

NOTICE OF PRIVACY PRACTICES OF THE HEALTH PLANS SPONSORED BY

The Southwestern Ohio Educational Purchasing Council (EPC)
Benefit Plan

Notice of Privacy Practices – Updated 10/01/2026

PURPOSE OF THIS NOTICE

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.
- HOW TO EXERCISE YOUR RIGHT TO GET COPIES OF YOUR RECORDS AT LIMITED COST OR, IN SOME CASES, FREE OF CHARGE.
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY, OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION, INCLUDING YOUR RIGHT TO INSPECT OR GET COPIES OF YOUR RECORDS UNDER HIPAA.

PLEASE REVIEW THE INFORMATION CAREFULLY

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER AT 937-890-3725 OR BY EMAIL BENEFITS@EPCSCHOOLS.ORG IF YOU HAVE ANY QUESTIONS.

This notice is provided as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and applicable federal laws governing the confidentiality of substance use disorder patient records, including 42 Code of Federal Regulations ("CFR") Part 2.

The EPC Benefit Plan is required by law to maintain the privacy of your health information and to provide you with this notice to explain how the Plan uses information about you and when information is disclosed to others. You also have rights regarding your health information, which are described in this notice. We are also required to follow the terms of the notice currently in effect.

Who Will Follow This Notice

This notice describes the medical information practices of the group health plans (collectively, the "Plan") maintained by the Southwestern Ohio Educational Purchasing Council Benefit Plan and the Third Party Administrators (TPAs) we work with to administer the plans: United Healthcare, Anthem, CVS/Caremark (Medical and Prescription), Delta Dental (Dental), Benelogic (Enrollment and COBRA administrator), Vision Service Plan (Vision), Securian (Life insurance), Symetra (Stop Loss), and Health Cost IQ (HCQ data analysis). We contract with these organizations – called business associates – to pay your medical, dental, vision and life claims and provide other health care operations. By contract, we require these business associates to safeguard the privacy of your information.

Our Pledge Regarding Your Protected Health Information (PHI)

We are required by law to maintain the privacy and security of your protected health information (PHI). This notice explains how we may use and disclose PHI and your rights regarding that information.

How We May Use and Disclose Protected Health Information (PHI) About You

The following provide examples in each category of how the Plan may use or disclose health information.

For Treatment - We may use or disclose your PHI to facilitate medical treatment or services provided by providers. We may disclose medical information about you to providers, including doctors, nurses, or other hospital personnel who are involved in taking care of you.

For Payment – We may use and disclose health information to determine if health care services you received are covered by the plan and to pay claims accordingly, to determine your eligibility for benefits and to coordinate benefits with another plan or insurance company.

For Health Care Operations – We may use or disclose health information to carry out necessary Plan related activities. These may include underwriting, Plan audits, submitting claims for Stop Loss coverage, fraud and abuse detection and general administration. It may also include Care Coordination or discussions with your doctor to suggest a disease management or wellness program that could improve your health.

To Business Associates and Subcontractors. We may contract individuals and entities known as Business Associates to perform various functions or provide certain services. To perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only after they sign an agreement with us requiring them to implement appropriate safeguards regarding your PHI. Similarly, a Business Associate may hire a Subcontractor to assist in performing functions or providing services in connection with the Plan. If a Subcontractor is hired, the Business Associate may not disclose your PHI to the Subcontractor until after the Subcontractor enters into a Subcontractor Agreement with the Business Associate.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by Plan Sponsor for purposes of facilitating claims payments under that plan. In addition, your PHI may be disclosed to Plan Sponsor and its personnel for purposes of administering benefits under the Plan or as otherwise permitted by law and Plan Sponsor's HIPAA privacy policies and procedures.

Special Notice Regarding Substance Use Disorder Records. Records relating to substance use disorder treatment that are protected by 42 CFR Part 2 may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you expressly authorize the use or disclosure by written consent, or required by a court order that meets the requirements of 42 CFR Part 2.

To Provide Information on Health-Related Programs or Products such as alternative medical treatments and programs about health-related products and services.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.

For the Public Benefit – We may use or disclose health information as authorized by law for the following purposes considered to be for the public good:

- For law enforcement purposes
- For public health activities such as reporting disease outbreaks
- For reporting victims of abuse, neglect or domestic violence to government authorities including social service agencies.
- For judicial or administrative proceedings such as in response to a court order, search warrant or subpoena.
- For health oversight activities such as governmental audits and fraud and abuse investigations.
- To organ procurement organizations
- As authorized by state Workers Compensation laws regarding job related injuries.
- To coroners and medical examiners to identify a deceased person or determine cause of death or to funeral directors as necessary.

To Others Involved in Your Health Care – We may disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, unless you object or request a restriction.

If none of the above reasons apply, then we must get your written authorization to use or disclose your health information. If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. You may take back or revoke your written authorization, except if we have already acted based on your authorization.

