

## NOTICE OF PRIVACY PRACTICES

**THIS 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.**

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Hofstra University Health and Welfare Plan (the “Plan”) contains a Flexible Spending Plan and other self insured medical and dental benefits maintained by Hofstra University (the “University”) and is required by law to protect the personal health information of plan participants (“Protected Health Information”). If you also participate in an insured medical or vision plan, you will receive a separate notice of privacy practices from your insurance company.

The Plan has long understood that medical information about you is personal, and we are committed to protecting the privacy of such information. The purpose of this Notice is to describe the health information practices of the Plan and to inform you about:

- the uses and disclosures of Protected Health Information by the Plan;
- your individual rights with respect to the privacy of your Protected Health Information;
- the Plan’s legal duties and privacy practices with respect to your Protected Health Information; and
- who to contact for further information about the Plan’s privacy practices.

Protected Health Information includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

### HOW THE PLAN AND ITS PLAN ADMINISTRATORS MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

In order to administer the Plan, it may be necessary to use or disclose your Protected Health Information for a number of different reasons. This section will describe the different ways that your Protected Health Information may be used or disclosed. Other uses and disclosures not covered by this Notice or applicable law will be made only with your authorization.

#### **Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations**

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and provide at least one example for each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within at least one of the categories.

**Treatment.** Your health providers may use your health information to facilitate your health treatment or services. Disclosure may be made to your health providers, including doctors, nurses,

technicians, or hospital personnel who are involved in taking care of you. For example, your health provider may request information which is necessary to coordinate your treatment.

**Payment.** Your personal health information may be used to determine your eligibility for plan benefits, to facilitate payment for the treatment and services you receive from your health providers, or to coordinate your plan coverage. For example, the Plan may review an Explanation of Benefits to determine how much of a particular claim should be reimbursed.

**Health Care Operations.** The Plan may use and disclose health information about you for plan operations. For example, your health information may be used in connection with general plan administrative activities.

**Disclosures to Plan Sponsor.** The Plan is sponsored by Hofstra. The Plan may disclose your Protected Health Information to designated personnel at Hofstra so that they can, for example, carry out related administrative functions including the uses and disclosures described in this Notice. Such disclosures of Protected Health Information (other than your Health Plan enrollment information) will be made only to the individuals authorized to receive such information under the Plan. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other employee or department of the University and (2) will not be used by the University for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by Hofstra.

**Business Associate.** Certain services are provided to the Plan by business associates. For example, the Plan may place information about your health care treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Plan will disclose your Protected Health Information to their business associates so that the business associates can perform their claims payment functions. However, the Plan will require its business associates, through written agreements, to appropriately safeguard your health information.

**Treatment Alternatives and Health-Related Benefits and Services.** The Plan may use and disclose your Protected Health Information to tell you about possible treatment options, health-related benefits or services that may be of interest to you.

### **Uses and Disclosures that are Required by Law**

The Plan will disclose Protected Health Information to the extent that it is required by federal, state or local law. The following disclosures are required by law:

- Disclosure as required by any statutory law.
- Disclosure to an authorized public health authority for public health activities, such as the prevention or control of disease, or to report reactions to medications or a problem with a health related product.
- Disclosure to report abuse, neglect or domestic violence.
- Disclosure to a health oversight agency necessary for health oversight activities, such as audits, investigations, or inspections in order to monitor health care systems and compliance with the law.
- Disclosure for judicial and administrative proceedings expressly authorized by a court order, order from an administrative tribunal, a subpoena, discovery request, or other lawful process.

- Disclosure to a law enforcement official for law enforcement and “whistleblower” purposes when required by law.
- Disclosure regarding an individual who is or is suspected to be a victim of a crime.
- Disclosure about a death to coroners, medical examiners, and funeral directors.
- Disclosure for organ donation purposes.
- Disclosures to avert a serious threat to health or safety of a person or the public.
- Disclosure for specialized government functions, such as military or veteran purposes.
- Disclosure for workers’ compensation as required by law.
- Disclosure to federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

### **Uses and Disclosures that Require Your Authorization**

The Plan will not use or disclose your information for purposes other than those included in this Notice without your written authorization. You may revoke an authorization at any time in writing, except as provided by law .

### **Uses and Disclosures for Which You Must be Given an Opportunity To Agree or Disagree Prior To The Use or Disclosure**

There may be emergency circumstances in which it may be necessary to disclose Protected Health Information about you to your family members or other representatives. If you are available and not incapacitated, the disclosure will only be made if you have either agreed to the disclosure or have been given the opportunity to object and have not objected. If you are unavailable or otherwise incapacitated, the disclosure will only be made if it is in your best interests as determined by the covered health care provider, in the exercise of professional judgment, that the disclosure be made.

### **Special Protections for Genetic Information**

Notwithstanding the above, special protections are given to your genetic information. Hofstra University is not permitted to disclose your genetic information for underwriting purposes, which includes:

- Determining whether you are eligible for benefits
- Determining the premium for coverage
- Determining whether you are subject to a pre-existing condition exclusion; and
- Other activities related to the creation, renewal or placement of the coverage provided by Hofstra University

Genetic information includes genetic tests of an individual or family member, family medical histories, and genetic services (e.g., counseling, education and evaluation of genetic information). Family members include immediate family members and extended family members, up to the fourth degree of kinship.

