

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is being provided to you in accordance with the requirements of the Standards for Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act (the “HIPAA Privacy Rules”) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”), and the regulations promulgated thereunder. This Notice is effective beginning September 23, 2013.

The HIPAA Privacy Rules require that the PLAN NAME (the “Plan”) take certain actions to protect the privacy of your health information. This Notice has been prepared to advise you of the uses and disclosures of your Protected Health Information that may be made by the Plan and to advise you of your rights and the Plan’s legal duties with regard to that information. If you have a question about whether the Plan is covered by this Notice, contact the Plan’s Privacy Officer.

What is Protected Health Information (“PHI”)?

PHI means information related to a past or present health condition that identifies you or could reasonably be used to identify you and that is transferred or maintained by the Plan in written, electronic or any other form. PHI also includes “genetic information” as that term is defined in the HIPAA Privacy Rules.

Will the Plan have access to my PHI?

Yes. As an individual enrolled in the Plan, you should be aware that the Plan may have access to your PHI. The Plan may receive your PHI in a variety of ways. For example, the Plan may receive PHI when your health care provider submits bills to be paid by the Plan for services rendered to you.

When may the Plan use or disclose my PHI?

The Plan may use or disclose PHI for “treatment,” “payment” and other “health care operations.” When the Plan makes uses or

disclosures of your PHI for these purposes, the Plan is not required to notify you or obtain your Authorization.

Treatment: Treatment means the provision, coordination, or management of health care and related services by health care providers, including the coordination or management of health care with the Plan. For example, the Plan may use or disclose your PHI in order to make pre-authorization decisions.

Payment: Payment means activities undertaken by the Plan to determine or fulfill its responsibility for coverage and provision of benefits under the Plan. Examples of when the Plan might use or disclose PHI for payment purposes include disclosures to facilitate the payment of claims made on the Plan by health care providers, the Plan’s activities to obtain or provide reimbursement for the provision of health care, or the Plan’s activities in obtaining premiums. However, the Plan may not use or disclose PHI that is genetic information for “underwriting purposes” as that term is defined under the HIPAA Privacy Rules.

Health Care Operations: The term “health care operations” means those other functions and activities that the Plan performs in connection with providing health care benefits. For example, the Plan may use or disclose PHI for business administration or business planning purposes, to assess compliance with applicable law or to ensure proper record-keeping and accounting procedures.

When might the Plan make a use or disclosure of my PHI without my Authorization?

As discussed above, the Plan is not required to obtain your Authorization to make uses or disclosures of your PHI for treatment, payment or health care operations purposes. Additionally, there are some limited exceptions in which the Plan may make uses or disclosures of your PHI for purposes other than treatment, payment, or health care operations and without your Authorization. Most of these uses or disclosures are permitted to promote the government’s need to ensure a safe and healthy society. In some cases, you may be given an opportunity to agree or object before the use or disclosure is made; in other cases, you may not be given this opportunity.

The types of uses or disclosures of PHI that may be made without your Authorization and without giving you the opportunity to object include those made: to avert communicable or spreading diseases; for public health activities; for federal intelligence, counter-intelligence and national security purposes; to properly assist law enforcement to carry out their duties; when a judge or

administrative tribunal orders the release of such PHI; for cadaveric organ, eye and tissue donations (where appropriate); to help apprehend criminals; to assist armed forces personnel and operations; for military service, veterans affairs separation/discharge matters; for coroner/medical examiner purposes; for health oversight purposes (such as when the government requests certain information from the Plan to determine its compliance with applicable laws); to assist victims of abuse, neglect or domestic violence; to address work-related illness/workplace injuries and for workers’ compensation purposes; to carry out clinical research that involves treatment where the proper body has determined the importance for doing so; for FDA-related purposes; for certain health and safety purposes; for funeral/funeral director purposes; to help determine veterans eligibility status; to protect Presidential and other high-ranking officials; and for reporting to correctional institutions/law enforcement officials acting in a custodian capacity.

There are also several types of uses or disclosures of PHI that the Plan may make without your Authorization as long as, whenever possible, you are given an opportunity to agree or object before the Plan makes the use or disclosure. These exceptions are very limited and generally involve the release of a limited amount of PHI to aid your family members, close friends, or disaster relief personnel in locating you in an emergency or in case of your incapacity.

Will the Plan disclose my PHI to my employer?

The Plan has the right to disclose your PHI to the Plan Sponsor, which is usually your employer or an affiliate of your employer, subject to certain limitations. The Plan may disclose to the Plan Sponsor information regarding whether you are enrolled in the Plan and “summary health information,” which means information that summarizes the claims history and experiences of the individuals enrolled in the plan without specifically identifying you. The Plan may disclose this information without your Authorization, and the Plan Sponsor may only use the information for its activities relating its sponsorship of the Plan. For example, the Plan Sponsor may use this information to seek bids from health insurers or to analyze its health plan expenses. If the Plan Sponsor needs more than “summary health information” or enrollment information to carry out its responsibilities, then documents that govern the Plan will determine the extent to which PHI may be used or disclosed, except that in no case may the Plan Sponsor use or disclose your PHI for employment-related decisions or for any other purpose other than as permitted by the Plan documents or by law.

Will the Plan use or disclose my PHI for other purposes?

Yes. However, the Plan may only use or disclose your PHI for other purposes not described in this Notice with your written authorization. For example, an Authorization would be required if the Plan uses or discloses PHI to your employer for disability, fitness for duty or drug testing purposes or if you request that the Plan use or disclose your PHI to a third party. Also, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your authorization. You may revoke an Authorization at any time, but a revocation is not effective if the Plan has already relied on your Authorization.

