

Notice of Privacy Practices - Owens Corning

OWENS CORNING PROVIDES THIS NOTICE TO YOU AS PART OF OUR COMPLIANCE WITH THE *HEALTH INSURANCE PORTABILITY AND ACCESSIBILITY ACT OF 1996 (HIPAA)*. THIS FEDERAL LAW REQUIRES EMPLOYERS AND OTHER TO PROVIDE YOU WITH A NOTICE THAT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND ALSO DESCRIBES HOW YOU CAN ACCESS INFORMATION ABOUT ANY SUCH DISCLOSURES/USES. PLEASE REVIEW IT CAREFULLY. Please note that the effective date for the programs and procedures outlined in this Notice is April 13, 2003.

Owens Corning uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive and for epidemiologic studies regarding the health of the workers. Your health information is contained in a medical record that is the physical property of the Owens Corning Health Plans and Owens Corning Corporate Health Medical Services.

How Owens Corning May use or Disclose Your Health Information

For Treatment. Owens Corning may use and disclose your health information to provide you with medical treatment or other healthcare services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. Information may also be disclosed to other healthcare providers that may be involved in your healthcare, or to family members.

For Payment. Owens Corning may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. Owens Corning may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the Occupational Health, Disability Management or Risk Management staff of Owens Corning for any of the following reasons:

- To evaluate the performance of our staff;
- To assess the quality of care and outcomes in your cases and similar cases;
- To learn how to improve our services;
- To determine how to improve the quality and effectiveness of the health care we provide;
- To assess the quality of care regarding our provider networks; and
- To allow others to study your health data after any patient-identifying information has been removed.

Appointments. Owens Corning may use or disclose your information to schedule appointments or provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required by Law. Owens Corning may use and disclose information about you as required by law. For example, Owens Corning may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.

Research. Owens Corning may use or disclose your health information for research purposes after an institutional review or privacy board has reviewed a research proposal and established protocols and a methodology to ensure that the privacy of your health information will be protected, or after you give us prior written authorization for these kinds of uses and disclosures.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Worker's Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Authorization For Other Uses and Disclosures

As described above, we will use your health information and disclose it to people outside of Owens Corning for treatment, payment, health care operations, research, and when required by law. We will not use or disclose your health information for *other* reasons without your prior written authorization. For example, you may want us to release medical information to a college or school, or to your attorney. You may wish to receive a new research drug and let us report the results to the drug company that sponsored the research. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Your Health Information Rights

You have a number of rights relating to your health information, including a right to amend such information, a right to an accounting, a right to inspect the information and obtain a copy of it, a right to ask us to restrict uses and disclosures of this information, and a right to ask for communications to be kept confidential. These rights are explained in greater detail below.

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Owens Corning has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and, if appropriate, the Owens Corning healthcare provider or facility that maintains the records about which you want the accounting. We will not list disclosures made before April 14, 2003, or those made earlier than 6 years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the Owens Corning Privacy Official at the address provided at the end of this Notice. We will respond to you within 60 days. We will give you the first listing within any 12-month period free, but we will charge you for all other accountings requested within the same 12 months.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the Owens Corning provider or facility that maintains those records, and give the reason for your request. You must address your request to the Owens Corning Privacy Official at the address provided at the end of this Notice. We will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Owens Corning Privacy Official at the address provided for at the end of this Notice. We may charge a fee for processing your request. You may have certain rights of appeal if we deny your request to inspect or obtain a copy of your health records.

Right to Request Restrictions. You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify the Owens Corning provider or facility, if appropriate, that maintains the information. The request should also describe the information you want restricted, state whether you want to limit the *use* or the *disclosure* of the information *or both*, and tell us who should not receive the restricted information. You must submit your request in writing to the Owens Corning

Privacy Official at the address provided for at the end of this Notice. We will inform you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you regarding your healthcare issues by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the Owens Corning provider or facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Owens Corning Privacy Official at the address provided for at the end of this Notice. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time. You may obtain a paper copy of this Notice at the address provided at the end of this Notice. You may view this Notice on Globalink through the Comp and Benefits Website on HROnline.

Complaints

You may complain to Owens Corning – Privacy Official, as well as to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Owens Corning:

Owens Corning is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

Owens Corning reserves the right to change its information practices and to make the new provisions effective for all protected health information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by via electronic information, letter, and through OC News.

Contact Information

If you have any questions or complaints, please contact the [HIPAA Privacy Official](#)