HIPAA 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.

Health Information Privacy

This Notice is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and is intended to describe how the CEBCO (County Employee Benefit Consortium of Ohio) employee benefit plan (which includes underlying health plan coverages for medical, dental, prescription drug, and vision), the Employee Assistance Program, and health coverages provided by health insurance issuers or health maintenance organizations that provide health information to or on behalf of the health plans (collectively, "Health Plans"), to the extent applicable to you, will protect your health information.

For purposes of HIPAA, "health information" means information that identifies you and either relates to your physical or mental health condition or relates to the payment of your health care expenses. This individually identifiable health information is known as "protected health information" ("PHI"). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal or state health information privacy laws.

Health Plan Privacy Obligations

The Health Plans are required by law to:

- Ensure that health information that identifies you is kept private;
- Provide you with Notice of their legal duties and privacy practices with respect to health information about you;
- Follow the terms of the Notice that are in effect; and
- Notify you in the event of a breach involving unsecured PHI.

How the Health Plans May Use and Disclose Your Health Information

The Health Plans may use health information or disclose it to others for a number of different reasons. The following are the different ways that the Health Plans may use and disclose your PHI without your authorization:

- **For Treatment.** The Health Plans may disclose your PHI to a health care provider who provides, coordinates or manages health care treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Health Plans may advise an emergency room physician about the different medications that you may have been prescribed.
- **For Payment.** The Health Plans may use and disclose your PHI so claims for health care treatment, services, and supplies that you receive from health care providers may be paid according to the Health Plans' terms. The Health Plans may also use your PHI for billing, reviews of health care services received, and subrogation. For example, the Health Plans may tell a doctor or hospital whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plans.
- **For Health Care Operations.** The Health Plans may use and disclose your PHI to enable them to operate more efficiently or to make certain that all of their participants receive the appropriate health benefits. For example, the Health Plans may use your PHI for case management, to refer individuals to disease management programs, for underwriting, premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, to arrange for medical reviews, or to perform population-based studies designed to reduce health care costs. However, the Health Plans will not use or disclose PHI that is genetic information for underwriting purposes. In addition, the Health Plans may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, actuarial studies, and/or for fraud and abuse detection. The Health Plans may also combine health information about participants and disclose it to CEBCO and its affiliated companies (collectively, "CEBCO") in a non-identifiable, summary fashion so that CEBCO can decide, for example, what types of coverage the Health Plans should provide. The Health Plans may also remove information that identifies you from health information that is disclosed to CEBCO so that the health information that is used by CEBCO does not identify the specific Health Plan participants.

- **Other Covered Entities.** The Health Plans may use or disclose your health information to assist health care providers in connection with their treatment and payment activities, or to assist other covered entities with certain health care operations. For example, the Health Plans may disclose or share your information with other health care programs or insurance carriers (such as Medicare) in order to coordinate benefits if you or your family members have other health insurance or coverage.
- **To The Plan Sponsor.** The Health Plans are sponsored by CEBCO. The Health Plans may disclose your PHI to designated personnel at CEBCO so that they can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Health Plans. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information:

  (1) May not be disclosed by the Health Plans to any other employee or department of CEBCO, and
  (2) Will not be used by CEBCO for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by CEBCO.
- **To a Business Associate.** Certain services are provided to the Health Plans by third-party administrators known as "business associates." For example, the Health Plans may place information about your health care treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Health Plans will disclose your PHI to their business associates so that the business associates can perform their claims payment functions. However, the Health Plans will require their business associates, through written agreements, to appropriately safeguard your health information.
- **For Treatment Alternatives.** The Health Plans may use and disclose your PHI to tell you about possible treatment options or health care alternatives that may be of interest to you.
- **For Health-Related Benefits and Services.** The Health Plans may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care.** The Health Plans may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Health Plans may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death, unless other laws would prohibit such disclosures. In these situations, when you are present and not incapacitated, the Health Plans will either (1) obtain your agreement; (2) provide you with an opportunity to disagree to the use or disclosure; or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present, or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Health Plans may use professional judgment to determine that the disclosure is in your best interests and disclose PHI relevant to such person's involvement in your care, payment related to your health care, or notification purposes. If you are deceased, the Health Plans may disclose PHI to such individuals involved in your care or payment for your health care prior to your death the PHI that is relevant the individual's involvement, unless you have previously instructed the Plan otherwise.
- **As Required by Law.** The Health Plans will disclose your PHI when required to do so by federal, state, or local law, including those laws that require the reporting of certain types of wounds, illnesses or physical injuries.

