



## NOTICE OF PRIVACY PRACTICES

**This privacy notice describes how medical information about you can be used and disclosed and how you can obtain access to this information. Please read it carefully.**

This privacy notice applies to enrollees in the State Teachers Retirement System of Ohio (“STRS Ohio”) self-funded health care plans and the self-funded prescription drug plans (the “Program”). The Program is required by law to maintain the privacy of protected health information (as defined below, the “PHI”) and to provide individuals with notice of the Program’s legal duties and privacy practices with respect to PHI and to abide by the terms of such privacy notice currently in effect and to notify individuals following a breach of unsecured PHI. The Program includes several types of plans: indemnity plans, preferred provider organization (PPO) plans, Medicare Advantage plans, commercial health maintenance organization (HMO) plans, Medicare HMO plans and prescription drug plans. These plans have agreed to participate as an organized health care arrangement as defined in 45 C.F.R. §160.103 (“OHCA”), and have agreed to abide by the terms of this privacy notice with respect to PHI created or received by the plans as part of their participation in the OHCA.

### STRS Ohio’s Philosophy on Enrollee Privacy

STRS Ohio is committed to enrollee service and privacy. As part of your participation in the Program, STRS Ohio and its business partners used to administer and deliver health care coverage receive enrollee PHI through the operation and administration of the Program. PHI means any information, transmitted or maintained in any form or medium, which the Program creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services and that identifies you or could be used to identify you. All PHI and other Program records are maintained in compliance with state and federal laws, as well as our own privacy policies.

If you have questions or want further information about this privacy notice, please submit a written request to the attention of the Program’s Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. The policies and procedures outlined in this privacy notice originally became effective April 14, 2003, and were amended Oct. 1, 2019.

### How the Program Uses and Discloses Your PHI

To provide your health care and prescription drug coverage and administer the Program, the Program needs access to some of your PHI. In administering your health care and prescription drug coverage, the Program may use and disclose your PHI in the various ways described below. Not every possible use or disclosure in a category is listed; however, all of the ways the Program is permitted to use and disclose information fall into one of these categories.

#### A. Uses and Disclosures of Your PHI for Treatment, Payment and Health Care Operations

The law permits the Program to use and disclose your PHI without your authorization as follows:

- (i) **Treatment** — To health care providers who are involved in your care, for purposes such as verifying eligibility, Medicare status and effective date of coverage, in order to facilitate treatment and care. For example, the Program may make disclosures to physicians, nurses and other health care professionals involved in your care.
- (ii) **To Obtain Payment** — To STRS Ohio business partners that administer the Program, a governmental payer or other responsible third party for the purpose of billing or collecting payment for the medical treatment or prescription drugs you have received or to provide your health care provider with necessary eligibility information. For example, the Program may need to share your health information (1) with providers to verify the delivery of services or items you received so the Program’s claims administrator can pay the provider or reimburse you for the cost of the services or items; (2) to determine if a treatment you received was medically necessary or covered under the Program; (3) with a third-party service provider to perform utilization review; (4) with another health plan to coordinate benefit payments; or (5) for adjudication or subrogation of health claims.
- (iii) **Health Care Operations** — The Program may use and disclose PHI for health care operations, which include, but are not limited to, use and disclosures: (1) by Program health care representatives who disclose the minimum amount of PHI to STRS Ohio associates who need to know that information to administer the Program; (2) by Program health care representatives who act as a liaison between the enrollee and various health plan administrators; (3) for quality assessment of the Program through distribution and analysis of enrollee satisfaction surveys; (4) in connection with the performance

of disease management functions; and (5) for general administrative activities, including customer service, cost-management functions, fraud detection, data management, communications, claims and operational audits and legal services. In addition, the Program may send you information based on your own health information to tell you about possible treatment options or alternatives or other health-related benefits or services that may be of interest to you. The Program may also combine your health information with that of other enrollees in the Program to evaluate the coverage provided by the Program and to evaluate the quality of care the Program enrollees receive as a whole.

