

**INTEGRATED CORPORATE HEALTH  
NOTICE OF PRIVACY PRACTICES**

**THIS INTEGRATED CORPORATE HEALTH NOTICE OF PRIVACY PRACTICES ("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 applies to the health screening program that is offered by or through your employer or your health plan and to other services provided by Integrated Corporate Health ("ICH").

ICH is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of its legal duties and privacy practices. This Notice explains the following: 1) the uses and disclosures of your PHI which may be made by ICH; 2) your individual rights; and 3) ICH's legal duties pertaining to your PHI.

Protected Health Information ("PHI") means individually identifiable information created or received by ICH that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you.

The effective date of this Notice is July 1, 2012. ICH is required to abide by the terms of this Notice which are currently in effect, but reserves the right to change its privacy practices as required or permitted by the HIPAA Privacy Rule or other applicable law. ICH also reserves the right to revise and distribute this Notice whenever there is a material change to the uses or disclosures of PHI, your individual rights pertaining to your PHI, ICH's legal duties, or ICH's privacy practices.

**A. Minimum Necessary and Incidental Uses and Disclosures**

*Minimum Necessary.* ICH has implemented policies and procedures which limit how much PHI is used, disclosed, and requested for certain purposes. These policies and procedures reasonably limit who within ICH has access to PHI, and under what conditions, based on who needs access to perform their job duties for ICH. Certain incidental uses and disclosures of PHI are permitted since ICH has reasonable safeguards and minimum necessary policies and procedures to protect your privacy. The minimum necessary standard does not apply to disclosures among health care providers for treatment purposes.

When using or disclosing PHI or when requesting PHI from another entity covered under the HIPAA Privacy Rule, ICH will make reasonable efforts to limit PHI to the *minimum necessary* to accomplish the intended purpose of the use, disclosure, or request unless any of the following apply: (i) the uses, disclosures, or requests are made by a health care provider for treatment; (ii) the uses or disclosures are provided to you as permitted under the HIPAA Privacy Rule; (iii) the disclosures are made pursuant to a valid written authorization; (iv) the disclosures are made to the Secretary of the U.S. Department of Health and Human Services; (v) the uses or disclosures are required by law; or (vi) the uses or disclosures are required for compliance with the HIPAA Privacy Rule.

*Incidental Uses and Disclosures Permitted.* The HIPAA Privacy Rule permits certain incidental uses and disclosures of PHI which may occur as a by-product of another permissible or required use or disclosure since ICH has in place reasonable safeguards and minimum necessary policies and procedures to protect your privacy. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the HIPAA Privacy Rule.

## **B. Uses & Disclosures of PHI Not Requiring Authorization or Opportunity to Object**

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

ICH will use or disclose your PHI for treatment, payment, or health care operations. Disclosures are made to others who are subject to the HIPAA Privacy Rule and who are also involved in your health care *or* with vendors, agents, or subcontractors with whom we have contracted to assist us in providing health care services.

#### **Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations.**

Treatment, Payment, and Health Care Operations are broadly defined in the HIPAA Privacy Regulations (at 45 CFR § 164. 501). A few examples of how ICH may use your PHI for these purposes are the following:

**Treatment:** We may use your PHI to give you or your healthcare provider -- with your permission -- information about alternative medical treatment and programs about health-related products and services that you may be interested in, or that are part of a wellness program. We may also suggest that you participate in a wellness program or a special disease management program for improvement of your health.

**Payment.** ICH may use or disclose your PHI to bill for the administrative fee for participation in a program.

**Health Care Operations.** ICH may use or disclose your PHI to identify your needs and contact you concerning wellness education and health coaching. Disclosures may be to third parties which include corporate health management companies, wellness prevention companies, and health management companies.

