



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This privacy notice applies to enrollees in the State Teachers Retirement System of Ohio (“STRS Ohio”) self-funded health care plans and the self-funded prescription drug program (the “Plan”). The Plan is required by law to: maintain the privacy of protected health information (as defined below, the “PHI”); provide individuals with notice of the Plan’s legal duties and privacy practices with respect to PHI; abide by the terms of such privacy notice currently in effect; and notify individuals following a breach of unsecured PHI.

STRS Ohio’s Philosophy on Member Privacy

STRS Ohio is committed to member service and privacy. As part of your participation in the Plan, STRS Ohio and its business partners, who we use to administer and deliver health care coverage, receive enrollee PHI through the operation and administration of the Plan. PHI means any information, transmitted or maintained in any form or medium, which the Plan 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. All PHI and other Plan records are maintained in compliance with state and federal laws, as well as our own privacy policies.

If you have questions or want further information about this privacy notice, please contact the HIPAA contact person or the Privacy Officer by mail addressed to the STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771 or by phone toll-free at 888-227-7877. The policies and procedures outlined in this privacy notice originally became effective April 14, 2003.

How the Plan Uses and Discloses Your PHI

To provide your health care and prescription drug coverage and administer the Plan, the Plan needs access to some of your PHI. In administering your health care and prescription drug coverage, the Plan may use and disclose your PHI in the various ways described below. Not every possible use or disclosure in a category is listed; however, all of the ways the Plan is permitted to use and disclose information fall into one of these categories.

A. Uses and Disclosures of Your PHI for Treatment, Payment and Health Care Operations

The law permits the Plan to use and disclose your PHI without your authorization as follows:

- (i) **Treatment** — To health care providers who are involved in your care, for purposes such as verifying eligibility, Medicare status and effective date of coverage, in order to facilitate treatment and care. For example, the Plan may make disclosures to physicians, nurses and other health care professionals involved in your care.
- (ii) **To Obtain Payment** — To STRS Ohio business partners that administer the Plan, a governmental payer or other responsible third party for the purpose of billing or collecting payment for the medical treatment or prescription drugs you have received or to provide your health care provider with necessary eligibility information. For example, the Plan may need to share your health information with a provider to verify the delivery of services or items that you received so that the Plan’s claims administrator can pay the provider or reimburse you for the cost of the services or items.
- (iii) **Health Care Operations** — The Plan may use and disclose PHI for health care operations, which include, but are not limited to, use and disclosures: (1) by Plan health care representatives who disclose the minimum amount of PHI to STRS Ohio personnel who need to know that information to administer the Plan; (2) by Plan health care representatives who act as a liaison between the enrollee and various health plan administrators; (3) for quality assessment of the Plan through

distribution and analysis of enrollee satisfaction surveys; (4) in connection with the performance of disease management functions; and (5) for general administrative activities, including customer service, cost-management functions, data management, communications, claims and operational audits and legal services. In addition, the Plan may send you information based on your own health information to tell you about possible treatment options or alternatives or other health-related benefits or services that may be of interest to you. The Plan may also combine your health information with that of other enrollees in the Plan to evaluate the coverage provided by the Plan and to evaluate the quality of care the Plan enrollees receive as a whole.

B. Other Uses and Disclosures of Your PHI for Which Your Authorization Is Not Necessary

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

- (i) **Family** — The Plan may disclose your PHI to a family member who is directly involved with your medical care or with the payment related to your care. The Plan may request that your family members verify their own identity and otherwise demonstrate that they are acting on your behalf.
- (ii) **Disaster Relief Purposes** — For the limited circumstances of disaster relief efforts to a public or private disaster relief entity and for purposes of notifying your family of your condition and location.
- (iii) **Required by Law** — For compliance with federal, state or local law, which disclosures will be limited to the minimum amount of information necessary to comply with applicable legal requirements.
- (iv) **Public Health Activities** — The Plan may disclose PHI about you for public health activities including activities related to preventing or controlling disease, or, when required by law, to notify public authorities concerning cases of abuse or neglect.
- (v) **Victims of Abuse, Neglect or Domestic Violence** — To a government authority, including a social service or protective agency, if the Plan reasonably believes you to be a victim of abuse, neglect or domestic violence.
- (vi) **Health Oversight Activities** — To a health oversight agency for oversight activities authorized by law, including claims and operational audits; civil, administrative or criminal investigations; inspections; or licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- (vii) **Judicial and Administrative Proceedings** — If you are involved in a lawsuit or dispute, the Plan may disclose PHI about you in response to a court or administrative order. The Plan 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.
- (viii) **Law Enforcement Purposes** — If requested by a law enforcement official for limited law enforcement purposes. For instance, pursuant to laws that require the reporting of wounds or other physical injuries; pursuant to a court order, court-ordered warrant, subpoena or summons; in response to a law enforcement official's request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; in response to a law enforcement official's request for information about an individual who is suspected to be a victim of a crime; to a law enforcement official about an individual who has died if the Plan has a suspicion the death may have resulted from criminal conduct; or to law enforcement officials if the Plan believes in good faith criminal conduct occurred on its premises.
- (ix) **Uses and Disclosures About Decedents** — To a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or other duties as authorized by law. The Plan may also release medical information to funeral directors as necessary to carry out their duties.
- (x) **Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes** — To organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- (xi) **Uses and Disclosures to Avert a Serious Threat to Health or Safety** — The Plan may use or disclose medical information about you if it reasonably believes, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.
- (xii) **Specialized Government Functions** — For specialized government functions allowed by law, such as for national security and intelligence purposes; disclosure to authorized federal officials for the provision of protective services to the President or other authorized persons; disclosure of health information about an inmate or other individual to a correctional institution or a law enforcement official.