## **B. Other Uses and Disclosures of Your PHI for Which Your Authorization Is Not Necessary**

In limited instances, the law allows the Program to use and disclose your PHI without your authorization in the following situations:

- (i) **Family** — The Program may disclose your PHI to a family member who is directly involved with your medical care or with the payment related to your care. The Program may request that your family members verify their own identity and otherwise demonstrate that they are acting on your behalf.
- (ii) **Disaster Relief Purposes** — For the limited circumstances of disaster relief efforts to a public or private disaster relief entity and for purposes of notifying your family of your condition and location.
- (iii) **Required by Law** — For compliance with federal, state or local law, which disclosures will be limited to the minimum amount of information necessary to comply with applicable legal requirements.
- (iv) **Public Health Activities** — The Program may disclose PHI about you for public health activities including activities related to preventing or controlling disease, or, when required by law, to notify public authorities concerning cases of abuse or neglect.
- (v) **Victims of Abuse, Neglect or Domestic Violence** — To a government authority, including a social service or protective agency, if the Program reasonably believes you to be a victim of abuse, neglect or domestic violence.
- (vi) **Health Oversight Activities** — To a health oversight agency for oversight activities authorized by law, including claims and operational audits; civil, administrative or criminal investigations; inspections; or licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- (vii) **Judicial and Administrative Proceedings** — If you are involved in a lawsuit or dispute, the Program may disclose PHI about you in response to a court or administrative order. The Program may also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- (viii) **Law Enforcement Purposes** — If requested by a law enforcement official for limited law enforcement purposes. For instance, pursuant to laws that require the reporting of wounds or other physical injuries; pursuant to a court order, court-ordered warrant, subpoena or summons; in response to a law enforcement official's request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; in response to a law enforcement official's request for information about an individual who is suspected to be a victim of a crime; to a law enforcement official about an individual who has died if the Program has a suspicion the death may have resulted from criminal conduct; or to law enforcement officials if the Program believes in good faith criminal conduct occurred on its premises.
- (ix) **Uses and Disclosures About Decedents** — To a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or other duties as authorized by law. The Program may also release medical information to funeral directors as necessary to carry out their duties.
- (x) **Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes** — To organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- (xi) **Uses and Disclosures to Avert a Serious Threat to Health or Safety** — The Program may use or disclose medical information about you if it reasonably believes, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.
- (xii) **Specialized Government Functions** — For specialized government functions allowed by law, such as for national security and intelligence purposes; disclosure to authorized federal officials for the provision of protective services to the President or other authorized persons; disclosure of health information about an inmate or other individual to a correctional institution or a law enforcement official.
- (xiii) **Workers' Compensation** — For compliance with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.

- (xiv) **Business Associates** — The Program contracts with parties who provide services necessary for operation of the Program. For example, the Program is assisted in its operations by third-party administrators. These persons who assist the Program are called business associates. At times, the Program may disclose PHI to its business associates so they can provide services to the Program. The Program will require that any business associates who receive PHI safeguard the privacy of that information.
- (xv) **Military and Veterans** — If you are a member of the armed forces, the Program may release PHI about you as required by military command authorities.
- (xvi) **Underwriting** — The Program may use or disclose your PHI for underwriting purposes, but the Program is prohibited from using or disclosing PHI that is genetic information for underwriting purposes. Underwriting purposes include, for example, the computation of premium or contribution amounts under the Program and the application of any preexisting condition exclusion under the Program, but do not include determinations of medical appropriateness where an individual seeks a benefit under the Program.
- (xvii) **Notifying the sponsor of the Program** — The Program may disclose your PHI to STRS Ohio, the sponsor of the Program.
- (xviii) **Disclosures to the Secretary of the U.S. Department of Health and Human Services** — The Program is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Program’s compliance with the Privacy Rule.

**C. Other Uses and Disclosures of Your PHI Requiring Your Written Authorization**

In all situations **other than those described previously**, we will ask for your written authorization before using or disclosing your PHI. If you have given us authorization, you may revoke it in writing at any time, unless the Program has already disclosed the information.

