

# NEW EMPLOYEE INFORMATION

## WELCOME TO OSU!

**BENEFITS/NEW EMPLOYEE ORIENTATION (NEO):** You will receive an email prior to NEO with the room/building location and date/time.

**BENEFITS EFFECTIVE:** Your benefits will be effective the first of the month following your start date for those in benefit eligible positions.

Within this packet are two forms for you to sign and return to your HR Consultant on your first day:

- Confidentiality Agreement
- Policies and Procedures Attestation

OSU Human Resources is located on the OSU-Tulsa campus

700 N. Greenwood Ave, Main Hall 1405 | Phone: 918.594.8221 | Fax: 918.594.8449 | Email: [tulsa.hr@okstate.edu](mailto:tulsa.hr@okstate.edu)

## [MY.OKSTATE.EDU](http://my.okstate.edu)

Many of the tools you will need can be found in the Employee Self Service within the Banner system. Simply login to your account at [my.okstate.edu](http://my.okstate.edu) using your OSU username, which is either your OSU email address or short name provided by OSU, and password you created when setting up your OKEY account (instructions below under email).

Once logged in:

- select "OSU Stillwater/Tulsa"
- click on "Employee" at the top of the page
- then select "Employee Self-Service"

Employee Dashboard: Biweekly and monthly employees clock in and out and report leave.

Benefits and Deductions: Benefit summary

Pay Information: Direct Deposit enrollment, Paystub

Tax Forms: W-4 information, W-2 form, 1095-C form

Leave Balances: Totals of leaves earned, taken and available

Benefits: Enroll, Verify, Qualifying Event

### EMAIL

To set up your OSU email (OKEY account) you must have your PIN. Your PIN will be sent to the email account you provided on your Personal Information Form (in HR) 4–7 days after your payroll paperwork is complete. The subject of the email will be "Your OSU Orange Key Account is Ready to Activate." Be sure to check your spam folder as well.

You may activate your OKEY account from the following website: [okey.okstate.edu](http://okey.okstate.edu). For help activating your email account contact the Tulsa Helpdesk at 405.744.4357. If you do not receive an email with your pin, go to [okey.okstate.edu](http://okey.okstate.edu) and select the option "activate account."

### DIRECT DEPOSIT

After your OKEY is set up per the above instructions you will need to set up your Direct Deposit information for your payroll. This should be completed on or before your first day of work. For instructions on Direct Deposit set up go to: <https://adminfinance.okstate.edu/payroll/files/guides-forms/direct-deposit-on-self-service.pdf>

### TIMEKEEPING AND LEAVE REPORTS

For information regarding biweekly paid employee timekeeping and how to clock in and out, go to: <https://hr.okstate.edu/hrim/banner-resources.html> and scroll down to Banner 9 Self Service Time Entry.

For information regarding monthly paid employee leave reports, go to: <https://hr.okstate.edu/hrim/banner-resources.html> and scroll down to Banner 9 Self Service Leave Reporting.

### OSU POLICIES AND PROCEDURES

OSU Policies & Procedures can be found at: [tulsa.okstate.edu](http://tulsa.okstate.edu). Scroll to the bottom left and click on Tulsa. On "About OSU–Tulsa," click on Human Resources, on the right side, click on "[OSU Tulsa Policies and Procedures](#)."

### ID BADGES

OSU-Tulsa: Bring a photo ID and your Banner ID number to North Hall, Room 130.

## YOUR PAYROLL ADVICE

OSU processes more than 180,000 paychecks to approximately 17,000 individuals each year. Each paycheck requires numerous transactions and calculations which involve earnings, taxes, deductions, and benefits. Although the system provides many checks and balances, errors can occur. Thus, OSU provides Payroll Advices to employees several days ahead of pay dates so employees may review and verify their pay. If a discrepancy is discovered, an employee should notify his or her supervisor immediately to avoid further delays in pay.

### TRANSITION TO A PAPERLESS PAYROLL ADVICE

As of July 1, 2005, OSU began processing the Payroll Advice electronically. The paperless form of the Payroll Advice can be found on Banner Self Service. Banner Self Service is a feature of the Human Resource System that allows employees of OSU to view payroll information, leave balances, and other employee information. Enhancements to Banner Self Service are continually being made; therefore, the example on the back of this handout may look somewhat different than the Banner Self Service Pay Stub.

### EMAIL NOTIFICATIONS

An email notification will be sent to all employees processed in a payroll calculation. The email will inform the employee that he/she has been included in a particular payroll calculation with a specified issue date. It will also include the net pay along with the check distribution/bank name. A link to Banner Self Service will be provided in the email or employees can access the Banner Self Service Employee Pay Stub directly by logging in at [my.okstate.edu](http://my.okstate.edu).

