Barton Community College Organized Health Care Arrangement ("OHCA")

Notice of Privacy Practices

THIS 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.

This Notice describes the legal obligations of Barton County Community College Organized Health Care Arrangement (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice describes the circumstances under which your protected health information may be used or disclosed by the Plan to carry out treatment, payment or health care operations or for any other purpose that is permitted or required by law.

In general, "protected health information" is individually identifiable information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, including the Plan, or by Barton County Community College on behalf of the Plan, that relates to the following:

(1) your past, present or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) your past, present or future payment for the provision of health care to you.

I. The Plan's Responsibilities Regarding Protected Health Information

Barton County Community College Employee Health Care Plan and Barton County Community College Flexible Benefit Plan have, for purposes of complying with the HIPAA medical privacy regulations, formed an organized health care arrangement that is referred to in this Notice as the Plan. An organized health care arrangement ("OHCA") is authorized to issue a joint Notice of Privacy Practices and develop one set of policies and procedures applicable to all group health plans that are members of the OHCA. Group health plans that are members of an OHCA are authorized to share protected health information with each other as necessary to carry out treatment, payment or health care operations and as necessary to manage and operate the organized health care arrangement. Each group health plan that is a member of the Plan is considered "self-funded." The Plan, on behalf of its individual members, is required by law to:

- protect and maintain the privacy of your protected health information in accordance with HIPAA;
- provide you with certain rights relating to your protected health information;
- prepare and maintain this Notice of our legal duties and privacy practices with respect to your protected health information;
- provide a copy of this Notice to you;
- provide a copy of this Notice to an individual at the time he or she enters a group health plan that is a member of the Plan;
- within 60 days of a material modification of this Notice, provide a copy of the revised Notice to you;
- no less frequently than every three years, notify all individuals enrolled in a group health plan that is a member of the Plan of the availability of this Notice and how to obtain a copy; and
- follow the terms of the Notice that is currently in effect.

II. How the Plan May Use and/or Disclose Your Protected Health Information

The following categories describe different ways that the Plan may use and/or disclose your protected health information. For each category, use or disclosure, this Notice will explain what is meant and will present some examples. Not every use or disclosure in a category will be listed. However, all the ways the Plan is permitted to use and disclose your protected health information will fall within one of the categories.

For Treatment. The Plan may disclose your protected health information to your health care provider for its provision, coordination or management of your health care and related services. For example, the Plan may disclose your protected health information to your health care provider for purposes of coordinating your health care with the Plan or referring you to another provider for care.

For Payment. The Plan may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. The Plan may also share medical information with a utilization review or pre-certification service provider. Likewise, the Plan may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

In addition, an explanation of benefits ("EOB"), which may contain information such as the name of the individual receiving treatment, the name of the health care provider, the date medical care is received, the amount charged for medical care, and the amount paid for medical care, may be sent to the individual through whom coverage is provided. For example, a covered employee may receive an EOB disclosing the information listed above with respect to his or her spouse or any dependents covered through such employee. This disclosure for payment purposes is subject to an individual's right to request confidential communications as explained in Section V below.

For Health Care Operations. The Plan may use and disclose your protected health information for Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use protected health information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

As Required By Law. The Plan will disclose medical information about you when required to do so by federal, state or local law. For example, the Plan may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. The Plan may use and disclose your protected health information 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 medical information about you in a proceeding regarding the licensure of a physician.

To a Business Associate. The Plan may enter into contracts with individuals or entities known as Business Associates to perform various functions on behalf of the Plan or to provide certain types of

services to the Plan. To the extent necessary to perform these functions or to provide these services, Business Associates may receive from the Plan, create from information provided from the Plan, maintain, use and/or disclose your protected health information, but only after they agree in writing with the Plan to implement and follow appropriate safeguards regarding your protected health information. For example, the Plan may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate agrees in writing to protect your protected health information to the same extent as the Plan.

To the Plan Sponsor. The Plan may disclose your protected health information to certain employees of Barton County Community College for purposes of administering the Plan. However, those employees will only use or disclose the information received only as necessary to perform Plan administrative functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information may not be used for employment purposes without your specific authorization.

Military and Veterans. If you are a member of the armed forces, the Plan may disclose your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. The Plan may disclose protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Organ and Tissue Donation. If you are an organ donor, the Plan may disclose protected health information about you to organizations that handle organ donor procurement or transplantation, as necessary to facilitate organ or tissue donation and transplantation.

