

Group Health Plan Notice of Privacy Practices

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

Your Employer is committed to protecting the privacy of personal and health information (as defined below) maintained by the Group Health Plans it sponsors for the benefit of its employees and the employees of its affiliates and subsidiaries (collectively referred to as the "Plan").

This Notice of Privacy Practices describes how personal and health information may be used and disclosed. It also describes your rights to access and control your information.

The Plan is required by law to protect the privacy of personal and health information and to provide you with a copy of this notice which describes the Plan's privacy practices. If you have any questions about this notice or would like further information, please contact your Employer's Privacy Officer.

The Plan may make a change to this notice at any time, as long as the change is consistent with applicable state and federal law. If the Plan makes an important change to this notice, the Plan will notify you by mail or electronically as permitted by applicable law. The Plan may also post the revised notice on its web site.

This notice is effective December 1, 2019 and supersedes the notice dated September 16, 2013.

WHAT IS PERSONAL AND HEALTH INFORMATION?

Personal and Health Information (referred to as 'information' elsewhere in this notice) includes protected health information (PHI) and individually identifiable information like your name and social security number. PHI is health information related to your physical or behavioral health condition used in providing health care to you or for payment for health care services. The Plan protects all forms of information including electronic, written and verbal information.

TO WHOM WILL THE PLAN DISCLOSE MY INFORMATION?

The Plan may disclose information to:

- The Plan's Business Associates and Business Partners:
The Plan may contract with other organizations to provide services on the Plan's behalf (e.g., a third party administrator of your health benefits). In these cases, the Plan will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information. These agreements are referred to in this notice as "Business Associate Agreements".
- Your Family and Others:
 - When you are unavailable to communicate, such as during an emergency
 - When you have previously indicated an individual is your personal representative
 - When the information is clearly relevant to their authorized involvement with your health care or payment for health care. For example, the Plan may confirm a claim has been received or paid if an individual has prior knowledge of the claim.
 - When sharing information about Plan benefits available or your Plan identification number with a spouse or close personal friend who wishes to provide this information to a medical health care professional administering your case.
 - When sharing a minor's information with parents who have custodial rights when the information is not further restricted by pertinent state or federal law. Information related to any care a minor may seek and receive without parental consent remains confidential unless the minor authorizes disclosure.
- Your Providers and Others Involved in Your Care:
 - The Plan may share information with those involved in your care for quality initiatives, safety concerns and coordination of care. Examples include state-mandated quality improvement initiatives, results of laboratory tests not otherwise restricted by law, and clinical reminders sent to your primary care provider.
 - Your Plan's third party claims administrator
 - When providing certain portions of your information to your Employer as the sponsor of the Plan, for purposes related solely to the Plan's administration. The Employer shall not use any Plan-related information for any purposes unrelated to Plan administration, including without limitation for employment-related actions or decisions. The Employer may only disclose your information to third parties, such as to consultants or advisors, if the Employer has first obtained a Business Associate Agreement from the person or organization receiving your information.

HOW WILL THE PLAN USE AND DISCLOSE MY INFORMATION?

In order to provide coverage for treatment and to pay for those services, the Plan needs to use and disclose your information in several different ways. The following are examples of the types of uses and information disclosures the Plan is permitted to make without your authorization:

FOR PAYMENT

The Plan will use and disclose your information to administer your Plan benefits. This may involve the determination of eligibility, claims payment, utilization review activities, medical necessity review, coordination of benefits, appeals and external review requests. Examples include:

- Paying claims under the Plan for services received by participants
- Sending information to an external medical review company to determine the medical necessity or experimental status of a treatment
- Sharing information with other insurers to determine coordination of benefits or settle subrogation claims
- Providing information to the Plan's utilization review company for precertification and utilization management services
- Providing information in the billing, collection and payment of premiums and fees to Plan vendors

FOR HEALTH CARE OPERATIONS

The Plan may use and disclose your information for operational purposes, such as care management, coordination of care, quality assessment and improvement, cost analyses, and underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. Examples include:

- Assessing the quality of care and outcomes for Plan participants
- Conducting quality assessment studies to evaluate the Plan's performance or the performance of a particular network or vendor
- The use of information in determining the cost impact of benefit design changes
- The disclosure of information to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the Plan (The Plan will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- The disclosure of information to stop-loss or reinsurance carriers to obtain claim reimbursements to the Plan
- Disclosure of information to Plan consultants or brokers who provide legal, actuarial and auditing services to the Plan
- Use of information in general data analysis used in the long term management and planning for the Plan
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management and coordination of care programs, including sending preventive health service reminders
- Facilitating transition of care from and to other insurers, health plans or third party administrators
- Other general administrative activities, including data and information systems management, risk management, auditing and detection of unlawful conduct

FOR TREATMENT

Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. It also includes but is not limited to consultations and referrals between one or more of your providers. The Plan may disclose your information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) in connection with your treatment. The Plan does not provide treatment. On occasion, the Plan may be required to provide information about you to your providers in order to facilitate treatment.

For example, prior to providing a health service to you, your doctor may ask the Plan for information concerning whether and when the service was previously provided to you.

FOR OTHER PERMITTED PURPOSES

The Plan may use or disclose your information for the following permitted purposes:

- For research subject to certain conditions
- To comply with laws and regulations related to **Workers' Compensation**.
- For **public health activities** such as assisting public health authorities with disease prevention or control and with injury or disability control. This can include

data collection by state government-mandated or -sponsored consortiums or public health authorities. The Plan may also disclose your information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits the Plan to do so.

