of such information, We will provide you with access to the information in the electronic form and format you request, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as you and We agree. In some limited situations, your request to review or receive a copy may be denied. For example, when a licensed health care professional determines that access may endanger your life/physical safety or the life/physical safety of another. In some denial situations, you have the right to have the denial evaluated by a reviewing official. Based upon the determination of the reviewing official We will then provide or deny access. To request to review and/or receive a copy of your PHI, you or your representative, as applicable, will need to complete a signed release of information authorization form that may be obtained the contact person listed near the end of this Notice.

***Amendment of PHI:*** You have the right to make a written request to amend your PHI. As part of your request, you must explain the reasons why you think the information should be amended. We are not obligated to make all requested amendments but will give each request careful consideration. For example, an amendment request may be denied if the information to be amended was not created by us or is not part of the PHI kept by us. If an amendment 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. Direct your written request for amendments to the contact person listed near the end of this Notice.

**Accounting of Disclosures:** You have the right to make a written request for and to receive an accounting of disclosures of your PHI that We have made during the 6 years prior to the date the accounting is requested. However, this does not apply to disclosures made for purposes of treatment, payment or health care operations, disclosures made to you, disclosures made to persons involved in your care, or disclosures made for national security or intelligence purposes as authorized by the National Security Act.

**Paper Copy of Notice:** You may request and receive a paper copy of this Notice, even if you have received an electronic version of this Notice.

**Breach Notification:** In the event of any breach of unsecured PHI, We are required to, and will, fully comply with breach notification requirements mandated by law, which will include notification to you of any impact that breach may have had on you and the actions We have undertaken to minimize any impact the breach may or could have on you.

**Complaints.** If you are concerned that We have violated your privacy, or you disagree with a decision We made about access to your records, you may file a complaint with Our Privacy Officer. If you want to file a complaint, send a written statement describing your complaint to the contact person listed below. No one will retaliate against you for filing a complaint. If you believe that your privacy rights have been violated, you may also contact the Secretary of the Department of Health and Human Services (HHS). Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the action or omission.

**Privacy Notice Changes.** We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for PHI We already have as well as any information We may receive in the future. We will post a copy of the current Notice on Our websites. You may link to each division from <http://www.ohi-online.org> Also, if We revise the Notice, We will provide the revised Notice, or information about the revision and how to obtain the revised Notice, in Our next annual communication (newsletter or mailing) to individuals then covered by OHI's health plans.

**Contact.** If you wish to file a complaint or obtain further information about OHI's privacy policy, please contact:

Privacy Officer  
Optimal Health Initiatives  
400 North Erie Blvd., Suite B  
Hamilton, OH 45011  
Ph: 513-896-2300

**Effective Date.** The effective date of this Notice of Privacy Practices is September 23, 2013.