

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. PLEASE REVIEW IT CAREFULLY.

Effective Date of Notice: April 14, 2003

LEEPP Health Plan ("Health Plan") is required by law to take reasonable steps to ensure the privacy of your Individually Identifiable Health Information, regardless of form, whether oral, written or electronic ("PHI"), and to inform you about:

- Health Plan's Uses and Disclosures of PHI;
- Your PHI privacy rights;
- Health Plan's duties concerning PHI;
- Your right to file a complaint with Health Plan and the Secretary of The U.S. Department of Health and Human Services; and
- The person or office to contact for further information about Health Plan's privacy practices and procedures.

HEALTH PLAN'S USES AND DISCLOSURE OF PHI

All Uses and Disclosures by Health Plan will be made only with your written authorization, which you may revoke any time in writing, except as follows:

Required PHI Uses and Disclosures

Health Plan is required to Disclose all books, records, accounts, and other sources of information, including PHI, to the Secretary of the U.S. Department of Health and Human Services in order to allow the Department of investigate or determine Health Plan's compliance with the privacy regulations.

Uses and Disclosures for which Your Authorization is not Required

Health Plan may Use or Disclose PHI, without your authorization, to carry out its own "Treatment," "Payment," and "Health Care Operations" (see definitions below). Health Plan may Disclose PHI, without your authorization, to Health Care Providers for Treatment. Health Plan may Disclose PHI, without your authorization, to other Covered Entities and providers for their Payment activities. Health Plan may Disclose PHI, without your authorization, to other Covered Entities participating in its organized health care arrangement for Health Care Operations or to other Covered Entities having a relationship with you for limited purposes. Health Plan also may Disclose PHI, without your authorization, to the Plan Sponsor so that the Plan Sponsor will be able to carry out Health Plan administration functions, such as Health Plan's Treatment, Payment and Health Care Operations. The Plan Sponsor has amended its plan documents to protect your PHI. Health Plan contracts with individuals and/or entities (Business Associates) to perform various functions on its behalf or to provide certain types of services. To perform these functions or to provide the services, Health Plan's Business Associates will receive, create, maintain, Use or Disclose PHI, but only after Health Plan requires the

Business Associates to agree in writing to contract terms designed to appropriately safeguard your PHI.

“Treatment” is the provision, coordination or management of Health care and related services. It includes but is not limited to consultations and referrals between one or more of your providers. (Example: Health Plan may disclose to a specialist the name of your primary physician so that they may confer concerning your health.)

“Payment” includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). (Example: Health Plan may disclose to a doctor whether you are eligible for coverage and what percentage of the bill will be paid by the Health Plan.)

“Health Care Operations” include but are not limited to quality assessment and improvement, reviewing competence or qualifications of Health Care professionals, underwriting, premium rating insurance activities relating to creating or renewing insurance contracts, disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. (Example: Health Plan may use information about your claims to audit the accuracy of its claims processing functions.)

Use or Disclosure of your PHI is also allowed without your authorization under the following circumstances:

- (1) When required by law;
- (2) When permitted for purposes of public health activities, including when you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law;
- (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities or if Health Plan, in the exercise of professional judgment, believes Disclosure is necessary to prevent serious harm to you or another. If Health Plan makes such a Disclosure you will, unless informing you poses a risk of harm, be promptly informed that such a report has been made;
- (4) To public health oversight agency(ies) for oversight activities authorized by law, including Uses and Disclosures in: audits, civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions and other necessary and appropriate oversight activities;

- (5) When required for judicial or administrative proceedings in response to an order of the court, or subpoena, discovery request or other lawful process when satisfactory assurance is given;
- (6) For law enforcement purposes, when required by law;
- (7) In response to a law enforcement official's request for identification/location information (including Disclosure of information about an Individual who is or is suspected to be a victim of a crime but only if the Individual agrees to the Disclosure or Health Plan is unable to obtain the Individual's agreement because of emergency circumstances and the law enforcement official makes all required representations and Disclosure is in the best interest of the Individual as determined by the exercise of Health Plan's best judgment);
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or fulfilling other duties authorized by law. Also, Disclosure is permitted to a funeral director, consistent with applicable law, as necessary to carry out his duties with respect to the decedent;
- (9) For research if a review or privacy board determines your authorization is not necessary and the researcher(s) provide all required representations;
- (10) To organ procurement organizations or similar entities for the purpose of facilitating donation or transplantation;
- (11) When consistent with applicable law and standards of ethical conduct if Health Plan, in good faith, believes the Use or Disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the Disclosure is to a person reasonably able to prevent or lessen the threat;
- (12) When authorization for specialized government functions; and
- (13) When authorized by and to the extent necessary to comply with worker's compensation or other similar programs established by law.

Uses and Disclosures that Require Your Written Authorization

Your written authorization generally will be required before Health Plan may Use or Disclose psychotherapy notes about you from your psychologist.

Your written authorization generally will be required before Health Plan may Use or Disclose your PHI for Marketing purposes.

Your written authorization will be required for all other Uses and Disclosures of your PHI except as otherwise set forth in this notice or as required or permitted by law.

