

# OHIO BENEFIT ADMINISTRATORS

## NOTICE OF PRIVACY PRACTICES

### I. THIS NOTICE DESCRIBES HOW YOUR NON-PUBLIC PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE COLLECTED, USED AND DISCLOSED BY US, AND HOW YOU CAN GET ACCESS TO THE INFORMATION WE HAVE ABOUT YOU; PLEASE REVIEW IT CAREFULLY

The terms of this Notice of Privacy Practices apply to the following affiliated covered entities: Ohio Benefit Administrators operating as a health plan to carry out payment and health care operations as permitted by law.

### II. WE HAVE A LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

We are required by law to protect the privacy of your health information. This includes all non-public personal information about you, such as whether you are enrolled in a Ohio Benefit Administrators health benefits plan, your premium information and your claims information. We are prohibited by law from using or disclosing genetic information about you for underwriting purposes. We are required to provide you with this notice about our privacy practices. We are required to comply with all of the terms described in the current version of our Notice of Privacy Practices. You can request a copy of this notice from the contact office listed in Section X at any time and can view a copy of this notice on our website at: [www.ohioba.com](http://www.ohioba.com)

### III. HOW WE COLLECT INFORMATION

We collect information about you that is related to your participation in a Ohio Benefit Administrators health benefits plan. We receive information from you on applications and other forms that you submit to us, and from your transactions with us, our affiliates in ProMedica Insurance Corporation and subsidiaries.

### IV. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

#### A. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Ohio Benefit Administrators collects health information from you and stores it in a variety of formats, including paper and electronic. Except as outlined below, we will not use or disclose information about you for any purpose unless you have signed an authorization form.

1. **To carry out payment.** When you enroll with Ohio Benefit Administrators, we may disclose information about you to carry out payment functions. For example, we may use information about you for the purpose of:
  - claims payment
  - collection of premiums
  - coordination of benefits
  - subrogation of health benefit claims
2. **For regular health plan operations.** When you enroll with Ohio Benefit Administrators, we may disclose information about you to operate the health plan. For example, we may use information about you for the purpose of:
  - referrals, pre-certification and case management
  - distribution of disease management educational notices and preventive care reminders

- quality assessment and improvement activities
- medical review and auditing functions including fraud and abuse detection
- underwriting and premium rating
- customer service and requests for internal reviews

• accreditation activities and program licensure  
Additionally, we may disclose your information to our business associates, such as a pharmacy benefit managers and others, that process our claims, or cloud service providers. We may also provide information about you to our accountants, attorneys, consultants and others in order to make sure we are complying with the laws that affect us.

3. **When required by federal, state or local law, judicial or administrative proceedings or law enforcement.** For example, we may disclose your information to appropriate authorities when the law requires us to do so. We may also disclose your information in legal proceedings or to law enforcement in response to a subpoena, when ordered by the court or in response to a discovery request.
4. **For health oversight activities.** For example, we may provide information to assist the government when it conducts an investigation or audit to determine beneficiary eligibility and compliance with program standards.
5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may disclose your information to law enforcement or persons able to prevent or lessen such harm.
6. **For specific government functions.** We may disclose information on military personnel and veterans in certain situations. We may disclose your information to correctional institutions and law enforcement in custodial situations. We may also disclose your information for national security or intelligence activities.
7. **For workers' compensation purposes.** We may disclose your information in order to comply with workers' compensation laws.
8. **To family and friends involved in your care.** If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with family, friends, or others who are involved in your care or in payment for your care.
9. **For research purposes.** We may disclose information about you in order to conduct research that has been approved by the ProMedica Institutional Review Board.
10. **De-identified Information.** We may de-identify your health information as permitted by HIPAA. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies, development of artificial intelligence tools, and health care operations improvement activities.