- (xiii) **Workers' Compensation** — For compliance with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- (xiv) **Business Associates** — The Plan contracts with parties who provide services necessary for operation of the Plan. For example, the Plan is assisted in its operations by third-party administrators. These persons who assist the Plan are called business associates. At times, the Plan may disclose PHI to its business associates so they can provide services to the Plan. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.
- (xv) **Military and Veterans** — If you are a member of the armed forces, the Plan may release PHI about you as required by military command authorities.
- (xvi) **Underwriting** — The Plan may use or disclose your PHI for underwriting purposes, but the Plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes. Underwriting purposes include, for example, the computation of premium or contribution amounts under the Plan and the application of any preexisting condition exclusion under the Plan, but do not include determinations of medical appropriateness where an individual seeks a benefit under the Plan.
- (xvii) **Notifying the sponsor of the Plan** — The Plan may disclose your PHI to STRS Ohio, the sponsor of the Plan.
- (xviii) **Disclosures to the Secretary of the U.S. Department of Health and Human Services** — The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the Privacy Rule.

C. Other Uses and Disclosures of Your PHI Requiring Your Written Authorization

In all situations **other than those described previously**, we will ask for your written authorization before using or disclosing your PHI. If you have given us authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

D. More Stringent Ohio Laws

Certain provisions of Ohio law may now, or in the future, impose greater restrictions on uses and/or disclosures of PHI or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this privacy notice, the Plan must comply with those provisions.

Your Legal Rights

Federal privacy regulations give enrollees the right to make certain requests regarding their health information. You may ask the Plan to:

- **Restrict the uses or disclosures of your PHI to carry out treatment, payment and health care operations.** You also have the right to request a limit on your PHI that the Plan discloses about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received. **IMPORTANT NOTE: The Plan is not required to agree to your request, unless the health information pertains solely to a health care item or service for which you, and not the Plan, have paid in full.**

To request restrictions on the use or disclosure of your PHI, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. In your request, please provide:

- What PHI you want to limit;
- Whether you want to limit the Plan's use, disclosure or both; and
- To whom you want the disclosure limits to apply (for example, a family member).

- **Communicate with you about your PHI in a certain way or at a certain location.** For example, you can ask that the Plan contact you only at a certain phone number or mailing address. To request confidential communications, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. The Plan will accommodate all reasonable requests. Your request must specify how or where you would like to be contacted. After the Plan receives your request, the information may be forwarded to third-party administrators of the Plan. As a result, additional reasonable information may be required from you by the third-party administrator to process your request.

(continued)

- **Inspect and copy your PHI that may be used to make decisions about payment and your care.** To inspect and copy your PHI, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of preparing a summary or explanation of your PHI or for the costs of copying, mailing or other supplies associated with your request.

If you agree in advance, the Plan may instead provide you with a summary or explanation of your PHI.

Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, in many instances you may request that the denial be reviewed.

- **Request an amendment to your PHI if you think the information is incomplete or incorrect for as long as the information is maintained by the Plan.** To request an amendment, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. If the Plan rejects your amendment for any reason allowable under state or federal law, STRS Ohio will permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.
- **Provide a listing of any disclosures of your PHI in the six years prior to the date on which the listing is requested.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures of PHI the Plan has made about you. The Plan is not required to account for certain disclosures such as those made for the purposes of treatment, payment or health care operations, pursuant to a prior authorization by you or for certain law enforcement purposes.

You may obtain a list or accounting of disclosures of PHI by submitting a written request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. Your request must state the time period for which you desire the accounting, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should also specify the format of response you prefer (i.e., on paper or electronically). The first list of disclosures you request within a 12-month period is free. For additional lists within the same 12-month period, the Plan may charge you for the costs of providing the list. The Plan will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Obtain a paper copy of this privacy notice.** Even if you have agreed to receive this privacy notice electronically, you may nonetheless obtain a paper copy of this privacy notice by submitting a written request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771.

This Privacy Notice Is Subject to Change

The Plan may change the terms of this privacy notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan already has about you, as well as any information that it may receive or hold in the future. STRS Ohio will post a copy of the current privacy notice on its website at www.strsoh.org and at the office located at 275 E. Broad St., Columbus, OH 43215-3771. You may request a paper copy of this privacy notice by submitting a written request to Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771 or by calling STRS Ohio’s Member Services Center toll-free at 888-227-7877.

Please note that STRS Ohio does not destroy your PHI when you terminate coverage with the Plan. It may be necessary to use and disclose this information for the purposes described in this privacy notice even after your coverage terminates, although policies and procedures will remain in place to protect you against inappropriate use or disclosure.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the STRS Ohio Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with the Plan, mail your comments to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771.

To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact the Office of Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601; 312-886-2359; www.hhs.gov/ocr.

You will not be penalized in any way for filing a complaint.