The Plan may use or disclose only the minimum necessary Protected Health Information to accomplish Plan functions. Whenever possible, the Plan will limit its use or disclosure of Protected Health Information to a “limited data set”. A limited data set excludes many common identifying elements of Protected Health Information.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

### **Right to Inspect and Copy Protected Health Information**

You have the right to inspect and copy your individual health information that may be used to make decisions about your plan benefits. You must submit your request in writing. Note that you may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

If your request is granted, the requested information will be provided within 30 days. A single 30-day extension is allowed as needed by the Plan.

If access is denied, you will be provided with a written denial letter setting forth the basis for the denial, a description of how you may have the denial decision reviewed and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

You have the right to access electronically an electronic health record that contains your Protected Health Information or to direct that a copy of the electronic health record be sent to a designated individual.

### **Right to Request Restrictions on the Uses and Disclosures of your Protected Health Information**

You have the right to request a restriction or limitation on the health information that the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information that is disclosed about you to someone who is involved in your health care or in the payment for your health care. For example, you could ask that information about a particular treatment not be disclosed. All such requests must be made in writing.

Hofstra University must agree to your request to restrict disclosure of Protected Health Information for payment or health care operations if you have paid the provider in full out-of-pocket. This restriction will not apply to disclosures of Protected Health Information for treatment purposes.

The Plan will also accommodate reasonable requests to receive communications of Protected Health Information by alternative means or at alternative locations, such as requests to receive communications at work rather than at home.

### **Right to Request Confidential Communications**

You have the right to request that the Plan communicate with you about health matters using alternative means or at alternative locations, if you clearly state that the disclosure of all or part of that information could endanger you. The Plan will accommodate reasonable requests. For example, you can ask that the Plan send your explanation of benefits (“EOB”) forms about your benefit claims to a specified address.

You will be required to complete and submit a specified form to request confidential communication of your Protected Health Information. Your written request must contain a statement that disclosure of all or part of the information to which the request pertains could endanger you and must specify how or where you want to be contacted.

## **Right to Amend**

If you feel that the health information maintained about you is incorrect or incomplete, you may ask to amend that information. You have the right to make this request for as long as the information is required to be maintained by or for the Plan. All such requests must be made in writing and must provide the reason for the request.

The Plan will respond to the request within 60 days after receiving the request. The Plan may have a single 30-day extension, as needed. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your Protected Health Information.

## **Right to an Accounting of Disclosures**

You have a right to request an accounting of disclosures by the Plan of your Protected Health Information made in the six years prior to the date of the request. However, the Plan is not required to include the following types of disclosures in an accounting:

- Disclosures to carry out treatment, payment or health care operations;
- Disclosures to you about your own Protected Health Information;
- Disclosures made prior to April 14, 2003;
- Disclosures pursuant to your written authorization;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials; or
- Disclosures incident to a use or disclosure otherwise permitted or required by law.

The accounting will be sent to you within 60 days of your request. However, the Plan may have a single 30-day extension, as needed, if the Plan sends you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will inform you in advance of a reasonable, cost-based fee for the cost of each subsequent accounting and provide an opportunity to modify or withdraw the request in order to avoid or reduce the fee.

## **Right to Receive Notice of Any Breach of Unsecured Protected Health Information**

Hofstra University is required to notify affected members of any breaches of unsecure Protected Health Information.

You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.

You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

## **How to Exercise Your Rights under this Notice**

If you wish to exercise any of your rights under this Notice, please contact the Privacy Officer, Denise Radicone, Senior Director, Benefits Administration at 516-463-4376.

## **Exercise of Rights by Personal Representatives**

You may exercise your rights to your Protected Health Information as described in this Notice through a personal representative, except as otherwise limited by applicable state law. Your personal representative

will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your Protected Health 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; or
- A court order of appointment of the person as the conservator or guardian of the individual.

A parent, guardian or person acting in loco parentis generally may act as a personal representative for a minor child, except in those circumstances when the individual is deemed not to control the minor child's health care decisions. The Plan retains discretion to deny access to your Protected Health Information to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE SECRETARY OF HEALTH AND HUMAN SERVICES**

If you believe that your privacy rights have been violated, you may file a complaint with the Privacy Officer at Human Resources Center, 205 Hofstra University, Hempstead, NY 11549-2050.

You may file a complaint with the Secretary of U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Plan will not penalize you or retaliate against you for filing a complaint.

### **THE PLAN'S DUTIES**

We are required by law to provide you with this Notice and to abide by the terms of this Notice as currently in effect. We reserve the right to revise the terms of this Notice. Any such changes will be effective for the health information in effect at the time of such change as well as for the health information that is received after the effective date of the amended Notice. This Notice will be posted on **the Hofstra University website at <https://www.hofstra.edu/human-resources/>**.

### **CONTACT FOR MORE INFORMATION**

If you have any questions regarding this Notice, you should contact **Denise Radicone, Senior Director, Benefits Administration at 516-463-4376.**

Effective: January 1, 2013

Rev.: October 4, 2018

November 30, 2023

October 29, 2024

**Hu doc 17172**