# OHIO BENEFIT ADMINISTRATORS

## NOTICE OF PRIVACY PRACTICES

### **B. DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Before we use or disclose your personal health information for any reason other than those reasons listed in Section IV.A, we will need to get your written authorization. We will obtain your written authorization for the use and disclosure of psychotherapy notes, or uses and disclosures for marketing purposes. We may not sell your protected health information without your written authorization. If you authorize us to use or disclose your information, you can revoke your authorization by notifying the office listed in Section X in writing.

### **V. YOUR HEALTH INFORMATION RIGHTS**

#### **A. THE RIGHT TO REQUEST LIMITS ON HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION**

You have the right to ask that we limit how we use and disclose your information. We will carefully consider your request, but are not required to accept it. If we accept your request, we will put it in writing and abide by it.

#### **B. THE RIGHT TO CHOOSE HOW WE SEND YOUR INFORMATION TO YOU**

You have the right to ask that we send information to you at an alternate location. For example, you may ask us to send information to your work address rather than your home address. You can also ask that it be sent by alternate means. For example, you can ask that we send information by fax instead of regular mail. We will agree to any reasonable request by you for such communications.

#### **C. THE RIGHT TO SEE AND GET COPIES OF YOUR HEALTH INFORMATION**

Most of the time, you have the right to review or obtain copies of your health information that we maintain. Your request must be on the appropriate form and signed by you or your legally authorized representative. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons why and explain how you can have the denial reviewed.

#### **D. THE RIGHT TO A LIST OF CERTAIN DISCLOSURES OF YOUR INFORMATION**

You have the right to a list of certain instances in which we have disclosed your health information.

#### **E. THE RIGHT TO CORRECT OR UPDATE YOUR HEALTH INFORMATION**

If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request and your reason for the request must be submitted on the appropriate form. Each request will be carefully considered. If we approve your request, we will make the change to your information, tell you that we have done it and tell others that need to know about the change.

#### **F. HOW TO MAKE REQUESTS**

To make requests under Section V A through E, complete the appropriate form available from the contact office listed in Section X and send it to the address indicated.

### **G. THE RIGHT TO GET THIS NOTICE**

You have the right to get a copy of this notice by e-mail and to request a paper copy of this notice.

### **H. THE RIGHT TO PRIVACY BREACH NOTIFICATION**

You have the right to be notified after a breach of unsecured protected health information has occurred.

### **VI. PROCEDURES TO MAINTAIN CONFIDENTIALITY AND SECURITY**

Ohio Benefit Administrators restricts access to health information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with applicable law.

### **VII. CHANGES TO THE POLICY**

If our privacy policy should change at any time in the future, we will promptly change, post and distribute the new notice. We will also distribute this Notice of Privacy Practices annually. We reserve the right to apply any changes to our privacy policy or this notice to all of the personal health information that we maintain, including information collected before the date of the change.

### **VIII. COMPLAINTS**

If you think that we may have violated your privacy rights or you disagree with a decision we made about your health information, you may file a complaint with the office listed in Section X. You also may send a written complaint to the Secretary of the Department of Health and Human Services in Washington, D.C. We will take no action against you if you file a complaint about our privacy practices.

### **IX. PROTECTIONS APPLY TO FORMER MEMBERS**

Ohio Benefit Administrators does not destroy information about you when you terminate your coverage with us. However, the policies and procedures outlined in this notice continue to apply to protect the information of former members.

### **X. OFFICE TO CONTACT FOR INFORMATION ABOUT THIS NOTICE**

If you have any questions about this notice or any complaints about our privacy practices, please contact:

Member Services Department  
1901 Indian Wood Circle  
Maumee, OH 43537 Mailing  
Address:  
P.O. Box 928  
Toledo, OH 43697-0928  
1-877-622-1966

### **XI. EFFECTIVE DATE OF THIS NOTICE**

This notice goes into effect on April 23, 2021.

To the extent state privacy laws apply, such state laws (rather than the terms of this notice) might impose additional privacy standards under which Ohio Benefit Administrators is required to operate.