

PRIVACY NOTICE

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.

Protection of Your Medical Information

A. Your Right to Privacy Protection of Your Individually Identifiable Health Information

Pace University (hereafter called the “**Employer**” in this Notice) acquires individually identifiable health information about you and your covered Dependents for various employment-related purposes and for claim purposes related to your coverages under any pension or welfare benefit plans or programs. To the extent that the Employer presently or hereafter provides Medical and Prescription Drug Programs under **CIGNA HealthCare** and the **Pace University Healthcare Flexible Spending Account** (hereafter collectively called the “**Health Plan**”), that information is “**Protected Health Information**” and the Health Plan must maintain the privacy of your Protected Health Information by a federal law known as the Health Insurance Portability and Accountability Act (hereafter “**HIPAA**”), pursuant to requirements called the “**Privacy Rule**,” which are spelled out in detailed regulations of the U.S. Department of Health and Human Services (hereafter “**HHS**”) that may be found in volume 45 of the Code of Federal Regulations (hereafter “**CFR**”), Parts 160 and 164. Any state law that requires additional methods to maintain the privacy of your Protected Health Information also applies.

In addition, under HIPAA and the Privacy Rule, the Health Plan must provide you with this notice of its legal duties and privacy practices with respect to that Protected Health Information. This notice explains how the Health Plan provides that protection. The Health Plan reserves the right to change these privacy procedures, but if any such change is made, you will be provided with a written copy of any material change within 60 days after that change becomes effective.

Insurers, HMOs and third party claim administrators of the Health Plan must also comply with the Privacy Rule, and are required to furnish you with a similar notice as to how they provide protection to Protected Health Information. This Notice describes how the Employer and the Plan Administrator and its delegates will provide such protection to Protected Health Information it receives from or with respect to the Health Plans.

Individually identifiable health information received by the Employer for claim purposes for plans or programs other than the Health Plan is **not** Protected Health Information, and neither HIPAA nor the Privacy Rule **do not apply** such information. This notice also explains how the Employer and the Plan Administrator will protect that other individually identifiable health information.

B. Protection of Individually Identifiable Health Information that is NOT Protected Health Information

Individually identifiable health information acquired directly by the Employer from sources other than the Health Plan is NOT Protected Health Information. Although the Privacy Rule does not apply to such information, it will be treated the same as Protected Health Information, except that it can and will be used and disclosed without your authorization or consent for any claim for benefits under any other pension or welfare benefit plan or program sponsored by the Employer, including but not limited to:

- Short term disability benefits.
- Long term disability benefits.
- Waiver of premium benefits under a group-term life insurance program.
- Accelerated death benefits under a group-term life insurance program.
- Claims under the Dependent Care FSA that may arise because the spouse/domestic partner or child is ill or because the employee’s spouse/domestic partner is physically or mentally unable to assist in caring for a dependent child or other family dependent.
- Requests for certification of coverage of the employee or dependent.

Or for any other lawful employment-related purposes, including but not limited to:

- Pre-employment drug testing.
- Request for reasonable accommodations under the ADA.
- Request for family or medical leave.
- Submission of a workers’ compensation claim.
- Physical or mental inability to work while on Employer’s premises.
- Post-employment examination following potential exposure to harmful substances or on-the-job injury.

- Any first aid or emergency services in cases of serious illness or injury occurring on the Employer's premises that are provided by employees of the Employer while awaiting arrival of an ambulance or emergency medical assistance.

C. Authorizations Are Required for Disclosures of Protected Health Information Except for Treatment, Payment or Health Care Operations

The Health Plan and/or its insurers, HMOs or third party claim administrators may acquire Protected Health Information about you for purposes of your treatment, payment of benefits or provision of health care services, or for the overall health care operations of the Plan. This Protected Health Information will not be disclosed to anyone without your express written authorization, except as indicated in the provision titled *Unauthorized Disclosures of Your Protected Health Information* that appears below.

