



Health Insurance Privacy Policy 2.15

Office of Human Resources

Applies to: Faculty, staff and student employees

POLICY

Issued: 07/03/2003

Revised:

Edited:

The University collects and maintains protected health information about members in its health benefit plans. Federal [Health Insurance Portability and Accountability Act](#) (HIPAA) regulations on privacy restrict the use and disclosure of such information by the health benefit programs and grant members certain rights with respect to their information. To protect the privacy and confidentiality of its members' protected health information and to comply with federal law, all University employees are required to comply with this policy.

POLICY GUIDELINES

I. Definitions

Disclosure - the release, transfer, provision of access to, or divulging in any other manner of information to persons not performing plan administrative functions for the Ohio State University Faculty and Staff Health Plans.

Member - any person enrolled, including enrolled dependents, in one of the Ohio State University Faculty and Staff Health Plans.

Ohio State University Faculty and Staff Health Plans – medical, dental, vision and flexible spending account plans available to faculty, staff, student employees, and affiliated groups of The Ohio State University. The Office of Human Resources (OHR) and Managed Health Care Systems administer these plans.

Protected Health Information (PHI) - information created or received by the Ohio State University Faculty and Staff Health Plans that relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present or future payment for the provision of health care to a member; and that identifies the member or for which there is a reasonable basis to believe the information can be used to identify the member. Protected health information includes information of persons living or deceased. The following components of a member's information are also considered protected health information when received, created, or maintained by the Ohio State University Faculty and Staff Health Plans:

- names
- street address, city, county, precinct, zip code
- dates directly related to a member including birth date, health care facility admission and discharge date, dates of service, date of claim, and date of death
- telephone numbers, fax numbers, and electronic mail addresses
- Social Security numbers and employee ID numbers
- medical record numbers
- health plan beneficiary numbers
- account numbers
- certificate/license numbers
- vehicle identifiers and serial numbers, including license plate numbers



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- device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- biometric identifiers, including finger and voice prints
- full face photographic images and any comparable images
- any other unique identifying number, characteristic, or code

Use - the sharing, employment, application, utilization, examination, or analysis of information by any person working for or within the Ohio State University Faculty and Staff Health Plans or by a business associate of the Ohio State University Faculty and Staff Health Plans.

PROCEDURE

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I. Responsibilities of Employees with Access to Health Information

- A. Provide an [Authorization Form](#) to unit employees when requesting medical records from a health care provider or health plan.
- B. Keep all medical records secure and confidential.
- C. Ensure that all health information received from an employee is used or disclosed only for the intended purpose.
- D. Access appropriate training and information to ensure compliance with this policy.

II. Office of Human Resources/Managed Health Care Systems Responsibilities

A. Notice of Privacy Practices

The Ohio State University Faculty and Staff Health Plans will distribute a Notice of Privacy Practices to all members of the Ohio State University Faculty and Staff Health Plans. The notice describes member rights and certain responsibilities of the Ohio State University Faculty and Staff Health Plans with respect to privacy of Protected Health Information (PHI). The notice will be sent in paper format and placed on the Office of Human Resources and Managed Health Care Systems web sites.

B. Member Requests

All member requests will be deemed received when they are received by the Office of Human Resources Privacy Officer. The Privacy Officer will fulfill requests within the timeline allowed by HIPAA regulations.

C. Plan Sponsorship

The Office of Human Resources sponsors and administers the Ohio State University Faculty and Staff Health Plans. Member Protected Health Information (PHI) will not be used for employment decisions and will not be shared with anyone not involved in health plan administration unless specific conditions as outlined in HIPAA guidelines are met.



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D. Training

The Office of Human Resources Privacy Officer is responsible for implementing training and collaborating with units to ensure participation in training by all people involved in health plan administration, including all university employees that handle PHI.

III. Member Rights

Federal HIPAA privacy regulations allow members specific rights regarding their PHI.

A. Access

Members have the right to access and make copies of their PHI. An [Access Form](#) must be submitted to the Office of Human Resources Privacy Officer.