ICH may also use or disclose your PHI without your authorization and without giving you an opportunity to agree or object in the following instances:

- When required by law;
- For public health activities and purposes as authorized by law to collect or receive such information (e.g., public health agency requesting statistics concerning a chronic disease);
- For cases of abuse or neglect (e.g., to a government agency, social service agency, or protective services agency);
- For health oversight activities to a public health authority (e.g., audit by an agency);
- For judicial and administrative proceedings (e.g., subpoena or court order);
- For a law enforcement purpose to a law enforcement official;
- For workers' compensation purposes (e.g., ICH may need to report information which is relevant to any job-related injuries that by state law are deemed to be involved in workers' compensation coverage);
- For sharing a limited data set with third parties, subject to a data use agreement;
- For specific government requirements or emergencies (e.g., national security and intelligence activities);
- To avert serious threat or safety (e.g., in an emergency);

- To business associates who perform services on behalf of ICH;
- When required by the Secretary of the U.S. Department of Health and Human Services to investigate HIPAA compliance;
- When contacting you about appointment reminders; and
- When contacting you about treatment alternatives or other health-related benefits and services that may be of interest to you, where applicable.

**C. Uses and Disclosures Requiring an Opportunity for You to Agree or to Object**

ICH may use or disclose PHI under certain circumstances, provided that you are informed in advance of the use and disclosure of PHI and you have the opportunity to agree to or prohibit or restrict the use or disclosure of PHI. ICH may orally inform you of and obtain your oral agreement or objection to a use or disclosure of PHI.

*If you are present or otherwise available prior to use or disclosure of PHI.* ICH may use or disclose PHI to notify a family member, other relative, or a close personal friend of you, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or payment related to your health care if ICH obtains your agreement; provides you with the opportunity to object to the disclosure, and you do not express an objection; or reasonably infers from the circumstances, based upon the exercise of professional judgment, that you do not object to the disclosure of PHI.

*If you are not present or otherwise not available prior to use or disclosure of PHI.* If you are not present or if the opportunity to agree or object to the use or disclosure of PHI cannot be accomplished because of your incapacity or because of an emergency circumstance, then ICH may, in the exercise of professional judgment, determine whether the disclosure is in your best interests and, if so, disclose only your PHI that is directly relevant to the person's involvement with your health care.

*Disaster relief.* ICH may also use or disclose PHI to a public or private entity authorized by law or by its policies to assist in disaster relief efforts with your authorization, if you are present or otherwise available, or without your authorization if you are not available prior to the use or disclosure.

*Notification of location, general condition, or death to person responsible for your care.* ICH may use or disclose your PHI to notify or assist the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care with regard to your location, general condition, or death using the above-referenced guidelines (presented above with italicized headings) with your authorization, if you are present or otherwise available, or without your authorization if you are not available prior to the use or disclosure.

**D. Uses and Disclosures Requiring Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, such as sharing your health screening information obtained by ICH with certain third parties. If you give ICH written authorization to use or disclose your PHI for a purpose that is not described in this Notice, then you may revoke it in writing at any time unless: (1) ICH has taken action in reliance on your authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself provides for such a right.

## **E. Your Rights**

**Right to Request Restrictions.** You may request restrictions on ICH's uses and disclosures of your PHI to carry out treatment, payment or health care operations or to restrict uses and disclosures to those who are involved in your care or payment for your care. However, ICH cannot restrict the use or disclosure of PHI for any emergency treatment that you might need or any other disclosures not requiring your authorization. ICH will respond in writing to your request to restrict your PHI. If we disagree with your request to restrict PHI, then we will explain the reasons for denying your request. Please know that ICH is generally not required to agree with your request to restrict PHI.

**Please note:** Even if a restriction is agreed to by ICH, it is not effective to prevent uses or disclosures permitted or required such as by the Secretary of the U.S. Department of Health and Human Services to investigate or determine compliance of ICH with HIPAA or when an authorization or opportunity to agree or object is *not* required.

**Right to Receive Confidential Communications.** You have the right to request that ICH communicate your PHI to you through alternate means (e.g., alternate address or mode of communication). ICH will accommodate reasonable requests from you to receive communications of PHI from ICH by alternative means or at alternative locations. Electronic communications such as e-mail and facsimile are not completely secure. ICH is not responsible for incorrect e-mail addresses or facsimile numbers.

**Right to Access Your PHI.** You generally have the right of access to inspect and obtain a copy of your PHI which ICH collects or maintains in its files.

*Providing access to PHI if the request is granted.* ICH will provide the access requested, including inspection *or* obtaining a copy of your PHI. ICH will provide you with access to your PHI in the form or format requested if feasible, in a readable hardcopy form, or another form as agreed by ICH and you.

