WITTENBERG UNIVERSITY
FLEXIBLE SPENDING ACCOUNT PROGRAM

Notice of Privacy Practices for Protected Health Information

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

Wittenberg University (“WU”) sponsors a flexible spending account program (the “Health Plan”). This notice describes the privacy practices of that Health Plan. This notice does not apply to disability benefits, life insurance, or any non-health plans or benefits.

As you read this notice, you’ll see the term “protected health information” or PHI. Protected health information is health information that identifies you and relates to your medical history (i.e., the medical care you receive or the amounts paid for that care) that is created or obtained by the Health Plan in connection with your eligibility for or receipt of benefits under the Health Plan.

Federal law requires that the Health Plan maintain the privacy of protected health information, give you this notice of the Health Plan’s legal duties and privacy practices, and follow the terms of this notice as currently in effect.

WU contracts with a claims administrator (and may contract with other third parties) to provide Health Plan services. The activities of the Health Plan as described in this notice include the activities of the third parties when performing services for the Health Plan. Protected health information may be shared among the components of the Health Plan and the third parties providing services for the components of the Health Plan in the course of payment and Health Plan operations. The current claims administrator is listed under Contact Information, below. When their services involve the use of protected health information, the third parties will be required to perform their duties in a manner consistent with this notice.

This notice will become effective on April 14, 2004.

How the Health Plan Uses and Shares PHI for Payment and Health Plan Operations

Below are some examples of ways that the Health Plan may use or share information about you for payment and Health Plan operations. For each category, a number of uses or disclosures will be listed, along with an example. However, not every use or disclosure in a category will be listed. The Health Plan may use or share your protected health information for:

- **Payment:** The Health Plan will use and disclose your protected health information to determine eligibility for Health Plan benefits, facilitate payment for treatment and other services from health care providers, to determine benefit responsibility under the Health Plan, and to coordinate Health Plan coverage. Other payment activities include, without limitation, coordinating care, reimbursement, and responding to questions, complaints, and other customer service issues. The Health Plan will mail Explanation of Benefits forms and other information to the employee at the address it has on record for the employee.

- **Health Plan Operations:** The Health Plan will use and disclose your protected health information for Health Plan operations. Operational activities include quality assessment and improvement and
performance measurement and outcomes assessment. Other operational activities requiring use and disclosure of protected health information include, without limitation, legal, actuarial, and audit services, business planning and cost analysis, detection and investigation of fraud, administration of payments and reimbursements, and other general administrative activities, including data and information systems management and customer service.

The Health Plan may also disclose protected health information to providers or other health plans for the payment and certain operational activities of the provider or other health plan.

**Disclosures that the Health Plan May Make to Others Involved in Your Health Care**

The Health Plan may disclose protected health information to a family member, a friend, or any other person you identify, provided the information is directly relevant to that person’s involvement with your health care or payment for health care by the Health Plan. For example, if a family member or a caregiver calls the Health Plan with prior knowledge of a claim, the Health Plan may confirm whether or not the claim has been received and paid or may refer such person to the claims administrator. You have the right to stop or limit this kind of disclosure. See Contact Information, below.

**Disclosures You May Authorize the Health Plan to Make**

The Health Plan will not use or disclose your protected health information for any reason other than those listed in this notice unless you provide a written authorization.

You may give the Health Plan written authorization to use and/or disclose your protected health information to anyone for any purpose. If you give the Health Plan an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure made pursuant to your authorization while it was in effect.

**Disclosures that the Health Plan May Make to WU**

To determine if and when you are covered by the Health Plan, the Health Plan will share enrollment information about you with WU. The Health Plan will also periodically disclose protected health information to WU so that designated employees can assist you with benefits questions and problems, monitor the performance of third parties, and oversee and assist with the administration of the Health Plan. WU will only use the protected health information for these purposes or as authorized by you or as required by law.

**Other Uses and Disclosures of PHI**

There are state and federal laws that may require or allow the Health Plan to release your protected health information to others. The Health Plan may provide information for the following reasons:

- **Health Oversight Activities:** The Health Plan may disclose your protected health information to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activities.

- **Legal Proceedings:** The Health Plan may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.
• **Law Enforcement:** The Health Plan may disclose your protected health information to law enforcement officials under limited circumstances. For example, in response to a warrant or subpoena, for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information concerning victims of crimes.

• **For Public Health Activities:** The Health Plan may disclose your protected health information to a government agency that oversees the health care system or government programs for activities, such as preventing or controlling disease or activities related to the quality, safety, or effectiveness of an FDA regulated product or activity.

• **Required By Law:** The Health Plan may disclose your protected health information when required to do so by law.

• **Workers’ Compensation:** The Health Plan may disclose your protected health information when authorized by and to the extent necessary to comply with workers’ compensation laws and similar programs.

• **Victims of Abuse, Neglect, or Domestic Violence:** The Health Plan may disclose your protected health information to appropriate authorities if the Health Plan reasonably believes that you are a possible victim of abuse, neglect, domestic violence, or other crimes.