B. Amendment

Members have the right to request an amendment or correction to their PHI. Requests for amendments can be approved or denied. [Amendment Request Forms](#) must be submitted to the Office of Human Resources Privacy Officer to initiate an amendment.

C. Accounting of Disclosures

Members have the right to request an accounting of disclosures made by the Ohio State University Faculty and Staff Health Plans of their PHI within the 6-year period preceding their request. The accounting will be limited to disclosures made after April 14, 2003, which are not part of treatment, payment, or health plan operations, are not made pursuant to a member's authorization, or are not otherwise exempted from disclosure requirements by the HIPAA regulations. A [Request for an Accounting Disclosures Form](#) must be submitted to the Office of Human Resources Privacy Officer.

D. Restriction on Uses and Disclosures

Members have the right to request that the Ohio State Faculty and Staff Health Plans restrict the use or disclosure of their Protected Health Information (PHI). A [Request for an Accounting Disclosures Form](#) must be submitted to the Office of Human Resources Privacy Officer.

E. Confidential Communications

Members have the right to request that the Ohio State University Faculty and Staff Health Plans communicate with them at an alternate address or through alternate means. All reasonable requests that are submitted in writing to the Office of Human Resources Privacy Officer will be accommodated.

F. Registering Complaints

Members may complain about potential privacy violations to the Office of Human Resources Privacy Officer or to the U. S. Secretary of Health and Human Services by submitting a written complaint. There will be no retaliation for complaints.

IV. Authorization Forms

The Ohio State University Faculty and Staff Health Plans may use and disclose PHI for treatment, payment, health care operations and when otherwise permitted or required by law. To disclose a member's PHI for reasons other than treatment, payment, healthcare, operations or as required by law, a signed [Authorization Form](#) is needed. A signed authorization form is needed to release records to a third party at a member's request. No release of information requests will be processed without a signed authorization. [Authorization Forms](#) are available from the Office of Human Resources (OHR) Customer Service Center, and on the OHR Web site.



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V. Disclosure of Information to Family and Friends

The Ohio State University Faculty and Staff Health Plans will share information about members with family and friends involved in the member's care with approval from the member. Information about a member will be shared with family and friends when those persons are directly involved in a member's care or when those persons are involved in the payment for a member's care. Employees may designate persons with whom the Ohio State University Faculty and Staff Health Plans should share information as personal representatives by submitting a signed [Authorization Form](#) to the OHR Privacy Officer.

VI. Training

All individuals associated with the administration of the Ohio State University Faculty and Staff Health Plans, including University employees who handle Protected Health Information (PHI), are required to complete training on HIPAA privacy regulations and internal policy and procedures.

VII. Corrective Action

Where violations of university privacy policies are found, steps will be taken to ensure that violations are addressed, practices are promptly changed, and corrective action is taken. Corrective action may include additional training, written reprimands, suspensions or other action up to and including dismissal, in accordance with established University rules and procedures.

RESOURCES

For questions:

- Office of Human Resources Privacy Officer (614) 292-3514

For forms (hr.osu.edu/forms/#HIPAA):

- Authorization to Release Medical Records Form hr.osu.edu/forms/hipaa/authorization.pdf
- Access Request Form hr.osu.edu/forms/hipaa/accessrequest.pdf
- Amendment Request Form hr.osu.edu/forms/hipaa/amendrequest.pdf
- Accounting Request Form hr.osu.edu/forms/hipaa/accountingrequest.pdf
- Member Request to Restrict Uses and Disclosures of Protected Health Information Form hr.osu.edu/forms/hipaa/restrictdisclosure.pdf
- Confidential Communications Request Form hr.osu.edu/forms/hipaa/confidentialcommunications.pdf
- Privacy Complaint Form hr.osu.edu/forms/hipaa/privacycomplaint.pdf

For information:

- US Department of Health and Human Services, Office of Civil Rights – HIPAA hhs.gov/ocr/hipaa