Special Use and Disclosure Situations

The Health Plans may also use or disclose your PHI without your authorization under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Health Plans may disclose your PHI in response to a court or administrative order, subpoena, warrant, discovery request, or other forms of lawful due process.
- **Law Enforcement.** The Health Plans may release your PHI if asked to do so by a law enforcement official, for example, to report child abuse, to identify or locate a suspect, material witness, missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Health Plans may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Health Plans may release medical information about you as deemed necessary by military command authorities.

- **To Avert Serious Threat to Health or Safety.** The Health Plans may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Health Plans may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products, or notifying people of recalls of products they have been using.
- **Health Oversight Activities.** The Health Plans may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain limited circumstances, the Health Plans may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Health Plans may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law or (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Health Plans may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Health Plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Health Plans may also release your PHI to a funeral director, as necessary, to carry out his/her responsibilities.
- **Abuse, Neglect, or Domestic Violence.** The Health Plans may, under certain circumstances, disclose PHI about individuals who are reasonably believed to be a victim of abuse, neglect, or domestic violence, to a government authority, including a social service or protective services agency, authorized by law to receive such reports.
- **Disclosures to You.** The Health Plans are required to disclose to you or your personal representative most of your health information. A "personal representative" is an individual designated by your or by applicable law to act on your behalf in health care matters. The Health Plans may elect not to treat the individual as your personal representative if they have a reasonable belief that: you have been, or may be, subject to abuse or neglect by the individual; treating the individual as a personal representative could endanger you; or the Health Plans determine, in the exercise of their professional judgment, that it is not in your best interests to treat the individual as a personal representative.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information that the Health Plans maintain about you:

- **Right to Inspect and Copy Your Personal Health Information.** You have the right to inspect and copy your PHI that is maintained in a "designated record set" as long as the Health Plans maintain your PHI. A "designated record set" includes medical information about eligibility, enrollment, claim and appeal records, and medical and billing records maintained by the Health Plans, but does not include psychotherapy notes, information intended for use in a civil, criminal or administrative proceeding, or information that is otherwise prohibited by law.

  To inspect and copy health information maintained by the Health Plans, submit your request in writing to CEBCO, 209 E. State Street, Columbus, OH 43215. If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity.

  The Health Plans may charge a fee for the cost of copying and/or mailing your request, or the labor costs associated with transmitting an electronic health record. The Health Plans must act upon your request for access no later than 30 days after receipt (60 days if the information is maintained off-site). A single, 30-day extension is allowed if the Health Plans are unable to comply by the initial deadline. In limited circumstances, the Health Plans may deny your request to inspect and copy your PHI. Generally, if you are denied access to your health information, you will be informed as to the reasons for the denial, and of your right to request a review of the denial.

- **Right to Amend Your Personal Health Information.** If you feel that the health information the Health Plans have about you is incorrect or incomplete, you may ask the Health Plans to amend it. You have the right to request an amendment of your PHI that the Health Plans maintain in a designated record set, for as long as your PHI is maintained in a Designated Record Set.

  To request an amendment, send a detailed request in writing to CEBCO, 209 E. State Street, Columbus, OH 43215. You must provide the reason(s) to support your request. The Health Plans may deny your request if you ask the Health Plans to amend health information that was:

  (1) Accurate and complete;
  (2) Not created by the Health Plans;
  (3) Not part of the health information maintained by or for the Health Plans; or
  (4) Not information that you would be permitted to inspect and copy. The Health Plans have 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the Health Plans cannot comply by the initial deadline. If the request is denied, in whole or in part, the Health Plans will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and, if permitted under HIPAA, have that statement included with any future disclosures of your PHI.

- **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures" of your PHI. This is a list of disclosures of your PHI that the Health Plans have made to others for the six (6) year period prior to the request, except for those disclosures necessary to carry out treatment, payment, or health care operations, disclosures previously made to you, disclosures where authorization was provided, disclosures to family members or friends involved in your care (where disclosure is permitted without authorization), disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances, disclosures as part of a limited data set (health information that excludes certain identifying information), disclosures that occurred prior to April 14, 2003 (the HIPAA compliance date), or in certain other situations described under HIPAA.

