

NOTICE OF PRIVACY PRACTICES

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.

Introduction. This Notice describes how the Catholic Diocese of Cleveland Medical and Fringe Benefit Plan (the “Plan”) may use and disclose your protected health information, sets forth the Plan’s legal obligations concerning your protected health information under the privacy rules of the Health Insurance Portability and Accountability Act (the “Privacy Rule”) and describes your rights to access and control your protected health information. “Protected health information” is information about you that may identify you and that relates to your past, present or future physical or mental health or condition or past, present or future payment for health care.

Questions and Additional Information. If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the Plan using the Contact Information provided at the end of this Notice.

THE PLAN’S RESPONSIBILITIES

The Plan is required by law to maintain the privacy of your protected health information. It is obligated to provide you with a copy of this Notice setting forth the Plan’s legal duties and its privacy practices with respect to your protected health information. The Plan must abide by the terms of this Notice currently in effect. The Plan must notify affected individuals following a breach of unsecured protected health information.

TYPICAL USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This section describes typical ways in which the Plan is permitted or required to use or disclose your protected health information. The descriptions include illustrative examples. The descriptions and examples are not exhaustive. They do not specify all types of uses or disclosures which can be made for each category.

Payment and Health Care Operations. The Plan may use and disclose your protected health information for all activities that are included within the definitions of “payment” and “health care operations” under the Privacy Rule. These definitions are briefly explained below.

Payment. The Plan will use or disclose your protected health information to fulfill its responsibilities for paying benefits by its terms. For example, the Plan may use or disclose your protected health information: (i) to a provider in response to a request for information regarding your eligibility for benefits under the Plan; (ii) to determine if a treatment that you received was medically necessary or covered under the Plan; (iii) to a third party service provider to perform utilization review; (iv) for adjudication or subrogation of health claims; and (v) to another health plan to coordinate benefit payments.

Health Care Operations. The Plan will use or disclose your protected health information to support the Plan’s core function of paying benefits by its terms. These functions include, but are not limited to: (i) responding to inquiries from participants; (ii) case

management; (iii) audits; (iv) fraud and abuse detection and compliance programs; (v) legal services; (vi) cost management; and (vii) arranging for medical review.

Business Associates. The Plan contracts with third party service providers (known as “business associates” under the Privacy Rule) to perform various services on their behalf. Typically, these services come within the definitions of “payment” and “health care operations” discussed above. To perform these services, business associates will receive, create, maintain, use or disclose protected health information, but only after the business associates agree in writing to appropriately safeguard your protected health information.

Other Covered Entities. Under certain circumstances, the Plan may use or disclose your protected health information to assist health care providers, health plans and health care clearinghouses in their own payment activities or health care operations.

Disclosures to the Diocese. The Plan (including its third-party administrators) may disclose your protected health information to the Catholic Diocese of Cleveland (the “Diocese”), as follows:

- ***Treatment, Payment and Health Care Operations.*** The Diocese may create, receive, maintain, use and disclose protected health information to carry out treatment, payment and health care operations.
- ***Enrollment and Disenrollment Information.*** The Diocese may create, receive, maintain, use and disclose protected health information on whether you are participating in the Plan or are enrolled in or disenrolled from a health insurance issuer or HMO offered by the Plan.
- ***Limited Plan Sponsor Functions.*** The Diocese may create, receive, maintain, use and disclose summary health information solely for the purposes of obtaining premium bids from insurers for providing health insurance coverage under the Plan or modifying, amending or terminating its group health plans. Summary health information summarizes the claims history, claims expenses or type of claims experienced by the Plan’s participants and beneficiaries. Summary health information excludes most direct identifiers (*e.g.*, name, social security number, telephone number, *etc.*). If the Plan uses or discloses your protected health information for underwriting purposes, it is prohibited from using or disclosing genetic information for those purposes.

Please note that, except as described in this paragraph, the Diocese will not have access to your protected health information unless you sign a specific authorization.

Others Involved in Your Health Care. The Plan may disclose your protected health information to a friend or family member that is involved in your care or payment for your health care, unless you object or request a restriction (in accordance with the process described below under the heading “Right to Request Restrictions”). If you are not present or able to agree to these types of disclosures then, using professional judgment, the Plan may make the disclosure if it determines that the disclosure is in your best interest.

Disclosures to You. The Plan is required to disclose to you or your personal representative most of your protected health information when you request access to this information.

Disclosures to Your Personal Representatives. The Plan will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Plan may require written documentation that supports and establishes the basis for the personal representation (such as a power of attorney relating to health care decisions, proof of guardianship, *etc.*). The Plan may elect not to treat a person as your personal representative if: (i) it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) in the exercise of its professional judgment, it determines that it is not in your best interest to treat the person as your personal representative.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This section describes ways in which the Plan is permitted or required to use or disclose your protected health information that are expected to occur less frequently than those described in the preceding section. As in the preceding section, the descriptions and examples are not exhaustive.

Required by Law. The Plan may use or disclose your protected health information to the extent required by federal, state or local law.

Lawsuits and Administrative Proceedings. The Plan may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal. The Plan may also disclose your protected health information in response to a subpoena, discovery request or other lawful process if efforts have been made to notify you or a protective order is obtained.