• **Coroners, Funeral Directors, and Organ Donation:** In certain instances, the Health Plan may disclose your protected health information to coroners or funeral directors, and in connection with organ donation.

• **Research:** The Health Plan may disclose your protected health information to researchers, if certain established steps are taken to protect your privacy.

• **Threat to Health or Safety:** The Health Plan may disclose your protected health information to the extent necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of others.

• **For Specialized Government Functions:** The Health Plan may disclose your protected health information in certain circumstances or situations to a correctional institution if you are an inmate in a correctional facility, to an authorized federal official when it is required for lawful intelligence or other national security activities, or to an authorized authority of the Armed Forces.

• **For Cadaveric Organ, Eye, or Tissue Donation:** The Health Plan may disclose your protected health information for the purpose of facilitating organ, eye, or tissue donation and transplantation.

**Individual Rights**

You have the following individual rights regarding the protected health information that the Health Plan maintains about you.

• **Right to Request Restrictions on Use and Disclosure of PHI.** You have the right to request restrictions on how the Health Plan uses or discloses your protected health information for payment or health care operations. The Health Plan will consider, but is not required to agree to your request for a restriction.
• **Right to Request Confidential Communications.** You may request that when the Health Plan sends communications to you that contain protected health information (e.g., an explanation of benefits), it sends them to you by alternative means or to an alternative location. A request must include the alternative location (e.g., fax number, address, etc.) to which you would like the Health Plan to send the information. The Health Plan will accommodate reasonable requests in cases where you have stated that normal communications would endanger you. The Health Plan may, but is not required to accommodate other requests. You may also direct the Health Plan to limit disclosures to family members or others who are involved in your health care or the payment of your care.

• **Right to Access Your PHI.** You have the right to inspect and/or obtain a copy of the protected health information that the Health Plan maintains about you in a designated record set. A fee will be charged for copying and postage. A designated record set contains protected health information that the Health Plan collects, maintains, or uses to administer or make decisions regarding your enrollment, payment, and claims adjudication. There are some exceptions as to what information can be accessed. For example, information compiled for legal proceedings cannot be accessed. If the Health Plan denies access to your information, in part or in whole, it will notify you in writing. The denial will include the reason for the denial, your review rights (if applicable), and information on how to file a complaint.

• **Right to Request Amendments to Your PHI.** You have the right to ask the Health Plan to amend protected health information about you that is contained in a designated record set (as described above) if you think that information is incorrect or incomplete. The Health Plan may deny your request if you ask the Health Plan to amend information that: is not part of the protected health information kept by or for the Health Plan; was not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If the Health Plan denies the request, you may file a written statement of disagreement with the Health Plan.

• **Right to an Accounting of Disclosures of Your PHI.** You have the right to request an accounting of certain disclosures of protected health information. Your request must be in writing and must specify the time period for which you are requesting information. The period cannot start earlier than April 14, 2004, or go back more than six years from the date of your request. The accounting will not include disclosures made to you or with your written authorization or in the course of payment or health care operations. If you request such an accounting more than once in a 12-month period, the Health Plan will charge a reasonable fee.

A request to exercise any of these rights must be in writing. For more information, or to begin the formal process of exercising any of these rights, see Contact Information, below.

**Contact Information**

• If you want to exercise any of the individual rights described in this notice with respect to the Health Plan, you will need to complete the appropriate form, and send it to:

  TASC  
  2302 International Lane  
  Madison, WI  53704-3140  
  1-800-422-4661 (Phone)  
  1-608-245-3623 (Fax)  
  www.tasconline.com
To obtain the appropriate forms, contact the Health Plan’s Privacy Officer. You may also request the appropriate form from the claims administrator. Forms should be mailed to the address printed on the forms. The claims administrator will respond to your request after it receives your signed, completed form.

- For further information about the Health Plan or for a copy of this notice, contact:

  Health Plan Privacy Officer  
  Human Resources  
  Wittenberg University  
  P.O. Box 720  
  Springfield, Ohio 45501  
  937-327-7519

**Complaints**

You have the right to file a written complaint if you think this notice and/or your privacy rights have been violated. You will not be retaliated against or denied any Health Plan benefit or service because you file a complaint. Your complaint should be in writing and include: your name, full address, home and work telephone numbers, email address, the name, full address and phone of the person or entity that you believe violated your privacy rights, and a description of what happened (e.g., how, why, and when do you believe this notice and/or your privacy rights were violated). Your complaint may be filed with:

- The Health Plan’s Privacy Officer; or
- Secretary of the U.S. Department of Health and Human Services.

The Health Plan’s Privacy Officer will investigate and address any issues of noncompliance with this notice of which he or she is notified or becomes aware.

**Revisions to the Notice**

WU reserves the right to change the terms of this notice and to make the new notice effective for all protected health information maintained by the Health Plan. We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your rights, the Health Plan’s 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.