D. Designation of an Authorized Personal Representative

- 1. Appointment of a Personal Representative:** Under the Privacy Rule, you and each of your covered Dependents may designate a Personal Representative to act on your or their behalf by executing the Health Plan's authorization form, by executing a similar document, or by obtaining a court order pursuant to applicable state or other law (such as tribal or military law). Generally, any court order designating someone as a guardian or executor or administrator or a duly executed power of attorney or health care proxy can serve as such a designation. You can also retain an attorney to deal with your Protected Health Information or other individually identifiable health information. The Plan Administrator or its delegate has full discretion and authority to determine if any such other authorization or court order is valid.
- 2. Personal Representatives of Minor Dependent Children:** In most instances, parents are Personal Representatives of their minor dependent children. There are two exceptions:
 - If there is a **court order** authorizing someone else to make treatment decisions for a minor child, a parent cannot be the child's authorized Personal Representative.
 - Under the laws of some states, **older minor children** may obtain their own health care services without the knowledge or consent of their parents. In those states, parents are **not** authorized Personal Representatives in the absence of specific written authorization from the child.
- 3. Spouse/Domestic Partner as Each Other's Personal Representatives:** Most employees and their spouse/domestic partners expect that they will each act as the other's Personal Representatives with respect to Protected Health Information or other individually identifiable health information in order to deal with problems related to their health care treatment, access to health care services, or payment of benefits, both in general and with respect to emergencies (such as when one spouse/domestic partner cannot make decisions).

However, some employees and/or their spouse/domestic partner may not want the other spouse/domestic partner to have access to their Protected Health Information or other individually identifiable health information either generally or in specific circumstances.

The Employer and/or the Plan Administrator or its delegates, with respect to all benefit plans or programs, including the Health Plan, will accommodate both situations as follows:

- **In the absence of any written statement from an employee or spouse/domestic partner to the contrary, the Employer, and the Plan Administrator or its delegate on behalf of all its pension or welfare benefit plans or programs, including the Health Plan, will regard the employee and his or her spouse/domestic partner to be each other's Personal Representative.**
 - **Any written request on the Employer's form that is delivered to the Employer or the Plan Administrator by an employee and/or spouse/domestic partner requesting that the other spouse/domestic partner should not be his or her Personal Representative will be kept on file and will be honored.**
- 4. Personal Representative or Parents and Adult Children:** Adult children are generally responsible for their own health care. Parents and adult children generally may **not** want each other to be their Personal Representatives and have access to their Personal Health Information or other individually identifiable health information in most instances.

Therefore, the employer and/or the Plan Administrator or its delegates, with respect to all benefit plans or programs, including the Health Plan, will accommodate both situations as follows:

- **In the absence of a written statement from a parent or adult child to the contrary, the Employer and all its welfare benefit plans or programs, including the Health Plan, will not regard the parent or adult child as each other's Personal Representative with respect to Protected Health Information or other individually identifiable health information, except when the Plan Administrator or its delegate determines that the parent or adult child is incapable of making a decision with respect to his or her treatment, access to health care or payment of benefits.**
- **Any written request on the Employer's form that is delivered to the Employer or the Plan Administrator by a parent and/or adult child requesting that the other one should not be his or her Personal Representative under any circumstances will be kept on file and will be honored.**

E. Your Right to Complain About Violations of Your Right to Privacy Protection

If you believe that your privacy rights have been violated, you may complain, in writing addressed to the Director of University Benefits, Pace University, 100 Summit Lake Drive, Valhalla, New York 10595. Complaints may also be made in writing to the Secretary of the US Department of Health and Human Services, Hubert Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, within 180 days after you know or should have known about the act or omission that is the subject of your complaint. **Neither the Health Plans nor the Employer will retaliate against you if you file any such complaint.**

F. Effective Date of These Procedures

These procedures are effective as of on April 14, 2003 for all employees then covered by any of the Health Plan, or on the date any employee who was not then covered by any of the Health Plan subsequently becomes covered by any of them.

PERMITTED DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION OR CONSENT

A. Disclosure for Treatment, Payment of Benefits and Health Care Operations

Your Protected Health Information will be disclosed, **without your written consent or authorization**, to Covered Entities and their Business Associates (defined in paragraph 1 below) for purposes of your treatment, payment of benefits, or health care operations of the Health Plan.

