EASTERN KENTUCKY UNIVERSITY

EMPLOYEE GROUP HEALTH PLAN

Employee Benefits Program
EKU Human Resources
CPO 24A / Jones 205
Richmond, KY 40475
Phone: 859.622.1326
patty.sallee@eku.edu

# *NOTICE OF PRIVACY PRACTICES*

## Your Health Information - Your Rights - Our Responsibilities

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY THE EKU EMPLOYEE GROUP HEALTH PLAN ("WE" or "US") AND HOW YOU CAN ACCESS THIS INFORMATION.** ***PLEASE REVIEW IT CAREFULLY.***

The health information covered by this Notice includes any written or oral information about you we create or receive concerning your past, present or future physical or mental health condition(s), diagnoses, treatment, or medications, as well as your name, age, social security number, address, and other demographic information.

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. You have the right to:

***Get a copy of your health and claims records --***

- You can ask to see or get a copy of your health claims records and other health information we maintain about you. Ask us how to do this.
- We will provide a copy or a summary of your health claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

***Ask us to correct your health record --***

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

***Request confidential communications --***

- You can ask us to contact you in a specific way (for example, home, work or cell phone #) or to send mail to a different address. We will consider all reasonable requests and will say "yes" if you tell us you would be in danger if we don't.

***Ask us to limit what we use or share --***

- You can ask us **not** to use or share certain health information about you for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if honoring your request would affect your care.

***Get a list of those with whom we've shared your information --***

- You can ask for a list (accounting) of the times we've shared your health information in the six years prior to the date of your request, including who we shared it with, and why.
- We will include all disclosures except for those made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one

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accounting a year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

***Get a copy of this privacy notice --***

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

***Choose someone to act for you --***

- If you have given someone your health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

***File a complaint if you feel your rights are violated --***

- You can complain if you feel we have violated your rights by contacting the EKU HIPAA Privacy Officer whose contact information is on page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share your health information with your family, close friends, or others involved in payment for your care
- Share your health information in a disaster relief situation to inform your family about your location and condition

*If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission in advance:**

- For marketing purposes or to sell your information -- we do not market or sell health information
- For fundraising -- we will not use your information to contact you for fundraising efforts
- If we have any substance use disorder (“SUD”) treatment records or information about you, we will not share it with anyone with anyone without your written permission, except as explained under **Our Uses and Disclosure** below.

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

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***To help manage the health care treatment you receive --*** We can use your health information and share it with other professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

***Run the Health Plan --*** We can use and disclose your health information to run our organization and contact you when necessary. *Example: We use health information about you to improve Health Plan services for you.*

***Pay for your health services –*** We can use and disclose your health information as we pay for your covered health services. *Example: We share information about you with the Health Plan's medical claims administrator to coordinate payment for your medical care.*

***Administer your plan*** – We may disclose your health information to EKU as the sponsor of the Health Plan for Health Plan administration.

**How else can we use or share your health information?** We are allowed or required by law to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many legal conditions to be able to share your information for these purposes. Go to **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html** for more information.

***Assist with public health and safety issues --*** We can share health information about you for certain situations such as to:

- Prevent disease
- Help with product recalls
- Report adverse reactions to medications
- Report suspected abuse, neglect, or domestic violence
- Prevent or reduce a serious threat to anyone's health or safety

***Do research --*** We can use or share your information for health research.

***Comply with law --*** We will share information about you when state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

***Respond to organ and tissue donation requests --*** We can share health information about you with organ procurement organizations.

***Work with a medical examiner or funeral director --*** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

***Respond to workers' compensation, law enforcement, and other government requests --*** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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***Respond to lawsuits and legal actions --*** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

***Exception for substance use disorder treatment information and records*** -- We do not ask individuals covered by the EKU Group Health Plan to consent to us obtaining their SUD treatment records or information, or routinely receive or maintain such records or information from SUD treatment programs. If for any reason you have consented in writing to disclosure by an SUD treatment program of your records for treatment, payment and health care operations and we receive SUD treatment records about you such program as a result, we will only use the records as necessary and permitted by law to pay for covered services, and manage and administer the health plan. Without your prior written consent, we will not share your SUD treatment records or information with anyone for any purpose not expressly authorized by 42 C.F.R. Part 2. SUD treatment records we receive from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you, or to investigate, initiate or substantiate criminal charges against you without your prior written consent, unless based on a court order to disclose such records accompanied by a subpoena, or other legal requirement compelling disclosure, entered before the requested record is used or disclosed.

## OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described in this Notice unless you authorize us to in writing. If you tell us we can share your health information with others, you have the right to change your mind at any time. If you change your mind, you must let us know in writing. We will stop any further sharing of your information with the person you previously authorized us to share it with once we receive your written notice.

For more information, go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**The Effective Date of this Notice is February 1, 2026.**

**OUR HEALTH INFORMATION PRIVACY OFFICER IS:**

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521 Lancaster Avenue
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