ICH may provide you with a *summary* of your PHI in lieu of providing access to your PHI or may provide an explanation of your PHI if you agree in advance to such summary or explanation and you agree in advance to the fees imposed, if any, by ICH for such summary or explanation.

ICH will provide you with access to your PHI within thirty (30) days after receipt of the request if your PHI is maintained on site or within sixty (60) days if maintained off-site. ICH will arrange with you a convenient time and place to inspect or obtain a copy or otherwise mail you a copy of your PHI at your request. ICH may charge you for the cost of copying the materials and any postage involving your requested PHI. ICH may discuss with you the scope, format, and other aspects of your request as necessary to process your request.

ICH will not provide you access, however, to certain PHI, namely, psychotherapy notes, information compiled for use in civil, criminal, or administrative proceedings, and health information that is covered by federal laws governing clinical laboratories.

*Legal duties of ICH for denial of access to PHI.* If ICH denies access to PHI, in whole or in part, then ICH will do the following:

- Make other PHI that was requested accessible to the extent possible;
- Provide a timely, written denial to you within thirty (30) days after receipt of the request if your PHI is maintained on-site or within sixty (60) days if maintained off-site. But, if ICH is unable to comply with this time frame, then ICH may extend the time for thirty (30) days from the initial time period. However, in such a case, ICH will provide you

with a written statement of the reasons for the delay and the date by which ICH will complete its action on the request within the initial time period.

- The denial will be written in plain language and will include the basis for the denial. If the denial is reviewable, then the denial will provide a statement of your rights to have the denial reviewed and include a description of how you may complain to ICH either through its procedures or the procedures as designated by the Secretary of the U.S. Department of Health and Human Services. The denial will also provide the name, or title, and telephone number or office, where applicable.

*Other duties of ICH regarding access to PHI.* If ICH does not maintain your PHI that is the subject of your request for access and ICH knows where the requested PHI is maintained, then ICH will inform you of where to direct the request for access to your PHI.

*Reviewable grounds for denial of access to PHI.* ICH may deny you access for any of the following reasons; however, you will have the right to have the denial reviewed in the following instances:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of yourself or another person;
- Your PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- The request for access is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

*Review of denial regarding access to PHI.* If your request is denied *and the grounds for denial are reviewable*, then you have the right to have the denial reviewed by a licensed health care professional who is designated by ICH to act as a reviewing official and who did not participate in the original decision to deny access to your PHI. ICH will provide you with instructions for requesting a review of the denial (if the grounds are reviewable). ICH will either provide access *or* deny access in accordance with the determination of the reviewing official.

**Right to Amend PHI.** You have the right to request that ICH amend your PHI or a record about you so long as ICH maintains your PHI in the designated record set. Any request must be made *in writing* and you must provide a reason to support a requested amendment. ICH will act on your request within sixty (60) days after the receipt of such a request. If it cannot comply with the request within the initial sixty (60) days, then it may extend the time for an additional thirty (30) days provided that ICH has informed you in writing of the reasons for the delay and the date by which ICH will act on your request. ICH may grant or deny your request to amend your PHI.

*Grant of the amendment.* If ICH grants your request to amend your PHI, then it will obtain from you an identification of relevant persons (or entities) with whom the amendment needs to be shared. ICH will also make the appropriate amendment to your PHI or record that is the subject of the request for amendment by, at minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

*Denial of the amendment.* If ICH denies your request to amend your PHI, then the denial will be written in plain language and contain the basis for the denial. The denial will include a description of your right to disagree with denial and how you may submit a statement of disagreement. ICH may prepare a written rebuttal to your statement of disagreement and provide you with a copy.

However, if you choose not to submit a statement of disagreement, then you may request that ICH provide your request for amendment and the denial with any future disclosure of your PHI that is subject to the amendment.

**Right to Receive an Accounting of PHI Disclosures.** You have the right to request an accounting of disclosures of PHI made by ICH in the six (6) years prior to the date of your request *except in the following instances* (unless otherwise required by law):

- To carry out treatment, payment and health care operations;
- To you about your own PHI;
- Incident to a permitted or required use or disclosure;
- Pursuant to an authorization;
- To persons involved in your care or for other notification purposes;
- For national security or intelligence purposes;
- Occurred prior to the compliance date for ICH;
- To correctional institutions or law enforcement officials in custodial situations; or
- As part of a limited data set in accordance with 45 CFR 164.514(e).

