

## HIPAA Notice of Privacy Practices

Amended and Restated Effective September 23, 2013

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**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.**

### 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") require group health plans to maintain the privacy of your personally identifiable protected health information. In general terms, protected health information or "PHI" is health information that contains information like a name or social security number that reveals who the person is. In more detail, PHI means information that is created or received by a covered entity, including a "group health plan" and 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 that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual.

**School of VISUAL ARTS** sponsors and maintains various benefits that are group health plans under HIPAA. These include medical, pharmacy, dental, vision, and EAP benefits and the health care flexible spending account. Certain health care components are self-funded and others are provided through an insurance contract. This Notice describes the privacy practices of the self-funded health care benefits sponsored by **School of VISUAL ARTS** (referred to in this Notice as the "Health Plan"). Individuals receiving health care benefits through an insurance contract should receive a notice of privacy practices directly from the appropriate insurance company.

The Notice informs you about: (i) the Health Plan's uses and disclosures of PHI; (ii) your individual rights with respect to your PHI; and (iii) the Health Plan's legal duties with respect to your PHI. This Notice applies to the PHI the Health Plan maintains uses or discloses and the Health Plan is required to abide by the terms of this Notice. Your personal doctor, health care provider or insurance company may have different policies or notices regarding use and disclosure of your PHI. Also, it is important to note that these rules apply to the Health Plan, not **School of VISUAL ARTS** as an employer. Different policies may apply to other **School of VISUAL ARTS** benefit programs or data unrelated to the Health Plan.

## **NOTICE OF PHI USES AND DISCLOSURES**

### **A. HOW THE HEALTH PLAN MAY USE AND DISCLOSE YOUR PHI**

The Health 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 our compliance with HIPAA. We will also use and disclose PHI as we are permitted to by HIPAA. When using or disclosing PHI or when requesting PHI from another covered entity, we will make reasonable efforts to use, disclose or request the “minimum necessary” to accomplish the purpose. However, the “minimum necessary” standard does not apply to the following: (i) uses or disclosures made to you; (ii) uses or disclosures made pursuant to an authorization; (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 Health Plan’s compliance with the Privacy Rule. Listed below are brief descriptions of uses and disclosures, including some examples.

**To Business Associates.** The Health Plan contracts with entities known as “business associates” to perform various functions or provide certain services. In order to perform these functions or provide these services, business associates will receive, create, maintain, transmit, use, and/or disclose PHI, but only after they agree in writing to implement appropriate safeguards regarding PHI. For example, PHI may be disclosed to a business associate to process a claim for benefits.

**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 Health Plan may disclose PHI to physicians who are treating you.

**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 Health 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, wellness and risk assessment programs, underwriting (but genetic information will not be used for underwriting purposes), premium rating, conducting quality assessment and improvement activities, audit services, and fraud and abuse detection programs. For example, the Health Plan may use PHI to audit third parties that approve payment of benefits.

**To Plan Sponsor.** PHI may be disclosed to certain employees of **School of VISUAL ARTS**, the 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, enrollment or de-enrollment information and “summary health information” (claims information for which names and other identifying information has been removed) for purposes of obtaining premium bids or for modifying, amending or terminating the Health Plan may also be disclosed to **School of VISUAL ARTS**. PHI cannot be used for employment purposes without your specific authorization. However, health information collected by **School of VISUAL ARTS** from other sources, e.g., under FMLA or ADA is not protected under HIPAA, but may be subject to other federal or state law protections.

**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/locate a suspect), a court or administrative order, subpoena, discovery request, or to report abuse, neglect or domestic violence.

**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 & 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 & Funeral Directors.** The Health 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 & 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'll 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. We send mail to the employee, including mail relating to the employee's spouse and other family members, to the full extent permitted by HIPAA.

## **B. OTHER USES OF YOUR PHI REQUIRE YOUR AUTHORIZATION**

Uses and disclosures of your PHI not covered by this Notice or applicable law will be made only with your written authorization. You may revoke such authorization in writing at any time. You understand that any use or disclosure made *prior* to the effective date of your revocation was authorized, cannot be undone, and that the Health 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 (e.g., the third party administrator listed in the applicable summary plan description). To exercise your rights directly with the Health Plan please submit your request or complaint in writing to HIPAA Complaint Officer c/o **School of VISUAL ARTS**, 209 East 23 Street, New York NY 10010. If you are exercising rights with respect to benefits provided through an insurance company you should make your request in writing to the appropriate entity in accordance with the procedures set forth in the notice you received from that insurance company.

**Right to Inspect and Copy.** You have the right to inspect and copy certain PHI maintained by the Health Plan. If the information you request is maintained electronically, and you request an electronic copy, we 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, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we 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.

**Right to Amend.** If you feel that the PHI that the Health 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 Health 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 Health Plan; (ii) was not created by the Health 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.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures made by the Health Plan during the 6 years prior to the date of your request. Your request must state the time period you want covered and indicate the form (e.g., paper or electronic) you want the accounting. However, such accounting is not required to include disclosures made to (i) carry out treatment, payment or health care operations; (ii) to you about your own PHI; (iii) pursuant to an authorization; (iv) disclosures made 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; (vii) to correctional institutions or law enforcement officials, under certain circumstances; or (viii) as part of a "limited data set" which is PHI that excludes certain identifying information. 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 Health Plan restrict uses and disclosures of your PHI. However, except as provided below, the Health Plan is not required to agree to your request, and in order to appropriately manage your benefits, we generally do not agree to requests for restrictions. We will comply with your request that PHI regarding a specific health care item or service not be disclosed for purposes of payment or health care operations (but not with respect to your treatment) if you have paid for the item or service, in full, out of pocket. 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 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 Health 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 Health 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 Health Plan in care of the HIPAA Complaint Officer c/o **School of VISUAL ARTS, 209 East 23 Street, New York NY 10010.**

You may 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](http://www.hhs.gov). The Health 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 our website, [www.xxxxxx.com](http://www.xxxxxx.com). You have the right to a paper copy of this Notice. To obtain a paper copy of this notice, contact your Benefits department at (212)592-2691 for paper copies of the notice.

**Who to Contact at the Health Plan for More Information.** If you have any questions about this Notice or the subjects addressed in it, please contact **Benefits Department at 212-592-2691 for more information.**

#### **RESERVATION OF RIGHT TO CHANGE THIS NOTICE**

The Health Plan reserves the right to amend or change its privacy practices and this Notice. The Health Plan reserves the right to make the revised or changed privacy practices and Notice apply to any PHI received or maintained prior to the Effective Date as well as any information received or maintained in the future. If the Notice is revised it will be posted at <https://ditpages.sva.edu/hr/benefits/> and provided to you in the Health Plan's next annual mailing.

#### **Special Enrollment Rights Under HIPAA**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the **School of VISUAL ARTS** health plan in the future if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within *30 days* after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within *30 days* after the marriage, birth, adoption, or placement for adoption. If you lose Medicare or CHIP coverage because you are no longer eligible you must request enrollment within 60 days. If you or your dependents become eligible for premium assistance under a State Medicaid or CHIP program that would pay the employee portion of the health insurance premium you may request enrollment within 60 days. To request special enrollment or obtain more information, contact Nicole Wendorff, Benefits Supervisor at (212) 592-2691.