Public Health Risks. The Plan may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- to notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. The Plan may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners and Funeral Directors. The Plan may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also disclose protected health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. The Plan may disclose your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your protected health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. The Plan may disclose your protected health information to researchers when (1) all individual identifying information has been removed; or (2) when an institutional review board or privacy board (a) has reviewed and approved the research proposal, and (b) has established protocols to ensure the privacy of the requested information.

III. Circumstances under Which the Plan Must Disclose Your Protected Health Information

The Plan is required by law to make disclosures of your protected health information in the following circumstances:

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the Plan may disclose your protected health information in response to a court or administrative order. The Plan may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. The Plan may disclose your protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; or
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

In Connection with Government Audits. The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA.

Disclosures to You. When you request, the Plan is required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan is also required, when requested, to provide you with an accounting of most disclosures of your protected health information, where the disclosure was for reasons other than for payment, treatment or health care operations, and where the disclosure was not pursuant to your written authorization.

IV. Other Uses of Protected Health Information

Uses and disclosures of your protected health information not otherwise described in this Notice or the laws that apply to the Plan will be made only with your written permission. If you give the Plan permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your protected health information for the reasons covered by your written authorization. However, this will not affect any disclosures that have already been made with your permission.

V. Your Rights Regarding Your Protected Health Information

You have the following rights regarding medical information maintained by the Plan about you:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Contact Person (see section VIII below). The Plan has prepared and will provide to you upon request a "Request For Access to Protected Health Information" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. 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.

In very limited circumstances, the Plan may deny your request to inspect and copy protected health information that may be used to make decisions about your Plan benefits. If you are denied access to your protected health information that may be used to make decisions about your Plan benefits, you may request that the denial be reviewed by submitting a written request to the Contact Person (see section IX below).

Right to Amend. If you feel that protected health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Contact Person (see section VIII below). The Plan has prepared and will provide to you upon request a "Request to Amend Protected Health Information" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. You must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement with the Plan and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations, unless it involves a disclosure of an electronic record of health-related information on an individual that is created, gathered, managed and consulted by

authorized healthcare clinicians and staff; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Contact Person (see section VIII below). The Plan has prepared and will provide to you upon request a "Request for Accounting of Disclosures of Protected Health Information" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. Your request must state a time period, which may not be longer than six years (or three years in the case of disclosures involving electronic health records, as described above) and may not include dates before April 14, 2004 if the Plan was in effect on that date or, if later, the date the Plan was established. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the cost of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on your protected health information disclosed by the Plan to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. The Plan is not required to agree to your request. However, if your request relates to restricting the disclosure to another health plan of your protected health information pertaining solely to a health care item or service for which the health care provider has been paid out-of-pocket in full and where the purpose of the disclosure would have been for carrying out payment or health care operations, the Plan must agree to your request.

To request restrictions, you must make your request in writing to the Contact Person (see section VIII below). The Plan has prepared and will provide to you upon request a "Request for Restrictions to Protected Health Information" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. In your request you must tell the Plan (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Contact Person (see section VIII below). The Plan has prepared and will provide to you upon request a "Request for Confidential Communications" form that may be used by you for this purpose. To request a copy of this form, please contact the Contact Person. Generally, the Plan is not obligated to grant your request for confidential communications unless you provide information establishing that disclosure of all or part of your protected health information in a manner or at a location other than that requested could endanger you and the request is reasonable. Your request must specify how or where you wish to be contacted.

Right to Request Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, please contact the Contact Person (see section VIII below).

VI. Effective Date

This Notice is effective September 23, 2013.

VII. Changes to this Notice

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for protected health information that the Plan already has about you as well as any information the Plan creates or receives in the future.

VIII. Questions About this Notice

If you have any questions about this Notice or would like to receive a copy of this Notice or any of the forms referenced in this Notice, please contact the Plan's Contact Person. The Plan's Contact Person is Julie Knoblich, Director of Human Resources who may be contacted at 245 NE 30 Road, Great Bend, KS 67530; or by telephone (620) 792-9275.

IX. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the United States Department of Health and Human Services, Office of Civil Rights. To file a complaint with the Plan, contact Julie Knoblich, Director of Human Resources, 245 NE 30 Road, Great Bend, KS 67530. All complaints must be submitted in writing. To file a complaint with the Office of Civil Rights, contact the United States Department of Health and Human Services, Office of Civil Rights, 601 E. 12th Street, Room 353, Kansas City, MO 64106. You will not be penalized or retaliated against for filing a complaint.