*Suspension of individual right to receive an accounting of certain disclosures which are made to a health oversight agency or law enforcement officials.* ICH will suspend your individual right to receive an accounting of certain disclosures to a health oversight agency or law enforcement official if the agency or official provides ICH with a written statement that the accounting would be reasonably likely to impede the agency's activities and specifies a time for which the suspension requires.

However, if the agency or official statement as described above is made orally, then ICH will: (1) document the statement, including the identity of the agency or official making the statement; (2) temporarily suspend your right to an accounting of disclosures subject to the statement; and (3) limit the temporary suspension to no longer than thirty (30) days from the date of the oral statement, unless a written statement as described above is submitted during that time.

*When accounting will be provided.* ICH generally will act on the request for an accounting no later than sixty (60) days after receipt. However, if ICH cannot act on the request within this period of time, it will send you a written explanation of why it cannot act on the request within the timeframe and also the date by which it will act on the request.

*Fees that may be charged for an accounting.* ICH will provide the *first* accounting to you in any twelve (12) month period without charge. However, ICH may impose a reasonable, cost-based fee for each subsequent request for an accounting by you within the twelve (12) month period, provided that ICH has informed you in advance of the fee and provides you with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or otherwise reduce the fee.

**Right to Copy of Notice.** You have the right to obtain a copy of this Notice upon request even if you agreed to receive the Notice electronically.

**Procedure for Exercising Your Rights.** If you want to exercise any of the rights described in this Notice, please contact the Privacy Officer using the contact information listed below. The Privacy Officer will give you the necessary information and forms for you to complete and return. In some cases, you may be charged a cost-based fee to carry out your request.

**A Note Regarding Your Personal Representative.** Your rights may be exercised by a person who qualifies as your personal representative in accordance with 45 CFR 164.502(g). If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, ICH will treat such person as a personal representative with respect to PHI relevant to such personal representation.

Exceptions may apply in certain circumstances involving minor children and in cases involving suspected domestic violence, abuse or neglect by the personal representative such as when ICH has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse, or neglect by such person or treating such person as the personal representative could endanger the individual and ICH, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

**Marketing.** The following communications are considered health care operations (instead of marketing activities) and therefore are permitted under the HIPAA Privacy Rule:

- Communication is for your treatment; and
- Communication is for case management or care coordination, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care.

Even if ICH has received direct or indirect payment for making a communication, the following communications are considered *health care operations* (instead of marketing activities) and are therefore permitted under the HIPAA Privacy Rule:

- Communication describes only a drug or biologic that is currently being prescribed for you and any payment received by such covered entity in exchange for making such a communication is reasonable in amount;
- Communication directly from ICH is pursuant to a valid authorization; *or*
- Communication is made by a business associate on behalf of ICH and the communication is consistent with a written contract or other written arrangement between the business associate and ICH.

**Notification in case of breach.** In the case of a breach of unsecured PHI which ICH accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses, ICH will notify each individual whose unsecured PHI has been, or is reasonably believed by ICH to have been, accessed, acquired, or disclosed as a result of such breach in accordance with federal regulations.

Unsecured protected health information is defined as PHI that is *not* secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or

endorsed by a standards developing organization that is accredited by the American National Standards Institute or as the Secretary of the U.S. Department of Health and Human Services may define it to be.

**F. Complaints and Additional Information**

If you believe your privacy rights have been violated by ICH, you have the right to file a complaint with ICH's Privacy Officer or the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against you if you choose to file a complaint with ICH or with the U.S. Department of Health and Human Services. You may also contact ICH's Privacy Officer to request additional copies of this Notice or to receive more information about the matters covered by this Notice, and to review a denial of access of PHI.

**Contacting the Privacy Officer.**

Integrated Corporate Health  
Attn: Privacy Officer  
2403 Sidney Street, Suite 220B  
Pittsburgh PA 15203

**Contacting Health and Human Services.** If you wish to file a complaint, you may do so by either sending the complaint to the appropriate Office of Civil Rights Regional office or Office of Civil headquarters; alternatively, you may file a complaint online at the [www.hhs.gov](http://www.hhs.gov) website.

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