NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Stark County Schools Council of Governments ("SCSC") sponsors a health benefits plan ("Plan") which provides coverage for enrolled employees of member school districts, and their eligible dependents. The Plan may include several components, including but not limited to medical benefits, pharmacy benefits, dental benefits, vision benefits and flexible spending accounts. Some of the components of the Plan are self-insured by SCSC and are administered by a third party administrator. Other components of the Plan may be fully insured and administered by the insurer.

Federal law restricts how SCSC, the third party administrators and the insurers may use and disclose your personal health information. This Notice of Privacy Practices describes how SCSC and the Plan will use or disclose your personal health information which is maintained by SCSC. Each third party administrator and insurer may provide to you their own notice of privacy practices which describes how that organization uses and discloses your personal health information which they create, receive or maintain, and how to make requests about the information the third party administrator or insurer maintains. If a third party administrator does not provide you with a separate notice of privacy practices, this notice will govern how they use and disclose your personal health information, and how to make a request about that information.

SCSC and the Plan are required by law to maintain the privacy of your personal health information and to provide members with notice of their legal duties and privacy practices with respect to your personal health information. SCSC and the Plan are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary, and to make the new Notice effective for all personal health information maintained by us. Copies of revised notices will be posted on the SCSC website, and mailed to all members then covered by the plan. Copies may be obtained by mailing a request to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Generally. SCSC and the Plan will share personal health information of members as necessary to carry out treatment, payment, and the health care operations of the Plan, as permitted by law.

Your Authorization. Except as outlined below, SCSC and the Plan will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You

have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. There are certain uses and disclosures of your personal health information for which we will always obtain a prior authorization and these include:

Marketing communications. We will not use or disclose your personal health information for marketing purposes, unless the marketing communication is made directly to you in person, or the communication is merely a promotional gift of nominal value. Certain communications related to your treatment are NOT considered marketing, including but not limited to prescription refill reminders, case management and care coordination communications, general health or wellness information, communications about providers or treatment alternatives, and communications about health-related products or services that we offer, and we may communicate with you about these things without obtaining your authorization.

Sales of your health information. We will not use or disclose your personal health information in exchange for remuneration without your authorization, unless the remuneration is for treatment or payment purposes, or otherwise required by law.

Psychotherapy notes. To the extent we have psychotherapy notes related to your treatment, we will not use or disclose the psychotherapy notes without your authorization unless otherwise permitted or required by law.

Disclosures for Treatment. We will make disclosures of your personal health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your personal health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan, and to decide appeals and resolve complaints. We may also forward such information to another health plan which may also have an obligation to process and pay claims on your behalf.

Uses and Disclosures for Health Care Operations. We will use and disclose your personal health information as necessary and as permitted by law for our health care operations, which may include business management, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your personal health information to a health care facility, health

care professional, or another health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient or member relationship with you.

Use and Disclosures of Genetic Information. We will not use or disclose any genetic information about you or your family members for underwriting or benefit eligibility determinations.

Family and Friends Involved In Your Care. We may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for 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 such individuals without your knowledge or approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as claims administration, auditing, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information. For example, our third party administrators are business associates and have signed a business associate agreement which requires them to limit their use and disclosure of your personal health information in a manner similar to what is described in this Notice.

Employers. At times it is necessary for us to provide some of your personal health information to your employer in order to manage your enrollment in the Plan, for premium payment purposes and for other limited administrative purposes. In these cases we will limit the personal health information we share with your employer to that which is necessary to support the administrative purpose of the disclosure.

Communications With You. We may communicate with you regarding your enrollment, claims, premiums, or other things connected with your health plan. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will try to accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720.

Other Health-Related Products or Services. We may, from time to time, use your personal health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your personal health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-enrollment. We may request and receive from you or your employer personal health information prior to your enrollment in the health plan. We will use this information to determine whether you are eligible to enroll in the health plan, and to determine your rates. We will protect the confidentiality of that information in the same manner as all other personal health information we maintain and, if you do not enroll in the health plan, we will not use or disclose the information about you we obtained for any other purpose.

Research. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research, or by representations of the researchers that limit their use and disclosure of member information.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information to your plan sponsor; provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner

and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law.

- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities; and
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. You may request access by mailing a written request to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such

notification is necessary. You may request an amendment by sending a written request to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information. Requests must be made in writing and signed by you or your representative. You may request an accounting by sending a written request to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. A restriction can be requested by mailing a written request to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720.

Breach Notification: In the unlikely event that there is a breach, or unauthorized release of your personal health information, you will receive notice and information on steps you may take to protect yourself from harm.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Director of Insurance Programs, 6057 Strip Ave. NW, North Canton, OH 44720, 330-492-8136.

As a member you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices is effective November 1, 2024.