The email will also contain a section of Notifications and Announcements. This will contain important information about pay and benefits.

### ACCESSING BANNER SELF SERVICE

Banner Self Service can be accessed by using an employee's OKEY UserID or email address and password at the [OKEY Sign in Service Page](#).

To access pay information for a particular payroll, double click on the Employee tab, then click on Pay Stub. Select the Pay Stub Year and click on the Display button, then click on the Pay Stub Date.

To view leave information, double click on the Employee tab, then click on Leave Balances. This will provide the employee with a table of annual leave, comp time, sick leave, and extended sick leave balances.

# Pay Stub

Oklahoma State University  
 409 Whitehurst  
 Stillwater, Oklahoma 74078  
 405-744-6372

**Banner ID:** A12345678

**Pay Date:** Jul 29, 2016

**SSN/SIN/TIN:** \*\*\*\*\*1047

**Pay Period:** Jul 03, 2016-Jul 16, 2016

**Employee:** Ima New Employee

**Address:** 506 Cowboy Way  
 Stillwater, Oklahoma 74074

### Payment Summary

Type	Current Period
Gross Amount:	\$1,397.08
Total Personal Deductions:	\$419.92
Net Amount:	\$977.16
Total Employer Contributions:	\$765.62

### Earnings

Job	Earnings	Shift	Hours or Units	Rate	Amount
ADV ADMIN SUPP STAFF	Regular Hourly Pay	1	80.00	\$11.890000	\$951.20
	Overtime	1	17.50	\$11.890000	\$208.08
	Overtime Bonus (.50)	1	17.50	\$11.890286	\$104.04
	Holiday Pay	1	8.00	\$11.890000	\$95.12
	Compensatory Leave Taken	1	3.25	\$11.890000	\$38.64
<b>Total:</b>					<b>\$1,397.08</b>

### Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employer	Applicable Gross
<b>Deductions before Federal Tax</b>			
Biometric Completion/Bwkly	-\$10.00	\$10.00	
Dental Insurance/Bwkly	\$31.45	\$0.00	\$1,397.08
Medical Insurance-OSU/Bwkly	\$62.58	\$338.76	\$1,397.08
Tobacco Free Credit/Bwkly	-\$10.00	\$10.00	
Vision Insurance/Bwkly	\$7.81	\$0.00	
<b>Taxes</b>			
Additional Medicare Tax	\$0.00	\$0.00	\$1,315.24
Federal Income Tax	\$191.47	\$0.00	\$1,315.24
FICA Tax	\$81.54	\$81.54	\$1,315.24
Medicare Tax	\$19.07	\$19.07	\$1,315.24
Oklahoma State Tax	\$46.00	\$0.00	\$1,315.24
<b>Deductions after Federal Tax</b>			
OTR Agency Required Contr-OSU	\$0.00	\$161.42	
OTR Univ Pd Member Contrib	\$0.00	\$132.16	\$1,755.84
Unemployment Comp-OSU	\$0.00	\$3.95	
Workers Compensation-OSU	\$0.00	\$3.97	
<b>Total:</b>	<b>\$419.92</b>	<b>\$760.87</b>	

### Check or Direct Deposit

Number	Document Type	Bank Name	Account Type	Amount
21002405	Direct Deposit	ANY BANK USA	Checking	\$977.16

# WORKERS' COMPENSATION, UNEMPLOYMENT COMPENSATION AND SOCIAL SECURITY/MEDICARE

Federal and state laws determine the eligibility requirements and the type of coverage for these benefits. Students may be exempt from some benefits.

## WORKERS' COMPENSATION

OSU provides Workers' Compensation (WC) coverage for all employees for work-related injuries or illnesses. The coverage provides reasonable and necessary medical treatment and some income replacement. In addition, an injured employee may be entitled to prosthetic devices, physical rehabilitation, vocational rehabilitation, or permanent disability compensation. If the work-related injury or illness causes death, the employee's dependents may be entitled to additional benefits.

Employees shall notify supervisors immediately when a work-related injury or illness occurs so that medical attention may be provided, if needed. Medical treatment will be provided at designated health care providers, when available. University Health Services will provide non-emergency care within the Stillwater area during normal business hours. Supervisors report work-related injuries and illnesses through the OSU WC process as described at [hr.okstate.edu/benefits/workcomp](http://hr.okstate.edu/benefits/workcomp). For further information, please contact OSU Human Resources at 405-744-7420.