Uses and Disclosures that Require you be given an Opportunity to Agree or Disagree

Health Plan may Disclose PHI to your family members, other relatives or close personal friends if: (a) the PHI is directly relevant to a family member's or friend's involvement with your care or payment for your care; and (b) you have agreed to the Disclosure, have been given an opportunity to object and have not objected, or are unavailable to ask and

Health Plan has determined, in the exercise of its professional judgment, that the Disclosure is in your best interest.

YOUR RIGHTS

All of your rights discussed below may be initiated by your written request to Health Plan, directed to the Privacy Official and at the address indicated in 16.5 below. Health Plan may require your completion of an applicable form for each request.

Right to Request Restrictions on PHI and Disclosures

You may request that Health Plan restrict Uses and Disclosures of your PHI other than as set forth above. However, Health Plan is not required to agree to your request.

Right to Receive Confidential Communications

Health Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state that Disclosure of all or part of your PHI could endanger you.

Right to Amend PHI

You have the right to request that Health Plan amend your PHI or a record about you in a Designated Record Set, subject to certain exceptions, for as long as the PHI is maintained in the Designated Record Set.

“Designated Record Set” includes the medical records and billing records about Individuals maintained by or for a covered Health Care Provider, enrollment, payment, billing, claim adjudication and case or medical management record systems maintained by or for a Health Plan; or other information used in whole or in part by or for Health Plan to make decisions about Individuals.

Health Plan will act on your request as soon as reasonably possible, but no later than 60 days after your request. If the request is denied, in whole or in part, Health Plan must provide you with a written denial explaining the basis for the denial, or description of how you may exercise review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services. You or your personal representative may submit to Health Plan a written statement disagreeing with the denial or require that your request and the denial be provided with any further Disclosure of you PHI.

Right to Inspect and Copy PHI

You have the right to inspect and obtain a copy of your PHI contained in a Designated Record Set, subject to certain exceptions, for as long as Health Plan maintains the PHI. The requested information will be provided to you as soon as reasonably possible, but no later than 60 days after your request. If access is denied, you or your personal representative will be provided with a written denial explaining the basis for the denial, a description of how you may exercise review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Right to Receive an Accounting of PHI Disclosures

You have the right to receive an accounting of Disclosures by Health Plan of your PHI during the six years prior to the date of your request. The form and substance of the accounting to be given you will be in accordance with legal requirements. Health Plan will act on your request as soon as reasonably possible, but no later than 60 days after your request. If you request more than one accounting within a 12-month period, Health Plan will charge a reasonable, cost-based fee for each accounting after the first one.

A Note about Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your PHI. Evidence of authority may take one of the following forms:

- A notarized power of attorney’;
- A court order of appointment of the person as the conservator or guardian of the Individual; or
- Being the parent of a minor child

Health Plan retains discretion to deny access to your PHI to a personal representative if there are any safety concerns.

HEALTH PLAN’S DUTIES

Privacy Notices

Health Plan is required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices.

This notice is effective April 14, 2003, and Health Plan is required to comply with the terms of this notice. However, Health Plan reserves the right to change its privacy practices and to apply any such changes to any PHI received or maintained by Health Plan prior to the date of such change. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants for whom Health Plan still maintains PHI. The school district will distributed the notice through the treasurer’s office.

Any revised version of this notice will be distributed within 60 days after the effective date of any material change to Uses or Disclosures, Individual rights, duties of Health Plan or other privacy practices stated in this notice.

Minimum Necessary Standard

When Using or Disclosing PHI or when requesting PHI from another Covered Entity, Health Plan will make reasonable efforts not to Use, Disclose or request more than the minimum amount of PHI necessary to accomplish its intended purpose(s).

- Disclosure to or requests by a Health Care Provider for Treatment;

- Uses or Disclosures made to you;
- Uses or Disclosures made pursuant to your authorization;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services; Uses or Disclosures that are required by law; and
- Uses or Disclosures that are required for Health Plan's compliance with legal regulations.

This notice does not apply to information that has been d-identified. "De-identified information" is information that does not identify and Individual with respect to which there is no reasonable basis to believe that the information can be used to identify an Individual.

YOUR RIGHT TO FILE A COMPLAINT WITH HEALTH PLAN OR DHHS SECRETARY

If you believe that your privacy rights have been violated, you may file a complaint, in writing, to the Plan Administrator at Lake Erie Employee Protection Plan, 1885 Lake Avenue, Elyria, Ohio 44035

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. Health Plan will not retaliate against you for filing a complaint.

WHOM TO CONTACT AT HEALTH PLAN FOR MORE INFORMATION

If you have any questions regarding this notice or the subjects addressed in it, or if you would like to make requests of Health Plan or receive sample forms for the exercise of your legal privacy rights, you may contact the Health Plan's Privacy Officer, in writing at Lake Erie Employee Protection Plan, 1885 Lake Avenue, Elyria, Ohio 44035.

CONCLUSION

PHI use and disclosure by Health Plan is regulated by a federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996). You may find these rules, as well as the capitalized terms not defined in this notice, at 45 Code of Federal Regulations Part 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations. If a Use or Disclosure required or permitted by this notice is prohibited or materially limited by state privacy or other applicable laws, Health Plan may be required to follow those state or other applicable laws.