- For **health oversight activities** data may be submitted to a government agency authorized to oversee the health care system or government programs, or to its contractors. Examples include the U.S. Department of Health and Human Services (HHS), a state insurance department or the U.S. Department of Labor for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.
- In response to a **court order** or an administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.
- To funeral directors or coroners so they can carry out their lawful duties. The Plan may also disclose information **about a decedent** to the executor, administrator or other person with authority to act on behalf of the decedent's estate.

OTHER REQUIRED USES AND DISCLOSURES

The Plan may use and disclose information about you as required by law.

Examples of such situations include:

- To **report** information related to victims of **abuse, neglect or domestic violence**
- To prevent serious **threat to your health or safety**, or that of another person
- To authorized federal officials for **national security** purposes. In addition, under certain conditions, the Plan may disclose your information if you are or were a member of the Armed Forces, for those activities deemed necessary by appropriate military authorities.
- For **inmates**, to a correctional institution or a law enforcement official having lawful custody, if the provision of such information is necessary to provide you with health care, protect your health and safety, and that of others, or maintain the safety and security of the correctional institution.

WILL THE PLAN USE OR DISCLOSE MY INFORMATION IN WAYS NOT DESCRIBED IN THIS NOTICE?

Other than the uses previously listed, your information will only be used or disclosed with your written authorization. You may revoke such an authorization at any time in writing, except to the extent the Plan has already taken an action based on a previously executed authorization.

To authorize the Plan to use or disclose any of your information to a person or organization for reasons other than those described in this notice, please contact your Employer's Privacy Officer to obtain and complete an authorization form.

The Plan will not use or disclose your information for marketing without your written authorization. Marketing means a communication to encourage you to purchase or use a product or service. Marketing does not include communications about refill reminders or drugs you currently use, case management or care coordination, descriptions about your plan of benefits and related information, and information about treatment alternatives.

The Plan will not sell your information without your written authorization.

Your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

WHAT RIGHTS DO I HAVE REGARDING MY INFORMATION?

• Access and Control of Your Information.

The Plan must provide you certain rights with respect to access and control of your information. You have the following rights to access and control your PHI:

– Access and receive copies of your information

You have the right to receive a copy of your information, once you provide the Plan with specific information to fulfill your request. You may ask for an electronic copy of your information and the Plan will provide it if the information is maintained electronically. Information will be provided in the form and format you request, if it is readily producible in such form and format; or if not, in a readable hard copy form or such other form and format as agreed to by you and the Plan. The Plan reserves the right to charge a reasonable fee for the cost of producing and mailing copies of such information.

– Amend your information

If you believe your information is incorrect or incomplete, you have the right to ask the Plan to amend it. In certain cases, the Plan may deny your request and provide you with a written explanation. For example, the Plan may deny a request if the Plan did not create the information, as is often the case for medical information that was generated by a provider, or if the Plan believes the current information is correct.

– Confidential communications

The Plan recognizes you have the right to receive communications regarding your information in a manner and at a location that you feel is safe from unauthorized use or disclosure. To support this commitment, the Plan will permit you to request your information by alternative means or at alternative locations. The Plan will attempt to accommodate reasonable requests.

– Accounting of disclosures

You have the right to request an accounting of those instances in which the Plan or our Business Associates have disclosed your information, during the 6 years prior to the date of your request, for purposes other than treatment, payment or health care operations, or other permitted or required purposes. The Plan will require specific information needed to fulfill your request. If you request an accounting more than once in a 12-month period, the Plan may charge you a reasonable fee.

– Restrictions

You have the right to ask the Plan to place restrictions on the way it is permitted to use or disclose your information. The Plan is not, however, required by law to agree to these requested restrictions. If the Plan does agree to a restriction, the Plan will abide by the restriction unless it is related to an emergency.

• Personal Representatives

You have the right to name a personal representative who may act on your behalf to control the privacy of your information. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your information or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child.

In addition, you will be required to complete a form to name a personal representative. Please contact your Employer's Privacy Officer for assistance.

• Notice of Privacy Practice

You have the right to receive a paper copy of this Notice of Privacy Practices upon request at any time, even if you have already received it electronically or have previously agreed to receive it electronically.

• Rights under state law

You may be entitled to additional rights under state law to the extent state law applies to the Plan. The privacy laws of a particular state might impose a privacy standard under which the Plan will be required to operate.

• Right to be notified of a breach

You have the right to be notified of a breach of your unsecured information.

• How do I exercise my rights?

You can exercise all of your privacy rights by contacting your Employer's Privacy Officer. To the extent that the Plan has provided all of your information to a Business Associate (e.g., a third party administrator of your health benefits) you must request access directly from such Business Associate. Please contact your Employer's Privacy Officer for assistance with a request from a Business Associate.

• What do I do if I feel my rights have been violated?

If you believe your privacy rights have been violated, you may file a written complaint with your Employer's Privacy Officer.

You may also notify the Secretary of the Department of Health and Human Services (HHS). Send your complaint to:

**Medical Privacy, Complaint Division
Office for Civil Rights (OCR)
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201.**

You may also call OCR's Voice Hotline at (800) 368-1019 or you can find more information at www.hhs.gov/ocr.

The Plan will not take retaliatory action against you for filing a complaint.

Hay disponible una versión de su Aviso de prácticas de privacidad (NPP) en español en www.hpiTPA.com, elija Member (Miembro), luego elija My Plan (Mi plan)

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