Employees may use accrued leave for the official waiting period as defined by Oklahoma statute. For injuries or illnesses occurring on or before January 31, 2014, the official waiting period is seven full days of absence, following the date of injury or illness, as required by the treating physician. For injuries or illnesses occurring on or after February 1, 2014, the official waiting period is three full days of absence, following the date of injury or illness, as required by the treating physician. After the waiting period lapses, Broadspire, OSU's third-party administrator, will pay for qualified absences as required by Oklahoma statute. For more information, please refer to the publication Benefits During Absences Due to Workplace Injuries/Illnesses as found at [hr.okstate.edu/benefits/workcomp](http://hr.okstate.edu/benefits/workcomp). If the employee does not wish to use his/her leave for the official waiting period (either seven days or three days) or to supplement payment from Broadspire after the waiting period, the employee must provide a written request to his/her supervisor.

Employees on an extended WC leave (full month or longer without pay) should contact Employee Services, 405-744-5449, about benefits. You may qualify for family/medical leave, and those benefits would run concurrently with your WC leave. OSU-paid health coverage will continue during WC leave. Life coverage will continue for no longer than one year unless an ING life waiver is approved due to disability. Employee-paid benefits will be billed through the Bursar's office if there is insufficient pay to take the deductions.

The Oklahoma Workers' Compensation Counselor Program, at 800-522-8210, offers employees free, private counseling concerning work-related injuries or illnesses. This service is offered to provide clear, unbiased answers to sometimes complex WC questions. You may also visit their website at [owcc.state.ok.us](http://owcc.state.ok.us).

## UNEMPLOYMENT COMPENSATION INSURANCE

The provisions of the Oklahoma Employment Security Act apply to most OSU employees. OSU pays the full cost of these benefits. The Oklahoma Employment Security Commission determines eligibility of a terminated employee for unemployment benefits based upon the circumstances of the termination. For more information review their website at [oesc.state.ok.us](http://oesc.state.ok.us).

## SOCIAL SECURITY/MEDICARE

Both you and OSU contribute to Social Security and Medicare. Benefits provided by Social Security include old age, survivors, and disability insurance and are explained in detail at [www.ssa.gov](http://www.ssa.gov). Medicare benefits include Part A (hospitalization), Part B (medical insurance), and Part D (prescription coverage).

OSU Human Resources developed this information for the convenience of OSU employees. It is a brief interpretation of more detailed and complex materials. If further clarification is needed, the actual law, policy, and contract should be consulted as the authoritative source. OSU continually monitors benefits, policy, and procedures and reserves the right to change, modify, amend, or terminate benefit programs at any time

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

## BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



WH142D REV 04/16

# DRUG-FREE WORKPLACE STATEMENT

## TO ALL EMPLOYEES

In accordance with the Drug-Free Workplace Act of 1988, Oklahoma State University hereby notifies all employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace. Any employee found to have violated this prohibition may be subject to disciplinary action up to and including dismissal or be required to satisfactorily participate in a drug abuse assistance or rehabilitation program as a condition of continued employment. The drug abuse assistance/rehabilitation program shall be one that has been previously approved for such purposes by federal, state, or local health, law enforcement or other appropriate agency. The imposition of such disciplinary action or requirement to satisfactorily participate in a drug abuse assistance/rehabilitation program is premised solely upon a violation of this prohibition and does not require a criminal conviction.

As a condition of employment at Oklahoma State University, all employees will:

1. Comply with the terms of this statement; and
2. Notify the University (through either their immediate supervisor, other supervisory administrator or project director) of any criminal drug statute conviction for a violation occurring in the workplace in writing no later than five days after such conviction.

Such conviction may, of course, result in the employee being disciplined or required to satisfactorily participate in a drug abuse assistance/rehabilitation program as specified above. Failure of an employee to report his/her conviction, as required herein, constitutes grounds for dismissal.

As a further requirement of the Drug-Free Workplace Act, the University has established a drug-free awareness program for the purpose of informing employees about the dangers of drug abuse in the workplace, the University's prohibition of controlled substances in and on OSU property, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed for drug abuse violations. An Employee Assistance Program has been created in furtherance of the drug-free awareness program. Information about the drug-free awareness program and the Employee Assistance Program may be obtained from University Counseling Services.

Reference is made to Policy and Procedures Letter 1-1205 and the Drug-Free Workplace Act of 1988 as sources of information and clarification.

Oklahoma State University and the Agricultural and Mechanical Colleges  
EMPLOYEE GROUP HEALTH PLAN  
NOTICE OF PRIVACY PRACTICES  
EFFECTIVE DATE: January 1, 2015

This NOTICE describes how the OSU A&M (Institution's) Employee Health Plan may use or disclose your health information and how you can get access to that information. It applies to the health information that is protected by HIPAA that is generated or maintained by the Institution's Employee Health Plan.

Please review it carefully.

In order to provide you with benefits, the Institution will receive personal information about your health, from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

The Institution's Employee Health Plan is required by law to protect the privacy of your health information that is protected by HIPAA, give you a Notice of its legal duties and privacy practices, and follow the current Notice. It will be followed by all employees of the Institution's Health Plan.

**KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO:** This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

**WHO MUST ABIDE BY THIS NOTICE**

- OSU A&M Group Health Plan.
- All employees, staff, students, volunteers and other personnel whose work is under the direct control of the Institution.

The people and organizations to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

**OUR LEGAL DUTIES**

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.

**HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.**

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For

each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

**Treatment:** The Institution's Employee Health Plan may use or disclose your health information for treatment, services, or activities of health care providers. *Example:* Your health coverage or eligibility information may be shared with doctors so a treatment plan can be arranged.

**Payment:** The Institution's Employee Health Plan may use your health information for payment activities, such as to determine plan coverage. *Example:* Your health information may be released to coordinate payment for services.

**Operations:** The Institution's Employee Health Plan may use your health information for uses necessary to run its healthcare plan, such as to conduct quality assessment



activities, train, audit, or arrange for legal services. We are not allowed to use genetic information to decide whether to give you coverage or the price of that coverage. (This does not apply to long-term care plans.) *Example:* The Institution's Employee Health Plan may access your health information to help you resolve claims issues.

**Administration of the Plan:** The Institution's Employee Health Plan may disclose your health information to the health plan sponsor for plan administration. *Example:* We may provide the plan sponsor with certain statistics to explain or determine premium setting.

**Business Associates:** The Institution's Employee Health Plan may disclose your health information to other entities that provide a service to the Institution's Employee health Plan or on behalf of the Institution's Employee Health Plan that requires the release of your health information, such as a third party administrator, but only if the Institution's Employee Health Plan has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:** The Institution's Employee Health Plan may release your health information to a friend, family member, or legal guardian who

is involved in your care or who helps pay for your care.

**Research:** We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

**Public Health Activities:** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

**To Report Abuse:** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

**Law Enforcement:** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance

with federal privacy regulations.

**Specialized Purposes:** We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution. We may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance).

Oklahoma law requires that the Institution's Employee Health Plan inform you that health information used or disclosed may indicate the presence of a communicable or noncommunicable disease. It may also include information related to mental health.

**Information to Members:** We may use your health information to provide you with additional information. This may include sending appointment reminders to your address. This may also include giving you information about treatment options or other health-related services that we provide.

**Underwriting Purposes:** The Institution uses protected health information to conduct underwriting/rate setting purposes. However, federal law prohibits the use or disclosure of genetic information about an individual for such purposes.

**Health Benefits Information:** Since your enrollment in the Institution's health plan is sponsored by your employer, your health information may be disclosed to your employer, as necessary for the administration of your employer's health benefit program for employees. Employers may receive this information only for purposes of administering their employee group health plans, and must have special rules to prevent the misuse of your information for other purposes.

### **Your Rights Regarding Your Health Information**

**Authorization:** We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use

or disclose your health information for any other reason without your authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization. If you authorize us to use or disclose your health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

**Right to Request Restrictions:** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency

treatment. We cannot agree to restrict disclosures that are required by law or for treatment purposes.

**Confidential Communication:** If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

**Inspect And Receive a Copy of Health Information:** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medical and billing records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying, reproducing in electronic media, and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice. We will respond to your request within

30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

**Amend Health Information:**

You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

**Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover.

**Right to a Copy of This Notice:**

You have the right to a paper copy of this Notice, which is posted on OSU and A&M Human Resources' websites.

**Right to Designate a Representative:**

If you have given someone a medical power of attorney or have a legal guardian, that person can exercise your rights under HIPAA and make choices about your health information. We may require proof of this person's status.

**Complaints:** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with us, or with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

**Changes to this Notice:**

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information we already have, as well as to health

information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will mail the new notice to all subscribers within 60 days of the effective date.

The new notice will include an effective date.

**WHOM TO CONTACT:** Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

**Privacy Official:**

Director of Benefits  
106J Whitehurst  
Stillwater, OK 74078  
(405) 744-5449

# CONFIDENTIALITY AGREEMENT

I understand during the course of assignment at OSU-Tulsa I may see or hear confidential information such as financial data, social security numbers, student records and operational information pertaining to the business that OSU-Tulsa is obligated to maintain as confidential.

By signing this document I understand and agree that:

I will not access or view any information other than what is required to do my job. If I have any questions about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of confidential information.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

## POLICY AND PROCEDURES

I have been advised of the OSU Policies and Procedures and agree to review these policies and procedures found on the OSU web page:

tulsa.okstate.edu

Hover over "Faculty/Staff" at the top of the page and click on Human Resources in the left column.

There is a Quick Link for "[OSU-Tulsa Policies and Procedures](#)" towards the bottom of the page.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_