1. Covered Entities and Their Business Associates

"Covered Entities" are:

- The **Health Plan** or any other health plan under which you or any of your Dependents are covered;
- **Health care providers** who provide treatment to you or any of your covered Dependents; and
- **Health care clearinghouses.**

Examples of Covered Entities include:

- The Plan Administrator.
- Any insurer of the Health Plan or HMO under which benefits or services are provided.
- Your health care provider or the Health Plan's network health care provider.
- Any other insurer or HMO of any other health plan that provides additional benefits or services to you or a member of your family.
- Any health care clearinghouse.
- Any Business Associate of the Health Plan or any other Covered Entity.

A "**Business Associate**" is an entity, including a third party claim administrator of any of the Health Plan that:

- Provides related services to any of the Health Plan or any Covered Entity, **and**

- Has entered into an agreement with a Covered Entity under which it agrees to abide by the rules and regulations established pursuant to federal law and regulations to protect the privacy of your Protected Health Information.

“**Payment of Benefits**” includes the processing of requests for authorization by the Health Plan to provide health care services to you or any of your covered Dependents.

2. **Examples of Disclosures Made for Treatment**

Examples of the disclosures that will be made to any Covered Entities and/or their Business Associates for **treatment** include, but are not limited to the following:

- The Health Plan may disclose the name of your primary care physician to a specialist who is treating you or any of your covered Dependents so that the specialist can get needed information to provide adequate health care services.
- The Health Plan or your health care provider may contact you or your covered Dependents to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you or your covered Dependents.
- The Health Plan may disclose any Protected Health Information to any other health plan or program, or health care provider to facilitate your or any of your covered Dependents’ treatment or access to health care services.

3. **Examples of Disclosures Made for Payment of Benefits**

Examples of disclosures that will be made to any Covered Entities and/or their Business Associates for **payment of benefits** include, but are not limited to:

- The Health Plan may tell your or any of your Covered Dependents’ health care provider that you or your covered Dependents are eligible for coverage, and what benefits the Health Plan provides.
- The Health Plan may disclose your Protected Health Information to any other health plan or program, Covered Entity, or Business Associate in order to process, or expedite the processing of, premium payments for your coverage, and/or your or any of your covered Dependents’ claims for benefits or requests for health care services.

4. **Examples of Disclosures Made for Health Care Operations**

The Health Plan may disclose your Protected Health Information to any other Covered Entity or Business Associate in order to provide assistance to the operations of the Health Plan in its administration or operation. Examples of the disclosures that will be made to any Covered Entities and/or their Business Associates for **health care operations** include, but are not limited to:

- Referral to a case management or disease management program to determine if any more effective and/or less costly course of treatment of your or any of your covered Dependents’ condition is available.
- Referral to any other health plan or program that covers you or any of your covered Dependents to administer the plan’s coordination of benefit or third-party recovery provisions.
- Review or audit of the services of any of the Health Plans, or any Covered Entity or Business Associate related to any of the Health Plans, with respect to quality, timeliness, accuracy, and/or compliance with laws and regulations.
- Disclosure by the Health Plan or its insurer, HMO or third party claim administrator (if it is self-insured) to the plan sponsor if the plan sponsor has the authority to adjudicate claim appeals.

5. Examples of Other Disclosures That May Be made Without Your Authorization

- A covered Entity that is a health care provider may contact you or any of your covered Dependents to raise funds for its operations. **However, your Protected Health Information may not be used for any other marketing purposes without your or any of your covered Dependents' express written authorization.**
- Any of the Health Plans or any of its health insurance issuers, HMOs, or third party administrators (if it is self-insured) may disclose Protected Health Information to the plan sponsor, but that information will be used **only for purposes of health care operations, and not for any other employment-related purpose.**

B. Disclosures Required by Law

The Health Plan will disclose your Protected Health Information without your written consent or authorization when **required by law**. Most disclosures required by law usually would be made by health care providers rather than by a Health Plan. Some examples of such disclosures include, but are not limited to:

- **Public health activities** (when applicable law requires disclosure that a plan participant was exposed to a communicable disease).
- **Abuse, neglect, or domestic violence** (when the law requires disclosure if the circumstances indicate that might have occurred.)
- **Law enforcement purposes** (if a plan participant is treated for gunshot or other types of wounds or if the information may help apprehend someone other than the plan participant who is suspected of a crime).
- **Requests from a coroner or medical examiner** (to identify a deceased person or determine the cause of death).
- **Requests from a funeral director** (to help carry out his or her duties).

The following are examples of disclosures **required by law** that are likely to be made by a Health Plan:

- **Compliance with workers' compensation laws** (to administer the workers' compensation program).
- **Subpoenas or requests for discovery** issued by any court or government agency. To the extent it is reasonably possible, the Plan Administrator or its delegate and/or the insurers or administrators of the Health Plan will attempt to provide you with notice of receipt of any such subpoena, but it must be clearly understood that the Health Plan, the Plan Sponsor, the Plan Administrator, and any of the insurers, HMOs or third party claim administrators of the Health Plan **will not be responsible** for any consequences that may occur if it is unable to or fails to provide you with such notice.
- **Oversight activities authorized by law** (including government investigations of possible crime or fraud).
- **Requests by the Secretary of the U.S. Department of Health and Human Services (HHS)** for purposes of enforcement of the Privacy Rule.

AUTHORIZATIONS TO DISCLOSE PROTECTED HEALTH INFORMATION

A. Written Authorization to Disclose Protected Health Information

All other uses or disclosures of your or your covered Dependent's Protected Health Information, including but not limited to its use for medical research, will only be made pursuant to a written revocable authorization by you, your covered Dependent and/or your or their Personal Representative that meets the requirements spelled out in section B below. (502(b)(ii)(E). If a covered Dependent is legally incapable of providing an authorization, that covered Dependent's parent, legal guardian or other Personal Representative may provide that authorization.

B. Contents of a Written Authorization to Disclose Protected Health Information

No disclosure of Protected Health Information will be made unless the written authorization is made on an authorization form provided by the Health Plan, or if the Plan Administrator or its delegate determines, in the exercise of its sole discretion, that any other document contains all of the following elements:

1. Specific **identification of the person** whose Protected Health Information is to be disclosed.

2. A **specific description of the information** that is to be disclosed.
3. Specific **identity of the Health Plan** that is to disclose the Protected Health Information.
4. Specific **identification of the person or entity** to which the Protected Health Information is to be disclosed.
5. A general explanation of **why the request for disclosure** of Protected Health Information is made.
6. A **specific expiration date or event** for the authorization to disclose Protected Health Information.
7. Your or your covered Dependent's **signature**, or the signature of your or your covered Dependent's authorized representative, and the **date** on which the authorization was signed.

C. Information Accompanying the Authorization to Disclose Protected Health Information

Each authorization to disclose Protected Health Information must include the following written statements and information:

1. A statement that the authorization is **revocable** at any time after it is given, and an explanation of how you or your covered Dependent(or any authorized Personal Representative) may revoke it, in accordance with section 502(b)(ii)(E).
2. A statement that once the Protected Health Information is disclosed pursuant to the authorization, **it may not be protected against redisclosure** by the recipient.
3. Statements that the Health Plan **may not require the authorization as a precondition** for participation in the Health Plan, and that authorization is **not required for disclosure to Covered Entities and/or their Business Associates** for purposes of treatment, payment of benefits or health care operations.
4. A statement that your and/or your covered Dependent (or any authorized Personal Representative) are entitled to **receive a copy** of the signed authorization. You and/or your covered Dependent (or Personal Representative) will be required to sign an **acknowledgement of receipt** of that copy.

