
NOTICE OF PRIVACY PRACTICES

UNDER FEDERAL PRIVACY REGULATIONS YOUR MEDICAL RECORD IS PROTECTED FROM DISCLOSURE AND YOU ARE GRANTED SPECIFIC RIGHTS TO CONTROL HOW YOUR HEALTH INFORMATION IS USED. THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We Respect and Protect Your Privacy

Respect for your privacy, especially with regard to Protected Health Information, has long been highly valued by your employer. We are committed to providing you with quality health care and services that meet your needs. That commitment includes protecting personal health information we obtain about you. Your employer, in accordance with applicable federal and state law, is committed to maintaining the privacy of your personal health information.

New federal health privacy regulations that were issued as a result of the Health Insurance Portability & Accountability Act of 1996 (HIPAA) establishes broad individual privacy rights, obligates your health provider to keep your medical records confidential, and ensures that your employer cannot have access to your health information for employment purposes. In addition, HIPAA requires all health care records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept confidential.

This federal law gives you, the plan participant, significant new rights to understand and control how your health information is used. HIPAA imposes penalties if we misuse your personal health information. As required by HIPAA, we have prepared this Notice of Privacy Practices (Notice) to explain (1) your specific rights to access and control your personal health information, (2) how we are required to maintain the privacy of your health information, and (3) the limited circumstances in which we may use and disclose your health information.

Who Will Follow This Notice

This Notice describes the Protected Health Information practices of (a) your employer, (b) the group health plan it participates in, which is sponsored by the Archdiocese of New York (the "Plan"), and (c) that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Protected Health Information

We understand that Protected Health Information about you and your health is personal. We are

This Notice is Also Available in Spanish

committed to protecting Protected Health Information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This Notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your Protected Health Information created in the doctor's office or clinic.

Your Rights Regarding Your Protected Health Information

You and your legal representative, if any, have the following rights with respect to the Protected Health Information we have about you in our records.

Right to Inspect and Copy. You have the right to inspect and copy Protected Health Information that may be used to make decisions about your Plan benefits. To inspect and copy Protected Health Information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to Protected Health Information, you may request that the denial be reviewed.

Right to Amend. If you feel that Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the Protected Health Information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- 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" of your Protected Health Information made to you or our personal representative by the Plan in the six years prior to the date on which the accounting is requested, except for disclosures:

- to carry out treatment, payment, or health care operations;
- pursuant to a valid authorization; or
- incident to a permitted or required use or disclosure.

Your request must state a time period, which may not be longer than six years and may not include dates before April, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about

a surgery you had.

We are not required to agree to your request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our 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 we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us 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.

If you wish to make any of the requests listed above under “Your Rights Regarding Your Protected Health Information”, you must complete and mail to United Healthcare the appropriate form. To obtain the form please call the United Healthcare phone number on the back of your United Healthcare ID card. Forms should be mailed to the address printed on the forms. After United Healthcare receives your signed, completed form, United Healthcare will respond to your request.

You may obtain a copy of this Notice from the Plan sponsor’s website, www.archny.org

To obtain a paper copy of this Notice, call the Plan sponsor at (646) 794-3026.

Our Responsibilities With Respect to Your Protected Health Information

We are required by law to:

- make sure that Protected Health Information that identifies you is kept private;
 - give you this Notice of our legal duties and privacy practices with respect to Protected Health Information about you;
 - follow the terms of the Notice that is currently in effect;
 - notify you if we cannot accommodate a requested restriction or request;
 - accommodate your reasonable requests regarding methods to communicate health information with you; and
 - accommodate your request for an accounting of disclosures;
- Notify you in the event of a breach of your unsecured Protected Health Information;
- Advise you that we are prohibited from using or disclosing genetic information for underwriting purposes.

Your Authorization to Use and Disclose Your Protected Health Information

General uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. This would include, but not be limited to, any uses and disclosures for marketing purposes and disclosures that involve the sale of

your Protected Health Information. Additionally, if your Protected Health Information includes psychotherapy notes, such psychotherapy notes will only be used and disclosed with your permission. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Limited Circumstances in Which We May Use and Disclose Your Protected Health Information

The following categories describe the limited ways that we use and disclose Protected Health Information. For each category of uses or disclosures we will explain what we mean and present some examples. 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 one of the categories.

For Treatment (as described in applicable regulations). We may use or disclose Protected Health Information about you to facilitate medical treatment or services by providers. We may disclose Protected Health Information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment (as described in applicable regulations). We may use and disclose Protected Health Information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share Protected Health Information with a utilization review or precertification service provider. Likewise, we may share Protected Health Information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations). We may use and disclose Protected Health Information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use Protected Health Information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; 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 Plan administrative activities.

As Required By Law. We will disclose Protected Health Information about you when required to do so by federal, state or local law. For example, we may disclose Protected Health Information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical 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, would only be to someone able to help prevent the threat. For example, we may disclose Protected Health Information about you in a proceeding regarding the licensure of a physician.

Specific Situations

We may disclose your Protected Health Information under the following specific situations:

Disclosure to Health Plan Sponsor. Information maintained by the Archdiocese of New York may be disclosed to another health plan for purposes of facilitating claims payments under that plan. In addition, Protected Health Information may be disclosed to Archdiocesan personnel solely for purposes of administering benefits under the Plan.

Disclosure to Business Associate. Business Associate may use and disclose Protected Health Information for the proper management and administration of the Business Associate or to meet its legal responsibilities. Such Protected Health Information may only be disclosed for such purposes if the disclosures are Required By Law or the Business Associate obtains certain reasonable assurances from the person to who the information is disclosed.

Organ and Tissue Donation. If you are an organ donor, we may release Protected Health 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.

Military and Veterans. If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release Protected Health Information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Protected Health Information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,

investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We may also disclose Protected Health Information about you in response to a subpoena discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Protected 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, we are unable to obtain the person's agreement; 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.

Coroners, Medical Examiners and Funeral Directors. We may release Protected Health Information to a coroner or medical examiner. We may also release Protected Health Information about members of the Plan to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release Protected Health Information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected 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.

Change to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Protected Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. This notice and future notices will contain on the first page, in the top right-hand corner, the effective date.

More Information or Complaints

If you want more information about your privacy rights, do not understand your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision that your employer, the Archdiocese of New York and/or *United Healthcare* made about access to your confidential information, you may contact your employer, the Plan sponsor's Privacy Office or *United Healthcare's* Privacy Office. If you choose, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Any such complaint would be addressed to:

Secretary of the U.S. Department of Health and Human Services, Region II Office for Civil Rights U.S. Department of Health and Human Services, Jacob Javits Federal Building 26 Federal Plaza - Suite 3302 New York, NY 10278 Telephone number 212-264-3313

Your employer, the Archdiocese of New York and *United Healthcare* will not take any action against you if you file a complaint with the Secretary or *United Healthcare*. The Privacy Office for the Archdiocese of New York may be contacted at:

Associate Director of Life, Health & Disability Benefit Programs, Privacy Officer of the Archdiocese of New York, 1011 First Avenue New York, New York 10022, Telephone number (646) 794-3026

You may contact *United Healthcare's* Privacy Office at:

Privacy Office at *United Healthcare*, Customer Service-Privacy Unit, P.O. Box 740815, Atlanta, GA, 30374-0815, Telephone number: (800) 736-1264

All complaints must be submitted in writing.