

Roman Catholic Diocese of Syracuse Health Benefits Plan

HIPAA Notice of Privacy Practices

Effective: July 1, 2017

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.

Introduction

Roman Catholic Diocese of Syracuse sponsors the Roman Catholic Diocese of Syracuse Health Benefits Plan (the "Plan") for the benefit of its employees and the employees of certain participating employers. This notice describes the Plan's privacy practices. In this notice, the word "Employer" means Roman Catholic Diocese of Syracuse and each other entity that participates in the Plan. The term "Plan Sponsor" means Roman Catholic Diocese of Syracuse, acting in its capacity as plan sponsor.

Background

The Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act of 2009 (collectively "HIPAA") and the regulations issued in connection with HIPAA regulate the use and disclosure of protected health information by an employer group health plan. HIPAA requires group health plans to maintain the privacy of your personally identifiable protected health information. In general terms, health information is protected health information ("PHI") if it (1) relates to a past, present or future physical or mental health or condition (including genetic information), the provision of health care, or the past, present or future payment for the provision of health care, and (2) identifies the individual (or for which there is a reasonable basis to believe the information can be used to identify the individual).

The Plan is required under HIPAA to maintain the privacy of your PHI. It is also required to provide you with this notice describing the Plan's legal obligations and privacy practices with respect to your PHI. This notice provides important information about: (1) the Plan's uses and disclosures of your PHI; (2) your individual rights with respect to your PHI; and (3) the Plan's legal duties with respect to your PHI. This notice applies to the PHI the Plan maintains, uses or discloses. The Plan is required to abide by the terms of this notice. Your personal doctor or health care provider may also have policies or notices regarding use and disclosure of your PHI. The rules set forth in this notice apply to the Plan, not to the Employer in its capacity as an employer or a health care provider. Different policies may apply to other benefit programs of the Employer or data unrelated to the Plan.

NOTICE OF PHI USES AND DISCLOSURES

A. HOW THE PLAN MAY USE OR DISCLOSE YOUR PHI

The Plan and its properly authorized business associates are required to disclose PHI to you upon your request, and to the Secretary of Health and Human Services when the Secretary is investigating compliance with HIPAA. The Plan will also use and disclose PHI as permitted to by HIPAA.

When using or disclosing PHI or when requesting PHI from another covered entity, the amount used, disclosed or requested will typically be limited to the minimum necessary to accomplish the purpose underlying the request for disclosure. This "minimum necessary" standard, however, does not apply in all circumstances. Specifically, the "minimum necessary" standard *does not apply* to: (i) uses or disclosures made to you; (ii) uses or disclosures made pursuant to an authorization from you; (iii) disclosures made to the Secretary of Health and Human Services; (iv) uses or disclosures required by law; (v) disclosures to or requests by a health care provider for treatment; (vi) uses or disclosures that are required for the Plan's compliance with HIPAA's "privacy rule."

B. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR PERMISSION

HIPAA allows the Plan to use or disclose your PHI under certain circumstances without your permission. The following are brief descriptions of these uses and disclosures.

- **For Treatment.** PHI may be used or disclosed to facilitate medical treatment or services by providers, including, coordination or management of health care and consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.
- **For Payment.** PHI may be used and disclosed for payment purposes, such as obtaining premiums, facilitating payments, making coverage determinations, coordinating coverage, or determining or fulfilling the Health Plan's responsibilities for providing benefits. For example, the Plan may tell a provider whether you are eligible for specific benefits or share PHI with another entity to assist with the coordination of benefits.
- **For Health Care Operations.** PHI may be used and disclosed for health plan operations such as: underwriting, premium rating, and other activities relating to coverage; conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities. However, genetic information will not be used for underwriting purposes.
- **To Business Associates.** The Plan contracts with entities known as "business associates" to perform various functions or provide certain services. To be able to perform these functions or provide these services, business associates may need to receive, create, maintain, transmit, use, and/or disclose PHI, but only after they agree in writing to implement appropriate safeguards regarding PHI and to be subject to the HIPAA privacy requirements to the same extent as the Plan Sponsor. For example, PHI may be disclosed to a business associate to process a claim for benefits.
- **To the Plan Sponsor.** PHI may be disclosed to certain employees of Plan Sponsor to carry out Plan administrative functions. Those employees will only use or disclose PHI as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you authorize further disclosures. Also, information about whether you have enrolled or dis-enrolled in a Plan option may be disclosed to your Employer. In addition, "summary health information" (*i.e.*, claims information for which names and other identifying information has been removed) may also be disclosed to your Employer for purposes of obtaining premium bids or for modifying, amending or terminating the

Plan. PHI cannot be used for employment purposes without your specific authorization.

- **As Required By Law, Law Enforcement, Lawsuits & Disputes.** PHI may be disclosed when required by federal, state or local law, for example, when required by law enforcement (*e.g.*, to identify or locate a suspect), a court or administrative order, subpoena or discovery request.
- **For Workers' Compensation.** PHI may be released for workers' compensation or similar work-related injury or illness programs, to the extent necessary to comply with such law.
- **For Organ and Tissue Donation.** PHI may be released to organizations that handle organ or tissue procurement, as necessary to facilitate organ or tissue donation and transplantation.
- **For Military Activity or National Security.** PHI may be disclosed to authorized military authorities, authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **For Health or Safety, Public Health Risks, Health Oversight Activities.** PHI may be released when necessary to prevent a serious threat to health and safety, for public health activities as required or authorized by law, or to a health oversight agency for the government to monitor the health care systems, government programs, and compliance with civil rights laws, such as audits, investigations, inspections, and licensure.
- **To Coroners, Medical Examiners and Funeral Directors.** The Plan may release PHI to coroners, medical examiners or funeral directors as necessary to carry out their duties.
- **For Research.** PHI may be disclosed to researchers when individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information.
- **To Family and Friends.** In certain cases, PHI can be disclosed to a family member or other person you identify who is involved in your care. Information about your location, general condition, or death may be provided to a similar person (or entity authorized to assist in disaster relief). You will generally be given the chance to agree or object (although exceptions may be made, *e.g.*, if you are not present or you are incapacitated). In addition, your PHI may be disclosed to your legal representative. With only limited exceptions, the Plan will send all mail to the employee, including mail relating to the employee's spouse and other family members.

