

Joint Notice of Health Information Privacy Practices

THE FOLLOWING 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.

Haverford College (the “College”) maintains more than one group health plan. The privacy standards under HIPAA permit the College, acting on behalf of its group health plans, to form an Organized Health Care Arrangement (an “OHCA”) under which its legally separate group health plans may share protected health information for the joint management and operations of the OHCA. The following group health plans, the Haverford College Health & Welfare Plan and the Haverford College Flexible Benefits Plan (collectively referred to as the “Plan”) have formed an OHCA and agree to abide by the terms of this Joint Notice of Health Information Privacy Practices (this “Notice”).

This Notice describes the Plan’s health information privacy practices with respect to your identifiable health information created, received or maintained by the Plan with respect to your medical, prescription drug, dental, vision, and health flexible spending account benefits under the Plan. This Notice will tell you about many of the ways in which the Plan may use and disclose your health information. This Notice also will describe your rights and certain obligations the Plan has regarding the use and disclosure of your health information.

The Plan is required by law to maintain the privacy of your identifiable health information, provide you with notice of its legal duties and privacy practices with respect to such information, and notify you following any breach of your unsecured protected health information. The Plan is required to follow the terms of the Notice that is currently in effect.

Your personal doctor, hospital or other health care provider may have different policies or practices regarding the uses and disclosures of your health information created in the doctor’s office or hospital. This Notice does not address the health information policies or practices of your health care providers.

The Plan’s Practices Regarding Health Information Privacy

The Plan maintains health information privacy policies and procedures focused on protecting the privacy of your personal health information. These policies and procedures strive to protect your health records and other confidential information that identifies you and relates to a physical or mental condition or the payment of health care expenses for you. Such information will not be used or disclosed without a written authorization from you, except for the purposes described in this Notice or as otherwise permitted by applicable federal and state health information privacy laws.

This Notice first will explain how the Plan uses and discloses your identifiable health information, and then will describe your rights regarding your identifiable health information.

How The Plan May Use and Disclose Your Health Information

The following categories describe many of the different ways that the Plan may use and disclose your health information. For each category of uses or disclosures, this Notice explains what it means and, when appropriate, gives some examples. Not every use or disclosure in a category will be listed. However, all the ways the Plan may use and disclose your health information will fall within one of the categories.

For Treatment. The Plan may disclose health information about you to a health care provider that is rendering treatment on your behalf. For example, if you are unconscious or otherwise unable to provide your medical history as the result of an accident, the Plan may disclose information to an emergency room physician regarding the types of surgery you have undergone in the past, the nature of other treatments you have received, and/or the types of prescription drugs you take.

For Payment. The Plan may use and disclose health information about you so that the claims for payment for health care treatments, services, and supplies you receive from various health care providers may be processed and paid to the extent permitted under the terms of the Plan. For example, the Plan may receive and maintain information about surgery you received at a hospital in order to process the hospital's claim for reimbursement of the expenses it incurred on your behalf. The Plan may also receive and maintain information about the prescription drugs you receive in order to process the claims from pharmacies for the prescription drug benefits you have received. As part of the claims process, the Plan may input the information about the health care treatment, services or supplies you received from a health care provider into an electronic claims processing system maintained by a nonaffiliated business.

For Health Care Operations. The Plan may use and disclose health information about you for operations of the Plan. These uses and disclosures are necessary to run the Plan and make certain that all of the Plan's participants receive the health benefits to which they are entitled. For example, the Plan may use health information for case management or in the performance of population-based studies related to the reduction of health care costs. In addition, the Plan may use or disclose health information for purposes of business planning and development, customer service, compliance reviews, audits, actuarial studies, securing a contract for reinsurance, and fraud and abuse detection. The Plan may also use or disclose health information for underwriting purposes (such as determining enrollment eligibility or for calculating premiums or contribution amounts). However, the Plan is prohibited from using or disclosing any genetic information for underwriting purposes.

The Plan may also combine health information about many Plan participants and disclose it to the College so that it can decide what coverage to provide under the Plan. In certain instances, the Plan may remove participant specific information from the set of health information disclosed to the College (or others) so that such information may be used without disclosing the identity of specific participants who received health care. The Plan also may disclose health information to certain nonaffiliated vendors who assist the Plan with its health care operations, including benefit administration.

