

Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY INHEALTH MUTUAL AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

InHealth Mutual respects your right to privacy. This notice explains how, when and why we use or share the Protected Health Information (PHI) we keep about you. Your PHI includes information used to identify you and to document your health, your medical treatment, or payment for health care you receive. This notice also explains your rights with respect to your PHI.

The InHealth Mutual Privacy Officer can be reached by mail at:

InHealth Mutual

Attn: HIPAA Privacy Officer
501 W. Schrock Rd., Ste. 310
Westerville, OH 43081

Or by telephone at **1-866-982-5644 Ext. 4889**. Please use this address or phone number for any issue in this notice that asks you to contact the InHealth Mutual Privacy Officer.

How and When We Use or Share Your PHI

InHealth Mutual is required by law to keep your PHI private. We must also give you this notice of our legal duties and how we keep your information private. Below are the ways the law allows or requires us to use or share your PHI without getting your permission.

To pay claims

We may use or share your PHI in order to pay for health services you receive. For example, we may use information about your treatment or condition to make sure the services you get are covered by InHealth Mutual. We may also give your PHI to another health plan that may need it to process and pay claims for you.

To operate our business

We may use or share your PHI to administer our health plan. For example, we may use it to review and improve the quality of health care you receive, to contact you to remind you about an appointment, to tell you about a different type of treatment, or to send you health-related materials.

Sometimes we give your PHI to outside organizations so they can assist us with our operations. They include lawyers, accountants, consultants and others. We require them to keep your PHI private, too.

So you can get treatment

We may share your PHI with a friend, a family member or others when you need care and are unable to make health care decisions for yourself at the time. For example, if you are unconscious or if there is an emergency, we may find it in your best interest to share your PHI with a relative or friend so they can help you get the care

you need. If you are able to make health care decisions for yourself, we will not share your PHI with others unless you ask us to.

Other uses and disclosures

We may share your PHI:

- For any purpose required by law
- For public health activities such as required reports of diseases, injuries, births or deaths
- If we think you or a child is involved in or a victim of abuse, neglect or domestic violence
- If a government agency is doing an investigation
- If a court orders us to (In most cases, you will be notified of this)
- To report crimes or injuries to law enforcement agencies
- To a coroner or medical examiner so that a deceased body can be identified or to learn the cause of death
- To arrange an organ or tissue donation or transplant for you
- For research approved by an institutional review board that has rules to ensure privacy
- If you are a member of the military or for national security activities
- To obey workers' compensation laws
- If we believe, in good faith, that it is necessary in order to save someone else's health or life

We will not use or share your PHI for any other purpose unless you sign a form that permits us to. If you sign a form then change your mind, you can take back your permission for future uses by writing to the InHealth Mutual Privacy Officer.

Special Rules for Disclosure of Your Mental Health, Substance Abuse, HIV/AIDS, and Long-term Care Information - Ohio law requires that we obtain your authorization in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition; before disclosing information about drug and alcohol treatment you may have received in a drug and alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing certain information to Ohio's long-term care investigators. For full information on when such authorization may be necessary, you can contact the InHealth Mutual Privacy Officer.

YOUR Rights

You have the right to:

- Look at or get copies of your PHI that we have. Requests are normally fulfilled within 30 days.
- Receive a list of times we have disclosed (shared) your PHI for the past six (6) years before your request.
- Ask us to change or correct your PHI. Your request must include your reason for it. We will carefully consider all change requests. However, we are not required to make them. If we do make a change, we may also notify others who work with us and who have copies of the uncorrected records if we think they need to know.
- Ask us to limit how we use or share your PHI for certain purposes. We will carefully consider all requests. However, we are not required to make them. If we agree to a limit, both you and InHealth Mutual have the right to cancel the agreement. If InHealth Mutual cancels the agreement, we will notify you.
- Ask us to send communications regarding your PHI to you in another way or to another place. For example, if you don't want messages left on your answering machine or if you want information mailed to a different address, you can request it. We will accommodate requests that clearly provide information that the disclosure of all or part of the information could endanger you.

Please make the above requests in writing. They must be signed by you or your representative. If you would rather use one of our printed forms to make your request, you can ask for forms from the InHealth Mutual Privacy Officer. Please send all requests to the InHealth Mutual Privacy Officer.

You also have the right to:

- Get a detailed paper copy of this notice.
- File a written complaint with the InHealth Mutual Privacy Officer if you feel your privacy rights have been violated. You can also file a written complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of when you think your rights were violated. You will not be penalized for filing a complaint.

This original notice was effective April 14, 2013. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all PHI we keep. If this happens, we will mail you a copy of the new notice. You can also ask for a paper copy of our notice at any time by mailing a request to the InHealth Mutual Privacy Officer.

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