

NOTICE OF PRIVACY PRACTICES

*HIPAA PRIVACY REQUIRES KENYON COLLEGE TO REMIND & DISTRIBUTE THIS INFORMATION TO EMPLOYEES ENROLLED IN THE HEALTH AND/OR DENTAL INSURANCE (*HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT)

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

This notice is effective December 15, 2011. Kenyon College (the "Plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan's uses and disclosures of Protected Health Information (PHI)
- Your privacy rights with respect to your PHI
- The Plan's legal duties and privacy practices with respect to PHI

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

Use and Disclosure of PHI

The following categories describe different ways that we use and disclose PHI. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Uses and Disclosure to Carry Out Treatment, Payment and Healthcare Operations (TPO)

The Plan and its business associates will use PHI without your consent or authorization to carry out treatment, payment and healthcare operations. The Plan also will disclose PHI to the Plan Sponsor, Kenyon College, for purposes related to treatment, payment and healthcare operations. The Plan Sponsor has amended its Plan Documents to protect your PHI as required by federal law.

Treatment is the provision, coordination or management of healthcare and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, Plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and pre-authorizations).

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

Healthcare operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of healthcare professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims-processing functions.

Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your consent, authorization or request under the following circumstances:

- 1) When required by federal, state or local law.
- 2) When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance, and to help prevent the risk of spreading a communicable disease.

- 3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
- 4) The Plan may disclose your PHI to a public health oversight agency for oversight activities authorized by law. These include disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- 5) The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made you aware of the request or to obtain an order protecting the information being requested.
- 6) When required for law-enforcement purposes (for example, to identify or locate a suspect, fugitive, material witness or missing person or for intelligence, counterintelligence and other national-security activities).
- 7) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties.
- 8) The Plan may use or disclose PHI for research, subject to conditions.
- 9) When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- 10) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- 11) If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ/tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- 12) To facilitate the contact to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- 13) To the individual or the authorized representative who is the subject of the information being disclosed.

Potential Impact of State Law

The HIPAA Privacy Regulations generally do not "Preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which the Plan will be required to operate. For example, where such laws have been enacted, we will follow more-stringent state privacy laws that relate to uses and disclosures of protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

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Other Uses and Disclosures of Your Protected Health Information

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization, subject to your right to revoke such authorization.

Individual Rights

Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request. Effective February 17, 2010, the Plan must comply with your request if (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

To request restrictions or accommodations for alternative communication means, you must make your request in writing. You can contact the following: Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771 for more information about these requests and what must be included in the written request.

Right to Request Confidential Communications

You may request the Plan communicate with you in a certain way or at a certain location. For example, you may ask that we contact you at work. However, the Plan is only required to agree to your request if not doing so could endanger you or your dependents.

To request confidential communications, you must make your request in writing. You can contact the following: Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771 for more information about these requests and what must be included in the written request.

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered healthcare provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer-review analyses and not used to make decisions about individuals is not in the designated record set.

You will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI must be sent in writing to the following: Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

The Plan has 30-days to respond to your request; if someone else holds the information or it is off-site, the response time is 60-days.

Effective February 17, 2010, if the Plan maintains an electronic health record, you have the right to an electronic copy of your PHI and to designate another person or entity to receive a copy of your electronic health record. The Plan may charge a reasonable fee, not to exceed its labor costs, for providing you an electronic copy of your PHI.

Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

Requests for amendment of PHI in a designated record set should be made in writing to the following: Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771.

If the amendment cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the amendment will be provided.

We may deny your request to amend PHI if you ask to amend information that:

- is not part of the designated record set kept by the Plan;
- was not created by the Plan;
- is not part of the information which you would be permitted to inspect and copy;
- is accurate and complete.

The Right to Receive an Accounting of PHI Disclosures

You may also request the Plan provide you with an accounting of disclosures of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or healthcare operations; (2) to individuals about their own PHI; or (3) prior to the compliance date.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting. Requests to receive an accounting of PHI should be made in writing to the following: Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771.

The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this notice, contact the following: Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771.

Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

Changes to This Notice

The Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this notice will be provided. The notice will be distributed at the appropriate work location.

Minimum-Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the "minimum-necessary" standard will not apply in the following situations:

- disclosures to or requests by a healthcare provider for treatment
- uses or disclosures made to the individual
- disclosures made to the Secretary of the U.S. Department of Health and Human Services
- uses or disclosures that are required by law
- uses or disclosures that are required for the Plan's compliance with legal regulations

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De-Identified Information

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Summary Health Information

In addition, the Plan may use or disclose "Summary Health Information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the health plan. Summary Health Information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a health plan, and from which identifying information has been deleted in accordance with HIPAA.

Complaint Procedure

If you have questions or believe that your privacy rights have been violated, you may complain to the Plan in care of the following:
Privacy Officer, ATTN: Kenyon College, Eaton Center North, 209 Chase Ave., Gambier, OH 43022, (740) 427-5771.

All complaints must be submitted in writing.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

DATE: December 15, 2011

NAME OF SENDER: Kenyon College

CONTACT: Donna Simmerman

OFFICE: Office of Human Resources

ADDRESS: 209 Chase Avenue, Gambier, Ohio 43022

PHONE NUMBER: (740) 427-5771