To the College. The Plan, or a health insurance issuer or HMO with respect to the Plan, may disclose your health information to the College, as the sponsor of the Plan, in order for the College's designated Plan administration personnel to carry out their Plan administrative functions, including the uses and disclosures described in this Notice. Plan administration personnel may use the information only for the purposes described in this Notice or as otherwise

permitted by applicable federal and state health information privacy laws. Any health information provided by the Plan, a health insurance issuer or HMO with respect to the Plan, or Plan administration personnel will not be used by the College for any employment-related actions and decisions.

Alternative Treatments, Therapies, Health Care Providers, or Settings of Care. The Plan may use and disclose health information to inform you about alternative treatments, therapies, health care providers, or settings of care. If the Plan receives financial remuneration in exchange for such communication, your prior written authorization is required, as described below.

Health-Related Benefits, Products and Services. The Plan may use and disclose your health information to inform you about case management or care coordination, or about a health-related product or service (or payment for such product or service) that is provided by, or included in, your benefits. This includes informing you about health care providers in a provider network, replacement of, or enhancements to, the benefits provided under the Plan, and health-related products or services available only to Plan members that add value to, but are not part of, the Plan benefits. If the Plan receives financial remuneration in exchange for such communication, your prior written authorization is required, as described below.

Research. Under certain circumstances, the Plan may use and disclose health information about you for research purposes, provided the only remuneration received by the Plan or its third-party representative is a reasonable cost-based fee to cover the cost to prepare and transmit the health information.

As Required By Law. The Plan will disclose health information about you when required to do so by federal, state or local law.

Reporting Breaches. The Plan will report to you (or the government or media, if required) any security breaches relating to your unsecured health information. Any reports to the media will not contain identifiable health information.

To Avert Serious Threat to Health or Safety. The Plan may use and disclose health information about you 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, will only be provided to someone who is able to lessen or prevent the threat.

For Public Health Purposes. The Plan may use and disclose your health information for public health purposes, as required by law.

Uses and Disclosures that Require Your Written Authorization

The Plan must obtain your written authorization for use or disclosure of your health information with respect to the following items:

Psychotherapy Notes. Any professional's psychotherapy notes concerning your treatment may not be used or disclosed without your written authorization, except to carry out the following treatment, payment or health care operations: (1) use by the originator of the psychotherapy notes for treatment, (2) use or disclosure by the originator for its own training programs to practice or improve practitioners' skills in mental health counseling, or (3) use or disclosure for the originator to defend itself in a legal action or other proceeding.

Marketing. The Plan must obtain a written authorization from you to use or disclose your health information for marketing purposes, except if the communication is in the form of a face-to-face communication by the Plan to an individual, or in the form of a promotional gift of nominal

value. If the marketing involves financial remuneration to the Plan from a third party, your written authorization must state that remuneration is involved. Marketing does not include a communication made to provide refill reminders or communications to describe an alternative treatment, health related products or services, or for case management or care coordination purposes, when the Plan does not receive financial remunerations in exchange for making such communications.

Sale of Health Information. The Plan must obtain your written authorization to use or disclose your health information in exchange for payment from a third party to the Plan.

Special Situations

Organ and Tissue Donation. If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Workers' Compensation. The Plan may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

Health Oversight and Public Health Activities. The Plan may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These types of activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. To the extent required by law, the Plan will disclose health information about you for public health activities, including preventing or controlling disease, injury or disability; to report child abuse or neglect, or to notify people of recalls of products they may be using.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the Plan may disclose health information about you in response to a court or administrative order. The Plan may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, to the extent permitted by applicable law.

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

Military and Veterans. If you are a member of the armed forces, the Plan may release health information about you as required by military command authorities.

National Security, Intelligence Activities, and Protective Services. The Plan may release health information about you to authorized federal officials (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates. If you become an inmate in a correctional institution or under the custody of a law enforcement official, the Plan may release health information about you 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 and its personnel.

Law Enforcement. The Plan may release 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, the Plan is unable to obtain the person's agreement;
- About a death the Plan believes may be the result of criminal conduct;
- About criminal conduct at College sites; and
- 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.

