

**The Health Plan of the Upper Ohio Valley, Inc.**  
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**HomeTown**  
• HEALTH NETWORK •

100 Lillian Gish Boulevard  
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## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**We are required to provide this Notice to you by the Health Insurance Portability & Accountability Act (“HIPAA”).**

**PLEASE REVIEW IT CAREFULLY.**

At The Health Plan, we are committed to safeguarding the privacy of your protected health information. “Protected health information” includes your individually identifiable information which relates to your past, present, or future health treatment or payment for health care services.

This notice describes our privacy practices, which includes how we may use, disclose, collect, handle, and protect our members’ protected health information. This Notice becomes effective August 1, 2005. This Notice also describes your rights with respect to the Protected Health Information and how you can exercise those rights.

We are required by law to:

- Maintain the privacy of your Protected Health Information;
- Provide you this notice of our legal duties and privacy practices with respect to your Protected Health Information; and
- Follow the terms of this notice.

We reserve the right to revise our privacy practices and the terms of this Notice. We reserve the right to make the revised or changed Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a material change in our privacy practices, we will change this Notice and notify all affected members in writing, in advance of the change.

You may request a copy of our Notice by contacting us using the information listed at the end of this Notice.

The Health Plan will collect, use, and disclose your protected medical information to administer your health benefits plans. This shall include making payment for service and other operations necessary to administer your benefits. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure. This notice describes what types of information we collect and explains when and to whom we may disclose it. Our privacy practices apply to all of our past, present, and future customers.

## **HOW THE HEALTH PLAN MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

Much of the information maintained in The Health Plan record systems consists of private medical information of plan members. This information has been entrusted to us by the membership of the plan and the provider community. It is highly sensitive and requires thoughtful and attentive management by those who have access to it. **ALL** Health Plan staff are committed to protecting each member's right to privacy and safeguarding the medical information contained in the plan's record systems.

In performing daily functions, Health Plan employees shall seek to balance the need to access information to perform daily functions and ensure members appropriate and timely access to care with the need to protect the member's right to privacy.

- **For Payment:** We may use and disclose protected health information to pay for benefits under your health benefits coverage. For example: We may use your protected health information to pay claims from doctors, hospitals, pharmacies, and other services rendered to you that are covered by your health plan; to determine eligibility for benefits; to coordinate benefits with other insurance carriers, with respect to a particular claim; to obtain premiums; to examine medical necessity; to issue explanations of benefits to the person who subscribes to the health plan; or to assist you with your inquires or disputes.
- **For Health Care Operations:** We may also use and disclose protected health information for all activities of our healthcare operations. For example: Conducting quality assessment and improvement activities; case management and care coordination; conducting or arranging for medical review; legal and auditing services, including fraud and abuse detection and compliance programs; customer service; resolution of internal grievances; rating and underwriting; and to credential healthcare providers.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION TO OTHER ENTITIES:**

We may use and disclose protected health information to:

- **Other Covered entities:** (health plans, healthcare clearinghouses, and health care providers) For example, we may disclose your protected health information to a healthcare provider when needed by the provider to render treatment to you; and we may disclose protected health information to another covered entity to conduct healthcare operations in the areas of quality assurance and improvement activities, an accreditation, licensing, or credentialing.
- **Business Associates:** Is a person or entity that performs certain types of functions on our behalf, or provides services (such as utilization management, subrogation, or pharmacy benefit management). Business associates that receive, create, maintain,

use or disclose protected health information can do so only after we require the business associate to agree, in writing, to the contract terms designed to appropriately safeguard your protected health information.

- **Family and Friends Involved in Your Care:** With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your plan, we will inform that person when your premium has not been paid. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

### **USES AND DISCLOSURES TO PLAN SPONSORS:**

*The plan sponsor is the party or entity that ultimately pays for all the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.*

We may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us regarding a member's question, concern, issues regarding a claim, benefit, service, coverage, etc. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

### **USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRED BY LAW:**

We disclose protected health information when required by federal, state or local law including;

- **Public Health Activities:** For example, we may use or disclose your protected health information for the purpose of preventing or controlling disease such as reporting disease outbreaks. Additionally, we may provide protected health information to a governmental agency or regulator with health care oversight responsibilities.
- **Law Enforcement or Legal Proceedings:** We may disclose your protected health information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons, or similar process if it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.
- **Inmates:**  
If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for:
  1. the institution to provide healthcare to you,
  2. your health and safety and the health and safety of others, or
  3. the safety and security of the correctional institution.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donations:** We may disclose protected health information to a coroner or medical examiner for purposes of

identifying a deceased person; determining a cause of death; or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose, as authorized by law, information to funeral directors so they may carry out their duties. Additionally, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

- **Research:** We may disclose protected health information for research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability).
- **Abuse or Neglect:** We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence.
- **Workers' Compensation:** We may disclose protected health information to comply with Workers' Compensation laws and regulations related to Workers' Compensation.
- **To Prevent a Serious Threat to Health or Safety:** Your protected health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
- **Government Functions:** Your protected health information may be disclosed for the use of specialized government functions, such as protection of public officials or reporting to various branches of the armed services.