  To request an accounting of disclosures, you may submit your request in writing to CEBCO, 209 E. State Street, Columbus, OH 43215. Your request must state a time period, which may not be longer than six (6) years prior to the date the accounting was requested. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Health Plans provide you with a written statement of the reasons for the delay and the date by when the accounting will be provided. If you request more than one accounting within a 12-month period, the Health Plans will charge a reasonable, cost-based fee for each subsequent accounting.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information that the Health Plans use or disclose about you for treatment, payment, or health care operations. The Health Plans are not required to agree to a requested restriction, except in those situations where the requested restriction relates to the disclosure to the Health Plans for purposes of carrying out payment or health care operations (and not for treatment), and the PHI pertains solely to a health care item or service that was paid for out of pocket in full. You also have the right to request that the Health Plans limit the individuals (for example, family members) to whom the Health Plans may disclose your health information. For example, you may request that the Health Plans not use or disclose information about a surgical procedure that you have had. While the Health Plans will consider your request, they are not required to agree to it except as noted above. If the Health Plans agree to the restriction, they will comply with your request until such time as the Health Plans provide written notice to you of their intent to no longer agree to such restriction, or unless such disclosure is required by law.

  To request a restriction or limitation, make your request in writing to CEBCO, 209 E. State Street, Columbus, OH 43215. In your request, you must state:

  (1) What information you want to limit;
  (2) Whether you want to limit the health plans' use, disclosure, or both; and
  (3) To whom you want the limit(s) to apply. Note: the health plans are not required to agree to your request except as noted above.

- **Right to Request Confidential Communications.** You have the right to request that the Health Plans communicate with you about health matters using alternative means or at alternative locations. For example, you may ask that the Health Plans send your explanation of benefits ("EOB") forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to CEBCO, 209 E. State Street, Columbus, OH 43215. The Health Plans will make every attempt to accommodate all reasonable requests. Your request must specify how or where you want to be contacted.

- **State Privacy Rights.** You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. You may write to CEBCO, 209 E. State Street, Columbus, OH 43215 to request a written copy of this Notice at any time.

Changes to this Privacy Notice

The Health Plans must abide by the terms of the Privacy Notice currently in effect. This Notice originally took effect on April 14, 2003, and was updated effective January 1, 2011, September 23, 2013, reviewed September 15, 2025, amended February13, 2026, and reviewed September 17, 2026. However, the Health Plans reserve the right to change this Notice at any time, and from time to time, and to make the revised or changed Notice effective for health information that the Health Plans already have about you, as well as any information that the Health Plans may receive in the future. The revised Notice will either be provided to you in the same or similar manner as this Notice, or electronically if you have consented to receive the Notice electronically.

Complaints

If you believe that your health information privacy rights as described under this Notice have been violated, you may file a written complaint with the Health Plans by contacting the person listed at the address under "Contact Information". You may also file a written complaint directly with the Secretary of the U.S. Department of Health and Human Services, at either the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Hubert H. Humphrey Building, Washington, D.C. 20201, or the appropriate Regional Office of the Office for Civil Rights. The complaint should generally be filed within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to the Health Plans will be made only with your written authorization. Your written authorization is also required for:

- Most uses or disclosures of psychotherapy notes (where appropriate);
- Uses or disclosures of your PHI for marketing purposes. Marketing does not include communications, involving no financial remuneration, for certain treatment or health care operations purposes, such as communications about entities that participate in a health plan network, health plan enhancements or replacements, case management or care coordination, or contacting individuals about treatment alternatives; and
- Disclosures of PHI that are considered a sale of PHI under the Privacy Rule.
- To the extent protected by law, participants' substance use disorder treatment records held by the Plan(s) cannot be used to investigate or prosecute the patient without written patient consent or a court order after you are presented with notice and an opportunity to be heard as provided for in 42 C.F.R. Part 2. You can provide a single consent for all future uses and disclosures of such records for purposes of treatment, payment, and health care operations that does not permit use for civil, criminal, administrative, or legislative proceedings.

If you authorize the Health Plans to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Health Plans will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Health Plans will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

To receive more information about the Health Plans' privacy practices or your rights, or if you have any questions about this Notice, please contact the Health Plans at the following address:

Health Plan Name(s): County Employee Benefits Consortium of Ohio (CEBCO)
209 E. State Street
Columbus, OH 43215

Effective Date of this Notice: January 1, 2011; amended September 23, 2013: reviewed September 15, 2025; amended February 13, 2026; reviewed September 17, 2026.