Deceased Individuals. If you die, the Plan may disclose to a family member or certain individuals identified as being involved in your care or payment for health care prior to your death, health information that is relevant to such individual's involvement, unless doing so is inconsistent with any prior expressed preference known by the Plan.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information the Plan maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy certain health information about you and the health care you have received, including obtaining an electronic copy of your health information if the Plan uses electronic health records. This includes only health information that may be used to make decisions about your benefits under the Plan. Usually, this includes eligibility, claims and appeal records, and case management records, but does not include psychotherapy notes. In order to inspect and copy health information that is maintained by the Plan and used to make decisions about you, you must complete an Access Request Form and submit it to the Director, Benefits Administration. If you request a copy of the information, the Plan may charge a fee for the cost of copying, mailing or other supplies associated with your request. If you agree in advance, the Plan may provide a summary or explanation of the requested information instead of allowing inspection and copying of the information. You also would need to agree in advance to any fees for providing a summary or explanation.

The Plan may deny your request to inspect and copy in very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. If the grounds for denial of access are reviewable in accordance with applicable law, a licensed health care professional designated by the Plan will review your request and the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. To request an amendment, you must fill out an Amendment Request Form and submit it to the Director, Benefits Administration. This Form requires you to provide a reason that supports your amendment request.

The Plan may deny your request for an amendment if the request 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 health information that:

- 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 health information kept by or for the Plan;
 - Is not part of the information which you would be permitted to inspect and copy;
or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures the Plan has made of your health information. Certain types of disclosures of health information are not required to be listed in an accounting of disclosures.

To request this accounting of disclosures, you must complete an Accounting Request Form and submit it to the Director, Benefits Administration. This Form requires you to state a time period of disclosures that may not be longer than six years. The Form also explains the types of disclosures that do not have to be listed in an accounting of disclosures. The first list of disclosures you request within a 12-month period will be free. For additional lists requested during that period, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any cost is incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information the Plan uses or disclosures about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in the payment for your care, like a family member or friend.

The Plan is generally not required to agree to your request; except in the case of a request to restrict disclosure for payment or healthcare operation purposes if the health information pertains solely to an item or service for which you (or someone other than the Plan) have paid in full. If the Plan agrees to a restriction request, the Plan will comply with your request, unless the information is needed to provide you with emergency treatment and the Plan discloses such information to a health care provider who will provide such treatment to you. The Plan will request that the health care provider not further use or disclose the information.

To request restrictions, you must fill out and submit to the Director, Benefits Administration a Form entitled: Request for a Restriction on Uses or Disclosure of Individually Identifiable Health Information. When completing this Form, 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.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about your medical benefits in a certain way or at a certain

location. For example, you can ask that the Plan send you the explanation of benefits forms on claims you file for benefits under the Plan at work or by mail to a specified address. To request confidential communications, you must send a written request to the Director, Benefits Administration. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Opt Out.** In the event that the Plan or insurer intends to contact participants to raise funds, you have the right to opt out of receiving such communications.
- **Right to Breach Notification.** In the event of a security breach relating to your unsecured protected health information, the Plan is required by law to notify you.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, you should contact the Director, Benefits Administration.

Complaints

You may make a complaint in writing to the Plan concerning (i) the Plan's policies and procedures related to the privacy standards; (ii) the Plan's compliance with such policies and procedures; or (iii) the Plan's compliance with the federal privacy standards. Written complaints must be submitted to the Director, Benefits Administration, who is the contact person responsible for receiving privacy-related complaints and who may provide further information about matters covered by this Notice.

You also may file a complaint with the Secretary of the Department of Health and Human Services if you believe that the Plan is not complying with the federal privacy standards. The complaint must be in writing, either on paper or electronically. The complaint must name the Plan and describe the acts or omissions believed to be in violation of the privacy standards.

You will not be retaliated against for exercising any rights described in this Notice, including the filing of a complaint with the Plan or with the Secretary of the Department of Health and Human Services.

Other Uses and Disclosures of Health Information

Certain other uses and disclosures of health information not covered by this Notice or by the laws which apply to the Plan may be made with your written authorization. If you provide the Plan with authorization to use or disclose health information about you, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose health information about you for the reasons covered by your written authorization; however, the Plan will be unable to take back any disclosures the Plan has already made with your authorization.

Changes to this Notice

The Plan reserves the right to change its privacy practices and this Notice at any time. The Plan reserves the right to make the revised or changed Notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current Notice, as well as any future revised Notices, on the College's intranet/website. The Notice posted will state its effective date.

Contact Information

If you have questions about this Notice, please contact the Haverford College Privacy Officer:

Charles Crawford

Director, Benefits Administration (Office of Human Resources)

This Notice is effective January 1, 2023.