

## CITY OF KETTERING PRIVACY NOTICE

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.

Each group health plan listed below (together referred to as the "Plan") is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. The purpose of this Notice is to inform you of the Plan's privacy practices.

You are receiving this privacy notice because you are covered by at least one of the following Plan(s):

| <b>THE PLAN(S)</b>   |
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| <b>City of Kettering Medical &amp; Prescription Plan (Administered by UnitedHealthcare)</b><br><b>City of Kettering Dental Plan (Administered by Dental Care Plus)</b><br><b>City of Kettering Vision Plan (Administered by EyeMed)</b><br><b>City of Kettering Flexible Spending Account (Administered by FlexBank)</b><br><b>City of Kettering Health Reimbursement Account (Administered by FlexBank)</b> |

In connection with providing health benefits to you, the Plan (refer to "The Plan(s)" box above) receives and maintains medical and other information about you. The Plan is sponsored by the City of Kettering (the "Plan Sponsor"). The City of Kettering (Plan Sponsor) has hired UnitedHealthcare, Dental Care Plus, EyeMed, and FlexBank to process claims and otherwise assist with Plan operations. The Plan Sponsor may also hire other service providers to assist with Plan operations. These service providers are called "business associates" of the Plan, and the Plan Sponsor requires that they agree to comply with the privacy laws regarding your protected health information. The Plan Sponsor or your employer may also assist with Plan operations as described below, and the Plan Sponsor and your employer will comply with the privacy laws with respect to your protected health information if they maintain or receive any such information.

The privacy laws do not apply to information maintained by your employer other than in connection with the Plan. Information provided to your employer by you or from another source that is in connection with sick or disability pay, a leave of absence, or a benefit plan that is not a health plan is not subject to these rules.

### **HOW THE PLAN USES YOUR PROTECTED HEALTH INFORMATION.**

The Plan may use and disclose your protected health information for the following purposes:

- **Claims Payment.** The Plan may use or disclose your protected health information to process and pay a claim for services or supplies covered by the Plan. The Plan may also provide eligibility information to your doctor or another provider who requests the information in connection with your treatment.
- **Operation of the Plan.** The Plan may use or disclose your medical information in connection with its normal operations and management, such as conducting quality assessment and improvement activities, underwriting or other activities relating to insurance in connection with the Plan, care coordination or case management, customer service, and fraud detection. However, genetic information cannot be used for underwriting purposes.
- **Treatment Purposes.** The Plan may disclose your medical information to your doctor, at the doctor's request, in connection with your treatment. The Plan may also use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Disclosure Required by Law.** The Plan must disclose protected health information to the U.S. Department of Health and Human Services in connection with an audit. The Plan may also disclose your medical information as required to comply with workers' compensation laws, or as required by a legal proceeding, such as a court or administrative order or subpoena.

- *To Your Employer.* The Plan may disclose to your employer summary claims and other similar information only if information that could be used to identify individuals has been removed. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to your employer whether you are enrolled in the Plan. The Plan may disclose your protected health information to the Plan Sponsor or to your employer for Plan administrative functions as long as the Plan Sponsor or your employer (as the case may be) has certified that it will ensure the continuing confidentiality and security of your protected health information and that it will not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor or employer. The Plan Sponsor has amended the Plan to specifically allow this use for Plan purposes by the Plan Sponsor or your employer.
- *To Family Members.* The Plan may generally disclose protected health information to a spouse or parent in connection with inquiries about plan benefits and claims payment. An individual (but not an unemancipated minor) may ask that no such disclosure be made to family members, and the Plan will honor the request. The Plan may require a written authorization before making disclosures to a family member. The Plan may disclose protected health information to a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you are not able to give or withhold consent for the Plan to do this.
- *Other Uses.* The Plan may also use and disclose your medical information as follows:
  - The Plan may disclose protected health information to law enforcement officials, for research, or for public health activities as permitted by the privacy laws.
  - The Plan may disclose protected health information about a deceased person to a coroner, medical examiner, or funeral director.
  - The Plan may disclose protected health information in the event of a serious threat to your health or safety or the health or safety of others.

**YOU MUST AUTHORIZE OTHER USES.** The Plan (including business associates providing services to the Plan and your employer) will not use or disclose your protected health information from the Plan for any purpose other than those described in this Notice unless you give the Plan written authorization to do so. With limited exceptions, the Plan must obtain your authorization for uses or disclosures of psychotherapy notes, protected health information used for marketing purposes, and sales of protected health information. If you give written authorization, it must state the specific use you are authorizing, and in most cases you may revoke your authorization in writing at any time. Your revocation will not be effective to the extent that the Plan has already taken action in reliance on your authorization.

**INDIVIDUAL RIGHTS TO SEE AND AMEND AND OTHER RIGHTS REGARDING HEALTH INFORMATION.** The law gives you certain rights regarding your protected health information used or maintained by the Plan, as follows:

- You have the right to see and get copies of your protected health information, with limited exceptions. The Plan reserves the right to impose a reasonable charge for repeat disclosures or numerous disclosure requests within one year.
- You have the right to ask that the Plan communicate with you in another way to keep your protected health information confidential. You can ask the Plan to communicate by a different means or at a different location than the Plan normally uses. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims.
- You may request additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request. However, the Plan must comply with your request not to disclose information about any medical expense for which you paid in full for the services.

- You have the right to notice in the event of an unauthorized disclosure of your health information where there is a significant risk your information has been compromised.
- You may request a correction to your protected health information. The Plan will determine whether it is appropriate to correct your information in a particular circumstance.
- You may request an accounting of disclosures of your medical information by the Plan for the last 6 years. This accounting will not include disclosures for treatment, payment or Plan operations, disclosures to you, disclosures pursuant to your authorization, or disclosures for disaster relief, national security, or intelligence purposes.
- You may request a paper copy of this notice if you received this notice by e-mail or on the internet.

If you want to exercise any of the above rights, contact the Privacy Official of the Plan as described below.

**COMPLAINTS.** You have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services if you believe that your rights regarding the privacy of your protected health information have been violated. You may file a complaint with the Plan's Information and Complaint Official (identified below). You will not be retaliated against if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

**PRIVACY OFFICIAL AND INFORMATION AND COMPLAINT OFFICIAL.**

For more information about the Plan's privacy practices or to take advantage of your rights as described in this Notice, contact:

*Privacy Official*  
*City of Kettering – Human Resources*  
*3600 Shroyer Road*  
*Kettering, OH 45429*  
*(937) 296-2446*  
[KetteringHumanResources@ketteringoh.org](mailto:KetteringHumanResources@ketteringoh.org)

To file a complaint, contact:

*Information and Complaint Official*  
*City of Kettering – Human Resources*  
*3600 Shroyer Road*  
*Kettering, OH 45429*  
*(937) 296-2446*  
[KetteringHumanResources@ketteringoh.org](mailto:KetteringHumanResources@ketteringoh.org)

**EFFECTIVE DATE OF THIS NOTICE.** This Notice is effective as of October 20, 2017. The Plan must comply with the provisions in this Notice until it is changed. The Plan reserves the right to change the provisions of this Notice at any time. If the Plan makes changes to this Notice, the Plan will send the changed Notice to all participants covered by the Plan at that time. The Plan may make the changes that apply to all protected health information it maintains, even information obtained before the effective date of the new Notice.

**INTERPRETATION.** This notice is intended to comply with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). It is not intended to give individuals any greater rights than they have under HIPAA and it is not intended to give the Plan, employers or business associates any greater obligations than they have under HIPAA, and it shall be interpreted accordingly.