Workers' Compensation. The Plan may disclose your protected health information to comply with workers' compensation laws and other similar laws or programs that provide benefits for work-related injuries or illnesses.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the Privacy Rule.

Although they are unlikely to ever apply to the Plan:

Health Oversight Activities. The Plan may disclose your protected health information to a health oversight agency for activities authorized by law.

Abuse or Neglect. The Plan may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence.

To Avert a Serious Threat to Health or Safety. The Plan may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION PURSUANT TO AN AUTHORIZATION

Uses and disclosures of your protected health information that are not described above will be made only with your written authorization. There are special rules requiring your written authorization for disclosures involving psychotherapy notes, marketing and the sale of protected health information.

If you provide the Plan with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that the Plan has already used or disclosed in reliance on the authorization.

CONTACTING YOU

The Plan (including their third-party administrators) may contact you about claims, payments, treatment alternatives or other health-related benefits or services that may be of interest you.

YOUR RIGHTS

The following is a description of your rights with respect to your protected health information.

Right to Request Restrictions. You have the right to request a restriction on the Plan's uses and disclosures of protected health information about you for treatment, payment or health care operations. You also have the right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your health care or for notification purposes. For example, you could ask that the Plan not use or disclose information about a surgery that you had.

Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must specifically identify the protected health information you wish to restrict, indicate whether you want to restrict the Plan's use, disclosure or both, and indicate how you want the restrictions to apply (for example, disclosures to your spouse). The Plan is not required to agree to any restriction that you request (with a narrow exception for disclosures of protected health information pertaining solely to an item or service for which you or someone other than the Plan has paid in full, to other health plans for purposes of carrying out payment or health care operations). The Plan will inform you if it agrees to a restriction. If the Plan agrees to a restriction, it can stop complying with the restriction after notifying you.

Right to Request Confidential Communications. If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the Plan communicate with you in an alternative manner or at an alternative location. For example, you may ask that the Plan send explanation of benefits (EOB) forms about your benefit claims to your work address rather than your home address.

Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. Your request must clearly state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. The Plan

will accommodate all reasonable requests for confidential communications. The Plan will inform you if a request will be accommodated.

Right to Request Access. You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) indicate the form of access requested (on-site inspection, copies, *etc.*); (iii) if submitted by a personal representative, include proof of personal representative status; and (iv) if applicable, include the name and address of any third party to whom you would like the Plan to directly transmit the protected health information. If you request copies, the Plan will charge a fee for the actual cost of copying, and, if applicable, mailing, incurred in responding to your request. The Plan will also charge a fee for creating electronic media if you request an electronic copy on portable media.

Note that under the Privacy Rule, you may not inspect or copy the following records: (i) psychotherapy notes; (ii) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (iii) protected health information that is subject to law that prohibits access to protected health information. Depending upon the circumstances, you may have a right to request a review of a denial of access.

Right to Request an Amendment. You have the right to request an amendment of your protected health information held by the Plan if you believe that information is incorrect or incomplete. Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) provide the reason or reasons for the proposed amendment; and (iii) if submitted by a personal representative, include proof of personal representative status.

In certain cases, the Plan may deny your request for an amendment. For example, the Plan may deny your request if it determines that the information you want to amend is accurate and complete or was not created by the Plan. If the Plan denies your request, you have the right to file a written statement of disagreement. Your statement of disagreement will be appended to or linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right to Request an Accounting. You have the right to request an accounting of certain disclosures the Plan has made of your protected health information. Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) indicate the period of time you wish the accounting to cover; and (iii) if submitted by a personal representative, include proof of personal representative status.

You can request an accounting of disclosures made up to six years prior to the date of your request. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Plan's costs for additional requests within that twelve-month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain a paper copy, please log onto the

Diocese of Cleveland Employee Benefits website at www.mydocbenefits.com or contact the Plan using the Contact Information at the end of this Notice.

COMPLAINTS

If you believe the Plan has violated your privacy rights, you may complain to the Plan's claims administrators, the Plan's HIPAA Privacy Contact or the Secretary of the United States Department of Health and Human Services. You may file a written complaint with the Plan's claims administrators or the Plan's HIPAA Privacy Contact using the Contact Information at the end of this Notice. The Plan will not penalize or retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

The Plan reserves the right to change the provisions of this Notice and make the new provisions effective for all protected health information that it maintains (including protected health information created or received prior to the effective date of the change). If the Plan makes a material change to this Notice, it will post the change on their website and provide further information about how to obtain the revised notice in its next annual mailing to individuals then covered by the Plan.

EFFECTIVE DATE

This Notice of Privacy Practices is effective September 1, 2019.

CONTACT INFORMATION - HIPAA PRIVACY CONTACT

To request additional information or file a complaint with the Plan's HIPAA Privacy Contact, please contact:

Catholic Diocese of Cleveland
Employee Benefits/Insurance Office
1404 East Ninth Street, 8th Floor
Cleveland, OH 44114-1722
Attn: HIPAA Privacy Contact

Telephone: (216) 696-6525, extension 5040
(Ohio 1-(800) 869-6525)

Facsimile: (216) 621-9622

Website: www.mydocbenefits.com