Your Rights Regarding Your Protected Health Information

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of your health information including the right to ask to restrict disclosures to family members. To request restrictions, you must make your request by writing to the Privacy Officer. In your request, you must tell us: (1) What information you want to limit; (2) Whether you want to limit our use, disclosure or both; and (3) To whom you want the limits to apply, for example, disclosures to your spouse. Please note that while we will try to honor your request, the Plan is not required to agree to your restrictions.

Right to Request Confidential Communications – You have the right to ask to receive confidential communications of information in a different manner or at a different place. To request confidential communications, you must make your request by writing to the Privacy Officer. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy – You have the right to see and obtain a copy of your health information such as claims and case or medical management records. You may also receive a summary of this health information. You must make a written request to the Privacy Officer to inspect and copy your health information. In certain limited circumstances, we may deny your request.

Right to Request Amendment – You have the right to request an amendment of information you believe is incorrect or incomplete. To request an amendment, your request must be made in writing

and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. If we deny your request, you may have a statement of disagreement added to your health information.

Right to Accounting of Disclosures – You have the right to an accounting of disclosures made by us. However, we do not have to account for disclosures made for purposes of treatment, payment functions, health care operations, those made to law enforcement officials or those made to you or made following your authorization. Your request must be in writing and should specify a time period of up to 6 years. Your request should indicate in what form you want the list (for example, paper or electronic).

Effective at the time prescribed by federal regulations, you may also request an accounting of uses and disclosures of your PHI maintained as an electronic health record in the event the Plan maintains such records.

Right to Paper Copy of this Notice – You may ask for a paper copy of this notice at any time. You may also obtain a copy of this notice at our website www.epcschools.org.

Genetic Information

If we use or disclose PHI for underwriting purposes with respect to the Plan, we will not (except in the case of any long-term care benefits) use or disclose PHI that is your genetic information for such purposes.

Breach Notification Requirements

In the event unsecured PHI about you is “breached,” unless we determine that there is a low probability that the PHI has been compromised, we will notify you of the situation. We will also inform HHS and take any other steps required by law.

Changes to this Privacy Notice

The EPC Benefit Plan reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains, provided law permits such changes. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. It will also be posted on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan by contacting the Privacy Officer or the Secretary of the Department of Health and Human Services. All complaints must be in writing and submitted to the contact person noted below. You will not be penalized for filing a complaint.

Effective Date - This notice became effective April 14, 2003, and was amended **October 1, 2026**.

To exercise any of the rights noted above, please refer to the contact information below.

Contact Information
Privacy Officer
EPC Benefit Plan
303 Corporate Center Dr, Suite 208
Vandalia, OH 45377
Email: Benefits@epcschools.org
(937) 890-3725

EPC BENEFIT PLAN PRIVACY NOTICE

WHAT IS IT? and WHY?

What is the Southwestern Ohio Educational Purchasing Council (EPC)?

The EPC is a purchasing cooperative to which your district belongs. One of the commodity areas available to districts is Group Health Benefits – medical, dental and vision. There are over 100 districts in the greater Dayton area who have pooled their health insurance premium dollars to get the best coverage for the lowest price. For more information on the EPC see www.epcschools.org.

What is this Privacy Notice?

The Federal legislation known as the Health Insurance Portability and Accountability Act of 1996 requires that medical providers, insurance companies and health benefit plans adopt procedures to safeguard the privacy of your medical information. One of the actions required by the legislation is the distribution of a Notice of Privacy Practices to all employees covered by the Plan. The legislation dictates what should be in the Notice. That is what you have received. The original privacy notice has been updated to include CVS Caremark.

Why does it come from the EPC?

The EPC is the health plan sponsor for the Anthem and CVS Caremark, United Healthcare, Delta Dental and VSP plans since they are self-funded plans. We are the party required to send out the notice.

What Protected Health Information does the EPC have?

We receive lists of claim payments showing the dollar amount paid, but no medical information; enrollment forms and claim and medical information from people who call us with claim problems.

What is the EPC doing to maintain the privacy of medical information?

1. We are receiving claim lists sent to us electronically via a secured website. Our computer files are password protected and considerably less accessible than paper files.
2. Paper files are shredded.
3. Voice mail is password protected if you call and leave a message.
4. We have revised our Personnel Policies to require that Personal Health Information be protected.

What happens at the district level?

We recommend that districts do not assist with claim problems. As members of the EPC Benefit Plan, they are also subject to HIPAA and should review and adopt privacy procedures to do so.

If employees have claim problems, they should use the following procedures:

1. Review claims via the internet at anthem.com, myuhc.com, deltadental.com, caremark.com or vsp.com.
2. Call the company directly. Customer Service numbers are on the back of ID cards.
3. If there is still a problem, call the EPC Office and ask to speak with a member of the Benefits Team.