**D. More Stringent Ohio Laws**

Certain provisions of Ohio law may now, or in the future, impose greater restrictions on uses and/or disclosures of PHI or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this privacy notice, the Program must comply with those provisions.

**Your Legal Rights**

Federal privacy regulations give enrollees the right to make certain requests regarding their health information. You may ask the Program to:

- **Restrict the uses or disclosures of your PHI to carry out treatment, payment and health care operations.** You also have the right to request a limit on your PHI that the Program discloses about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that the Program not disclose or use information about a certain medical treatment you received. **IMPORTANT NOTE: The Program is not required to agree to your request, unless the health information pertains solely to a health care item or service for which you, and not the Program, have paid in full.**  
  
To request restrictions on the use or disclosure of your PHI, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. In your request, please provide:
  - What PHI you want to limit;
  - Whether you want to limit the Program’s use, disclosure or both; and
  - To whom you want the disclosure limits to apply (for example, a family member).
- **Communicate with you about your PHI in a certain way or at a certain location.** For example, you can ask that the Program contact you only at a certain phone number or mailing address. To request confidential communications, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. The Program will accommodate all reasonable requests. Your request must specify how or where you would like to be contacted. After the Program receives your request, the information may be forwarded to third-party administrators of the Program. As a result, additional reasonable information may be required from you by the third-party administrator to process your request.
- **Inspect and copy your PHI that may be used to make decisions about payment and your care.** To inspect and copy your PHI, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. If you request a copy of the information, the Program may charge a reasonable fee for the costs of preparing a summary or explanation of your PHI or for the costs of copying, mailing or other supplies associated with your request.

If you agree in advance, the Program may instead provide you with a summary or explanation of your PHI.

Under Ohio and federal law, the Program may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, in many instances you may request that the denial be reviewed.

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- **Request an amendment to your PHI if you think the information is incomplete or incorrect for as long as the information is maintained by the Program.** To request an amendment, mail your request to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. If the Program rejects your amendment for any reason allowable under state or federal law, the STRS Ohio Health Care Program will permit you to submit a written statement of disagreement to be kept with your PHI. The Program may reasonably limit the length of such statement of disagreement.
- **Provide a listing of any disclosures of your PHI in the six (6) years prior to the date on which the listing is requested.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures of PHI the Program has made about you. The Program is not required to account for certain disclosures such as those made for the purposes of treatment, payment or health care operations, pursuant to a prior authorization by you or for certain law enforcement purposes.

You may obtain a list or accounting of disclosures of PHI by submitting a written request to the attention of the Program’s Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771. Your request must state the time period for which you desire the accounting, which may not be longer than six (6) years. Your request should also specify the format of response you prefer (i.e., on paper or electronically). The first list of disclosures you request within a 12-month period is free. For additional lists within the same 12-month period, the Program may charge you for the costs of providing the list. The Program will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Obtain a paper copy of this privacy notice.** Even if you have agreed to receive this privacy notice electronically, you may nonetheless obtain a paper copy of this privacy notice by submitting a written request to the attention of the Program’s Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771.

## **This Privacy Notice Is Subject to Change**

The Program may change the terms of this privacy notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Program already has about you, as well as any information that it may receive or hold in the future. The Program will post a copy of the current privacy notice on its website at [www.strsoh.org](http://www.strsoh.org) and at the office located at 275 E. Broad St., Columbus, OH 43215-3771. You may request a paper copy of this privacy notice by submitting a written request to Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771 or by calling STRS Ohio’s Member Services Center toll-free at 888-227-7877.

Please note that the Program does not destroy your PHI when you terminate coverage with the Program. It may be necessary to use and disclose this information for the purposes described in this privacy notice even after your coverage terminates, although policies and procedures will remain in place to protect you against inappropriate use or disclosure.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the STRS Ohio Health Care Program Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with the Program, mail your comments to: Privacy Officer, STRS Ohio Health Care Program, 275 E. Broad St., Columbus, OH 43215-3771.

To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact the Office of Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601; 312-886-2359; [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

**You will not be penalized in any way for filing a complaint.**