## **OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:**

Other uses and disclosures of your protected health information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. You may revoke that authorization, in writing, at anytime and this revocation will be effective for future uses and disclosures of protected health information. However, you should understand that we will not be able to take back any disclosures we have already made with your authorization.

## **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION WE MAINTAIN ABOUT YOU:**

The following is a description of your rights with respect to your protected health information:

- **Right to Access:**  
You have the right to inspect or get copies of the protected health information we maintain about you. However, you may not inspect or copy psychotherapy notes or information collected by us in connection with, or in reasonable anticipation of, any claim or legal proceedings. You must make a request in writing to obtain access to your protected health information

To inspect and/or copy your protected health information, you may obtain a form to request access by using the contact information listed at the end of this Notice. The first request within a 12 month period will be free. If you request access to your protected health information more than once in a 12 month period, we may charge you a reasonable cost based fee for responding to these additional requests. We will notify you upon receipt of your requests of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may

request that the denial be reviewed. A licensed healthcare professional, designated by The Health Plan, will review your request and the denial. We will comply with the outcome of that review.

- **Right to A List of Disclosures:**

You have a right to request a list of certain disclosures of your protected health information that are for reasons other than treatment, payment, or healthcare operations. Please note that most disclosures of protected health information will be for purposes of payment or healthcare operations.

The List of Disclosures will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed and the purpose of the disclosure. To request this list, you must submit your request in writing. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than 6 years and may not include dates before April 1, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

You may request a list of disclosures by contacting us by using the information listed at the end of this Notice.

- **Right to Request Confidential Communications:**

You have the right to request that we communicate with you in confidence about your protected health information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or via your work email. You must make your request in writing and you must state the information could endanger you if it is not communicated in confidence by the alternative means or to an alternate location you want. You must specify how or where you wish to be contacted. We will accommodate your requests if it is reasonable and continues to permit us to collect premiums and pay claims under your health plan.

You may request confidential communications by contacting us using the information listed at the end of this Notice.

- **Right to Request a Restriction:**

You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or healthcare operations, or that we disclose to someone who may be involved in your care or payment for your care like a family member or friend. We will consider your request, **but we are not required to agree to these additional restrictions.** If we do agree to it, we will comply with your request unless the information is needed to provide emergency treatment to you, is legally required, or which is necessary to administer our business.

You may request a restriction by contacting us using the information listed at the end of this Notice.

- **Right to Amend Your Protected Health Information:**

If you believe that your protected health information is incorrect or incomplete, you have the right to request that we amend your protected health information while it is kept by or for us. Your request must be in writing and it must explain why the information should be amended.

We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended.

You may request to amend your protected health information by contacting us using the information listed at the end of this Notice.

- **Right to File a Complaint:**

If you believe that your privacy rights have been violated, you may file a complaint with us using the contact information listed below. All complaints must be submitted in writing. You may also submit a written complaint to the U. S. Department of Health & Human Services. We will provide you with the address to file your complaint with the U. S. Department of Health & Human Services.

You will not be penalized in any way should you choose to file a complaint with us and/or the U.S. Department of Health & Human Services.

#### **ADDITIONAL INFORMATION:**

If you want additional information about our privacy policies or practices, or have questions or concerns, please contact us using the information listed below.

#### **CONTACT INFORMATION:**

	<b>Local</b>	<b>Toll-Free</b>
<b><u>Customer Service Dept. (Health Plan):</u></b>	(740) 695-7902	888-847-7902
<b><u>Customer Service Dept. (HomeTown):</u></b>	(330) 837-6880	800-426-9013

THE TERMS OF THIS **NOTICE OF PRIVACY PRACTICES** APPLY TO THE HEALTH PLAN AND ALL SUBSIDIARY ORGANIZATIONS WHICH INCLUDES: THE HEALTH PLAN OF THE UPPER OHIO VALLEY, INC., HOMETOWN HEALTH PLAN, HOMETOWN INSURANCE GROUP, HOMETOWN HEALTH NETWORK, HP AGENCY, INC, AND THP INSURANCE COMPANY, INC.

EACH ORGANIZATION LISTED WILL SHARE PERSONAL HEALTH INFORMATION OF MEMBERS/INSURED AS NECESSARY TO CARRY-OUT TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AS PERMITTED BY LAW.

#### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective August 1, 2005.

01/2003  
04/2005  
08/2005

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