

WITTENBERG UNIVERSITY WELFARE BENEFIT PLAN

Notice of Privacy Practices for Protected Health Information

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

This Notice of Privacy Practices describes how the Wittenberg University Welfare Benefit Plan³ WKH 3 V BUCH HDH Q FHG KHUHLQ DV³ ZH³ R XUV\ B QG S X R W X F M N G D C KHDOWK LQIRUP B W V L R Q I R U B D W L R Q W K D W L G V W R V K I H L D O W R X F D Q G U services, the payment of health care services or your physical or mental health condition, in the past, present or future. This notice also describes your rights to access and control your PHI.

The terms of this Notice apply to Plan participants as related to participation in medical/prescription, dental, and/or vision benefits under the Plan, as well as participation in the 3 O D Q T V KHDOWK IOH L E O H V S H H O G W K J D F F I R Q C W D S U R X I O A P S U R J R W K H U F R P S R Q H Q W K H O P W K E P A U U L W O C W K S W Under no circumstances will the terms of this Notice apply to any non-health component benefit under the Plan (such as disability insurance or life insurance).

We are required by federal law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the Notice effective for all PHI maintained by us. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new Notice in which the material change is reflected.

Uses and Disclosures of Your Protected Health Information

Authorization. We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose PHI to anyone for any purpose. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time by sending a written request for revocation to the Privacy Official at Wittenberg University, Human Resources Department, P.O. Box 720, Springfield, OH 45501.

Disclosure for Treatment: We may use or disclose your PHI as necessary to facilitate your medical treatment or services by providers. For instance, a doctor or health care facility involved in your care may request your PHI in our possession to assist in your care.

Uses and Disclosures for Payment. We will use and disclose your PHI as necessary to determine and pay for covered services. For instance, we will use your PHI to process or pay claims, for subrogation, to perform a hospital admission review to determine whether services are for medically necessary care or to perform a prospective review. We may also forward your PHI to another health plan in order for it to process or pay claims on your behalf. The Plan may mail explanation of benefits (EOB) forms and other information to the member at the address it has on record for the member.

Uses and Disclosures for Health Care Operations. We may use and disclose your PHI as necessary for our own Plan operations. Operational activities include, but are not limited to the following activities: quality assessment and improvement activities, activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of the Plan. For example, we may use PHI to provide disease management programs for participants with specific conditions, such as diabetes, asthma, or heart failure. Other operational activities requiring use and disclosure of PHI include administration of stop loss coverage; legal, actuarial; and audit services; business planning and cost management; detection and investigation of fraud; administration of pharmaceutical activities, including data and information systems management and customer service. The Plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Other Health-Related Uses and Disclosures. We may also use and disclose your PHI to send you treatment reminders for services, such as mammograms or prostate cancer screenings. Also, we may use or disclose your PHI to give you information about alternative medical treatments and programs or health-related products and services that may be of interest to you. For example, we might send you information about smoking cessation or weight-loss programs.

Plan Sponsor. To determine if and when you and your family members are covered by the Plan, we may disclose your PHI to Wittenberg University, the Plan Sponsor. The Plan will also periodically disclose PHI to Wittenberg University so that designated employees can assist participants with benefits questions, problems and appeals; perform financial planning and projections; monitor the performance of third parties; and oversee and assist with the

administration of the Plan. Wittenberg University will only use the PHI for these purposes or as authorized by you or as required by law.

Business Associates. Certain aspects and components of our services are performed by outside people or organizations pursuant to contracts. It may be necessary for us to disclose your PHI to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your PHI.

Family, Friends and Personal Representatives.

Care if it allows such person to act when you are unable to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our judgment, we determine that it is not in your best interest.

Restrictions on Use and Disclosure of your PHI. You have the right to request restrictions on how we use or disclose your PHI for treatment, payment and Plan operations. You also have the right to request restrictions on disclosure to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to:

For

