

JOHN CARROLL UNIVERSITY

NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2019

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

NOTE: A large print version of this Notice is available upon request.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information, includes virtually all individually identifiable health information held by the Plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of John Carroll University’s (JCU) Group Health Plan (PPO, HMO), Dental Plan, Vision Plan, Employee Assistance Plan, and Healthcare Spending Account Plan. The plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

PHI means any information, transmitted or maintained in any form or medium, which JCU creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services and that identifies you or could be used to identify you. We maintain your PHI in a record we create of the services and items you receive from JCU. This Notice applies to all of those records created, received or maintained by JCU.

The Plan is required by law to maintain the privacy of your health information, to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your PHI, and to comply with the currently effective terms of this notice. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It’s important to note that these rules apply to the Plan, not JCU as an employer. Different policies may apply to other JCU programs

or to data unrelated to the health plan.

HOW WE MAY USE AND DISCLOSE YOUR PHI

The following paragraphs describe different ways that we use and disclose PHI.

Use for Treatment, Payment, or Health Care Operations

The privacy rules generally permit the use and disclosure of your health information without your permission (known as an authorization) for purposes of Treatment, Payment, and Health Care Operations.

- **For Treatment.** We may use PHI about you to provide you with health care treatment or services. Treatment includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. We may disclose PHI about you to JCU personnel, as well as to doctors, nurses, hospitals, clinics, or other health care providers who are involved in your care. JCU may also share PHI about you in order to coordinate health care services and items that you may need. *For example, the plan may share health information about you with physicians who are treating you.*
- **For Payment.** We may use and disclose your PHI for the purposes of payment activities. Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, we may need to give information about the services or items that you received to another health insurance plan so that the plan can pay your providers or reimburse you for the services or items.*
- **For Health Care Operations.** We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to make sure you receive quality care. Health care operations include activities by this Plan (and in limited circumstances other plans or providers) such as wellness

and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. We may also disclose information to doctors, nurses, hospitals, clinics, and other health care providers, for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the names of the specific individuals. *For example, we may use PHI to review treatment and services and to evaluate the performance of staff in providing services to you.*

The amount of health information used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. The Plan may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures of PHI

How the Plan may Share your Health Information with JCU

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to JCU for plan administration purposes. JCU may need your health information to administer benefits under the Plan. JCU agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. HR Department employees, and certain employees in the ITS Department and Business Office, are the only JCU employees who will have access to your health information for plan administration functions.

Under HIPAA rules, The Plan may disclose “summary health information” to JCU if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information has been removed. The Plan may also disclose to JCU information on whether an individual is participating in the Plan, or

has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that JCU cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by JCU from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a friend or family member who is involved in your medical care with your permission. We may also give information to someone who helps pay for your care. In addition, we may disclose PHI about you to a person or entity assisting in an emergency so that your family can be notified about your condition, status and location. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if it is in the best interest of your care. Information that may be disclosed includes: describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts).
- **As Required By Law.** We will disclose PHI about you when required to do so by federal, state, or local law.
- **HHS Investigations.** We may disclose your PHI to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule.
- **Public Health Risks and Safety Issues.** We may disclose PHI about you for public health activities in the following situations: to prevent or control disease; to assist with product recalls or defects; to report adverse reactions to medications; to report suspected child abuse, neglect, or domestic violence, as required by law.
- **Victims of Abuse.** We may disclose your PHI to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that

disclosure is necessary to prevent serious harm to you or potential victims. You will be notified of the Plan's disclosure if informing you won't put you at further risk.

- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Judicial Proceedings.** If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official as permitted by law.
- **Coroners and Medical Examiners.** We may release PHI to a coroner, medical examiner, or funeral director when an individual dies. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, we might disclose PHI to be used in a research project involving the effectiveness of certain procedures. In some cases, we might disclose PHI for research purposes without your knowledge or approval. However, such disclosures will be made only if approved through a special process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with an individual's need for privacy of their PHI.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when there is a good faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat.
- **Special Government Functions.** If you are a member of the armed forces or national security, we may release PHI about you as required by authorities.

➤ **Organ and Tissue Donations.** We are authorized to share PHI with organ procurement organizations upon their request.

□ **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you, such as disease prevention, health care or benefits available to you. We may also work with other agencies, health care providers, and companies to provide wellness and prevention programs.

□ **Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.

When required to do, the Plan will disclose only the minimum amount of PHI necessary to accomplish the intended purpose of a use, disclosure or request for PHI.

YOUR RIGHTS REGARDING PHI

You have the following rights with respect to your PHI. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for:

- **Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and copy your PHI maintained by the Plan in a "Designated Record Set." This information may include health care, health payments, and billing records. You do not have a right of access to psychotherapy notes or information prepared in anticipation of or for use in, a civil, criminal, or administrative action. Under certain circumstances, you also do not have a right of access to information created or obtained in the course of research involving treatment or received from someone other than a health care provider under a promise of confidentiality. If you want to exercise this right, your request to the Plan must be made in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), The Plan will provide you with the access or copies you requested, a written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint, or a written statement that the time period for reviewing your request will be extended for no

more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

- **Right to Request Correction.** You may ask us to amend the PHI we have about you if you think that the information is incorrect or incomplete. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will make the amendment as requested, provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint, provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.
- **Right to Receive Medical Records.** You may ask to see or receive an electronic or paper copy of your PHI. A copy or summary will usually be provided within 30 days of your request. We may charge a reasonable cost based fee.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the times that we have shared your PHI for six years prior to the date you ask, who we shared it with, and why. All disclosures except for those about treatment, payment, and health care operations, and certain other disclosures will be included. In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of

the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

- **Right to Request Restriction of Uses and Disclosures.** You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing. The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.
- **Right to Request Confidential Communications.** You also have the right to request that we communicate with you about health care matters in a certain way or at a certain location if you think that disclosure by the usual means would endanger you. If you want to exercise this right, your request must be made in writing and you must include a statement that disclosure could endanger you.
- **Right to Receive Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice, please write to or call JCU's Privacy Officer. _

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices that are described in this Notice. We reserve the right to make the

revised or changed privacy practices applicable to PHI we already have about you as well as any information we receive in the future.. Prior to a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in this Notice, we will promptly revise the Notice. The Notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, you must submit a letter in writing to the Privacy Officer. Your letter must describe the alleged violation and, if possible, the dates of when the alleged violation may have occurred. The Privacy Officer will investigate, respond and take appropriate action regarding your complaint.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission 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 PHI about you for the reasons covered by your written authorization. You understand that we are unable to retract any disclosures we have already made with your authorization, and that we are required to retain our records of the Plan relating to claims, coordination of benefits, payments by the Plan and related matters.

PRIVACY OFFICER

For more information about the Plan's privacy policies and your rights under HIPAA, please contact the Privacy Officer:

Ryan Armsworthy
Director of Total Rewards
216-397-1576
rarmsworthy@jcu.edu