C. OTHER USES OF YOUR PHI REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of your PHI not covered by this notice or applicable law will be made only with your written authorization. If you provide your authorization to disclose PHI, you may revoke your authorization in writing at any time. Once your revocation has been received and recorded, no further use or disclosure of the PHI covered by the authorization will be made. Any use or disclosure made *prior to* the effective date of your revocation was authorized, cannot be undone. The

Plan is required by HIPAA to retain records of such use and disclosure.

YOUR INDIVIDUAL RIGHTS

This section outlines your individual rights and how you can exercise those rights. In exercising your rights, you will generally need to make a written request directly to the appropriate business associate. Please contact the Office of Human Resources & Employee Benefits at the Diocese at (315) 422-9091 to obtain the appropriate business associate contact information. To exercise your rights directly with the Plan, please submit your request or complaint in writing to the Office of Human Resources & Employee Benefits at the Diocese, at 240 East Onondaga Street, Syracuse, New York 13202-2608.

Right to Inspect and Copy. You have the right to inspect and copy certain PHI maintained by the Plan. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format that you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If you and the Plan are unable to agree on an electronic form and format, the Plan will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing as described above. If you request a copy of the information, you may be charged a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Your request to inspect and copy may be denied, in certain limited circumstances. If your request is denied, you will be notified of the denial and of your rights, including your right to appeal the denial and the procedure for making such an appeal.

Right to Amend. If you feel that the PHI that the Plan has about you in a designated record set is incorrect or incomplete, you may request that it be amended. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, you must submit your request in writing as described above. Your request for an amendment must include a reason that supports your request. Your request may be denied if it does not include a reason supporting the request. In addition, your request may be denied if you ask to amend information that: (i) is not part of the information kept by or for the Plan; (ii) was not created by the Plan unless the person or entity that created the information is no longer available to make the amendment; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete. If your request is denied, you have the right to file a statement of disagreement with the Plan and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures made by the Plan for up to six years before the date of your request. Your request must state the period for which you want the accounting of disclosures and indicate the form (*e.g.*, paper or electronic) in which you want to receive the accounting. However, such accounting is not required to include disclosures made (i) to carry out treatment, payment or health care operations; (ii) to you about your own PHI; (iii) pursuant to your authorization; (iv) to friends or family in your presence or because of an emergency; (v) incident to a permitted or required use or disclosure; (vi) for national security or intelligence purposes; and (vii) to correctional institutions or law enforcement officials, under certain circumstances. Your request for an accounting must be in writing as described above. The first list you request within a 12-month period will be free. There may be a charge for additional lists. If there is a charge, you will be notified in advance and you may modify or withdraw your request before any costs are incurred.

Right to Request Restrictions on PHI Uses and Disclosures. You are entitled to request, in writing, that the Plan restrict uses and disclosures of your PHI. However, except as provided below, the Plan is not required to agree to your request, and in order to appropriately manage your benefits.

The Plan will comply with any restriction request if (i) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for the purpose of carrying out treatment) and (ii) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

Should you wish to request restrictions, submit a written request as outlined above.

Right to Request Confidential Communications. You have the right to request to receive communication of PHI by alternative means or at alternative locations (e.g., at work or a P.O. Box), if the disclosure of all or part of that information could endanger you. To request confidential communications, you must make your request in writing as outlined above. You will not be asked the reason for your request. The Plan will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that the Plan, or a business associate, discovers a breach of unsecured PHI.

Your Right to File a Complaint with Plan or the Secretary of HHS. If you believe your privacy rights have been violated, you may file a complaint in writing with the Plan in care of the HIPAA Compliance Officer c/o Office of Human Resources & Employee Benefits, 240 East Onondaga Street, Syracuse, New York 13202-2608. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services through the appropriate Office for Civil Rights. Further information may be obtained on the web at www.hhs.gov. The Plan will not retaliate against you for filing a complaint.

Right to a Paper Copy of this Notice. You may obtain a copy of this notice at the Diocese intranet. You have the right to a paper copy of this notice. To obtain a paper copy of this notice, contact the Office of Human Resources & Employee Benefits at the Diocese.

Who to Contact at the Plan for More Information. If you have any questions about this Notice or the subjects addressed in it, please contact the Office of Human Resources & Employee Benefits at the Diocese at (315) 422-9091.

RESERVATION OF RIGHT TO CHANGE THIS NOTICE

The Plan reserves the right to amend or change its privacy practices and this notice. The Plan reserves the right to revise or change its privacy practices and any updated or revised notice of privacy practices will apply to any PHI received or maintained prior to the effective date of the updated or revised notice as well as any information received or maintained in the future. If this notice is revised it will be posted on the Plan Sponsor's intranet. The revised notice will also be sent to you in the Plan's next annual mailing.