

# The Southwestern Ohio Educational Purchasing Council (EPC) Benefit Plan

## NOTICE OF PRIVACY PRACTICES-UPDATED 10/1/2017

**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.**

---

The EPC Benefit Plan is required by law to maintain the privacy of your health information and to provide you with this notice to explain how the Plan uses information about you and when information is disclosed to others. You also have rights regarding your health information, which are described in this notice. We are also required to follow the terms of the notice currently in effect.

---

### Organizations Covered by this Notice

This notice applies to the EPC Benefit Plan and the Third Party Administrators (TPAs) we work with to administer the plans: United Healthcare, Anthem, CVS/caremark (medical and prescription), Delta Dental (dental), Benelogic (enrollment), Vision Service Plan (vision), Alyfe (EPC Wellness plan), Business Plans Inc. dba MyCobraPlan (COBRA administrator), and COMPASS (HDHP services). We contract with these organizations – called business associates – to pay your medical, dental and vision claims and provide other health care operations. By contract, we require these business associates to safeguard the privacy of your information.

---

### How the EPC Benefit Plans May Use or Disclose Your Health Information

The following provide examples in each category of how the Plan may use or disclose health information.

**For Treatment** - We may disclose health information to your doctors or hospitals to help them provide medical care to you.

**For Payment** – We may use and disclose health information to determine if health care services you received are covered by the plan and to pay claims accordingly, to determine your eligibility for benefits and to coordinate benefits with another plan or insurance company.

**For Health Care Operations** – We may use or disclose health information to carry out necessary Plan related activities. These may include underwriting, Plan audits, submitting claims for Stop Loss coverage, fraud and abuse detection and general administration. It may also include Care Coordination or discussions with your doctor to suggest a disease management or wellness program that could improve your health.

**To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs about health related products and services.

**For the Public Benefit** – We may use or disclose health information as authorized by law for the following purposes considered to be for the public good:

- For law enforcement purposes
- For public health activities such as reporting disease outbreaks
- For reporting victims of abuse, neglect or domestic violence to government authorities including social service agencies.
- For judicial or administrative proceedings such as in response to a court order, search warrant or subpoena.
- For health oversight activities such as governmental audits and fraud and abuse investigations.
- To organ procurement organizations
- As authorized by state Workers Compensation laws regarding job related injuries.
- To coroners and medical examiners to identify a deceased person or determine cause of death or to funeral directors as necessary.

**To Others Involved in Your Health Care** – We may disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, unless you object or request a restriction.

If none of the above reasons apply, then we must get your written authorization to use or disclose your health information. If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. You may take back or revoke your written authorization, except if we have already acted based on your authorization.

### **Your Health Information Rights**

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of your health information including the right to ask to restrict disclosures to family members. Please note that while we will try to honor your request, the Plan is not required to agree to your restrictions.

**Right to Request Confidential Communications** – You have the right to ask to receive confidential communications of information in a different manner or at a different place.

**Right to Inspect and Copy** – You have the right to see and obtain a copy of your health information such as claims and case or medical management records. You may also receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request.

**Right to Request Amendment** – You have the right to request an amendment of information you believe is incorrect or incomplete. If we deny your request, you may have a statement of your disagreement added to your health information.

**Right to Accounting of Disclosures** – You have the right to an accounting of disclosures made by us. However, we do not have to account for disclosures made for purposes of treatment, payment functions, health care operations, those made to law enforcement officials or those made to you or made following your authorization. Your request must be in writing and should specify a time period of up to 6 years.

**Right to Paper Copy of this Notice** – You may ask for a paper copy of this notice at any time. You may also obtain a copy of this notice at our website [www.epcschools.org](http://www.epcschools.org).

To exercise any of the rights noted above, please refer to the contact information below.

### **Changes to this Privacy Notice**

The EPC Benefit Plan reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains, provided law permits such changes. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. It will also be posted on our website.

### **Complaints**

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of the Department of Health and Human Services. All complaints must be in writing and submitted to the contact person noted below. You cannot be penalized for filing a complaint.

**Effective Date** - This notice became effective April 14, 2003 and was amended October 1, 2017.

### **Contact Information**

Privacy Officer  
EPC Benefit Plan  
303 Corporate Center Dr, Suite 208  
Vandalia, OH 45377  
Email: [sue.hartenstein@epcschools.org](mailto:sue.hartenstein@epcschools.org)  
(937) 890-3725

## **EPC BENEFIT PLAN PRIVACY NOTICE**

### **WHAT IS IT? and WHY?**

#### **What is the Southwestern Ohio Educational Purchasing Council (EPC)?**

The EPC is a purchasing cooperative to which your district belongs. One of the commodity areas available to districts is Group Health Benefits – medical, dental and vision. There are over 65 districts in the greater Dayton area who have pooled their health insurance premium dollars to get the best coverage for the lowest price. For more information on the EPC see [www.epcschools.org](http://www.epcschools.org).

#### **What is this Privacy Notice?**

The Federal legislation known as the Health Insurance Portability and Accountability Act of 1996 requires that medical providers, insurance companies and health benefit plans adopt procedures to safeguard the privacy of your medical information. One of the actions required by the legislation is the distribution of a Notice of Privacy Practices to all employees covered by the Plan. The legislation dictates what should be in the Notice. That is what you have received. The original privacy notice has been updated to include CVS Caremark.

#### **Why does it come from the EPC?**

The EPC is the health plan sponsor for the Anthem and CVS Caremark, United Healthcare, Delta Dental and VSP plans since they are self funded plans. We are the party required to send out the notice.

#### **What Personal Health Information does the EPC have?**

We receive lists of claim payments showing the dollar amount paid, but no medical information; enrollment forms, and claim and medical information from people who call us with claim problems.

#### **What is the EPC doing to maintain the privacy of medical information?**

1. We are receiving claim lists be sent to us electronically via a secured website. Our computer files are password protected and considerably less accessible than paper files.
2. Paper files are shredded.
3. Voice mail is password protected if you call and leave a message.
4. We have revised our Personnel Policies to require that Personal Health Information be protected.

#### **What happens at the district level?**

We recommend that districts not assist with claim problems. As members of the EPC Benefit Plan, they are also subject to HIPAA and should review and adopt privacy procedures in order to do so.

If employees have claim problems they should use the following procedures:

1. Review claims via the internet at [anthem.com](http://anthem.com), [myuhc.com](http://myuhc.com), [deltadental.com](http://deltadental.com), [caremark.com](http://caremark.com) or [vsp.com](http://vsp.com).
2. Call the company directly. Customer Service numbers are on the back of ID cards.
3. If there is still a problem, call the EPC Office and ask to speak with a member of the benefits team.