Do I have the right to request additional restrictions on the uses or disclosures of my PHI?

Yes. You have the right to request additional restrictions relating to the Plan's use or disclosure of your PHI beyond those otherwise required under the HIPAA Privacy Rules. However, the Plan is not required to agree to your request. If you would like to make such a request, please contact the Plan's Privacy Officer.

May I request that certain communications of my PHI be made to me at alternate locations?

Yes. The Plan may communicate your PHI to you in a variety of ways, including by mail or telephone. If you believe that the Plan's communications to you by the usual means will endanger you or your health care and you would like the Plan to make its communications that involve PHI to you at an alternate location, you may contact the Plan's Privacy Officer to obtain the appropriate request form. The Plan will only accommodate reasonable requests and may require information as to how payment will be handled.

Do I have the right to obtain access to my PHI?

Generally yes. You have the right to request and obtain access to your PHI maintained by the Plan unless an exception applies. The Plan may deny you access to your PHI if the information is not required to be accessible under the HIPAA Privacy Rules or other applicable law. For example, you do not have a right to access information compiled by the Plan in anticipation of or for use in a civil, criminal or administrative proceeding.

If your PHI is maintained in a designated record set electronically, you may request an electronic copy of such information. The Plan must provide you with access to your PHI in the electronic form and format that you request if it is readily producible in such form or format; or, if not, in a readable electronic form and format that you and the Plan agree to.

The Plan may charge you a reasonable, cost-based fee for copying as well as any postage costs and costs associated with preparing an explanation or summary of the PHI necessary to adequately respond to your request. If you would like to request access to your PHI, please notify the Plan's Privacy Officer.

Do I have the right to request an amendment to my PHI?

Yes. You have the right to request that the Plan amend your PHI. The Plan reserves the right to deny or partially deny requests for amendments that are not required to be granted under the HIPAA Privacy Rules. For example, the Plan may deny a request for amendment when the PHI at issue is accurate and complete or if the Plan is not the creator of the PHI. If you would like to request an amendment, please notify the Plan's Privacy Officer.

Do I have the right to an accounting of disclosures of my PHI made by the Plan?

Yes. You have the right to request and obtain an accounting of disclosures the Plan has made of your PHI. The Plan is not required to account for all uses and disclosures of PHI that the Plan makes. For example, the Plan is not required to provide an accounting for disclosures made for treatment, payment, or health care operations purposes or for disclosures made with your Authorization. Additionally, the Plan reserves the right to limit its accountings to disclosures made after the compliance date of the HIPAA Privacy Rules.

The Plan will provide you with your first accounting at no charge to you. If you request any additional accountings within a 12-month period, the Plan may charge you a reasonable, cost-based fee. If you request a subsequent accounting, the Plan will provide you with information regarding the fees, and you will have the opportunity to withdraw or modify your request if you wish to do so.

Under the HITECH Act, beginning January 1, 2011, you also have the right to request an accounting of disclosures of your PHI made from electronic health records used or maintained by the Plan on or after such dates. Any such accounting will be delivered

in an electronic format, and will be limited to disclosures made from your electronic health record for payment, treatment or health care operations, on or after the applicable effective date, and within three (3) years of your request.

If I have an objection to the way my PHI is being handled, may I file a complaint?

Yes. If you believe that the Plan has violated your privacy rights or has acted inconsistently with its obligations under the HIPAA Privacy Rules, you may file a complaint by contacting the Plan's Privacy Officer. The Plan requests that you first attempt to resolve your complaint with the Plan via these complaint procedures. However, if you believe the Plan has violated your privacy rights, you may also file a complaint with the Office of Civil Rights at the United States Department of Health and Human Services at: Voice Hotline Number (800) 368-1019, Internet Address www.hhs.gov/ocr.

It is against the policies and procedures of the Plan to retaliate against any person who has filed a privacy complaint, either with us or with the government. Should you believe that you are being retaliated against in any way, please immediately contact the Plan's Privacy Officer.

May the Plan amend this Notice?

Yes. The Plan reserves the right to change the terms of this Notice at any time and to make the new Notice effective for all PHI maintained by the Plan.

May I obtain a paper copy of this Notice?

Yes. If you would like to receive a paper copy of this Notice, please contact the Plan's Privacy Officer.

Will I be notified if there is a breach of unsecured PHI?

The Plan does everything in its power to secure the privacy of your PHI. If, however, there is an unauthorized acquisition, use, or access of your unsecured PHI that is a reportable "breach" (as that term is defined at 45 C.F.R. § 164.402), the Plan will notify you in writing. This notification will explain the incident, the steps the Plan is taking to lessen any harm that might be caused by the incident, and any steps that you should take to protect yourself from any potential harm resulting from the incident. The notification will also include information about who you should

contact for more information about the incident. If you have any questions about the Plan's procedures in the event of a breach of your unsecured PHI, you should contact the Plan's Privacy Officer.

What if I have additional questions that are not answered in this Notice?

If you have any questions, concerns or issues relating to the privacy of your PHI that is not covered in this Notice, please contact the Plan's Privacy Officer.

How do I contact the Plan's Privacy Officer?

You may contact the Plan's Privacy Officer by writing Kathleen Caggiano-Siino, Vice President of Human Resources, The Research Foundation for the State University of New York, 35 State Street, Albany, NY 12207 **or calling** (518) 434-7132