Your Rights Under the Privacy Rule

Pursuant to applicable law and regulations, you and your covered Dependents have the following rights:

A. Right to Request Restrictions on Disclosures For Treatment, Payment of Benefits and/or Health Care Operations

1. You, your covered Dependents, and/or Personal Representatives have the right to request restrictions on the Health Plan's disclosure of your or their Protected Health Information to Covered entities and/or their Business Associates for treatment, payment and/or health care operations, or to members of your family, other relatives or close personal friends who are directly involved with or responsible for your (or your covered Dependent's) care or payment for that care.
2. **However, the Health Plan is authorized by law and regulations to refuse to honor any request to restrict the Health Plan's disclosure to Covered Entities and/or their Business Associates for treatment, payment, and/or health care operations, and it will not honor those requests.**
3. If you or your covered Dependents don't want your or their Protected Health Information to be disclosed for treatment, payment and/or health care operations to Covered Entities or Business Associates, you or they should not provide that information to any of the Health Plans. But, if you or any of your covered Dependents don't furnish information that any of the Health Plans determine is necessary to process your claim for benefits or request for health care services, that claim or request will be denied.

B. Right to Confidential Communications About Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to request in writing to receive confidential communications about any of your or their Protected health Information (for example, when you or

one of your covered Dependents does not want anyone else, including other family members, to have access to that Protected Health Information).

2. If such a request is made, the Health Plan will make those reasonable accommodations that it deems appropriate as to how any payment will be handled, and will send communications and/or payment of benefits to an alternate address or through some other method of contact.
3. However, you, your covered Dependent and/or Personal Representatives may be required to provide a statement that the disclosure of all or part of your or your covered Dependent's Protected Health Information to which your or your covered Dependent's request pertains could endanger you or your covered Dependent, but neither you nor your covered Dependent will be required to explain the reason(s) for making such a request.

C. Right to Inspect and Copy Your Own Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to inspect and copy your or your covered Dependent's Protected Health Information maintained in the Health Plan's files (or if the request is made to any other Covered Entity, the information maintained that Covered Entity's files), except for:
 - Psychotherapy notes.
 - Information maintained by a Covered Entity pursuant to the Clinical Laboratory Improvements Amendments of 1988, to the extent applicable under that law.
 - Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
2. If your or any of your covered Dependent's access to such Protected Health Information is denied, you or your covered Dependent have the right to have that denial reviewed, but **not** under any of the following circumstances:
 - A licensed health care provider has determined that the access requested is likely to endanger your or your covered Dependent's life or physical safety.
 - That information refers to another person, and a licensed health care provider has determined that the access requested is like to endanger that person's life or physical safety.
 - The request is made by your or your covered Dependent's Personal Representative and a health care provider has determined that the access requested is reasonably likely to cause substantial harm to you or another person.
3. The following administrative procedures apply:
 - The Health Plan will act on your request within 30 days after it is received.
 - You or your covered Dependent may be charged the reasonable costs for copying the Protected Health Information, postage or other charges incurred in mailing or sending that information to you or your covered Dependent, and the preparation of any requested explanation or summary of that information.
 - You or your covered Dependent will be advised of your right to appeal a denial of that information if you or your covered Dependent has such a right, or that you or your covered Dependent has no such right if it is not available.
 - If the Health Plan does not maintain that information and knows where that information is maintained, you or your covered Dependent will be advised where to direct your request for access to it.

D. Right to Amend Your Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to amend your or your covered Dependent's Protected Health Information if that request is in writing, and includes a reason to support the requested amendment. However, that information may **not** be amended if it:

- Was not created by the Health Plan and the creator of that information is available to act on the request to amend that information.
 - Is not part of the records of the Health Plan.
 - Would not be available for inspection, as indicated in the section titled *Right to Inspect and Copy Your Own Protected Health Information*, above.
 - Is accurate and complete.
2. The following administrative procedures apply:
- The Health Plan will act on the request within 60 days after it is received, or within an additional 30 days if it cannot do so within that 60-day period.
 - The Health Plan will inform you or your covered Dependent when that amendment is made, and will provide a copy of it to anyone else who previously received the unedited Protected Health Information and/or who may have relied, or could have relied, on it to your or your covered Dependent's detriment, and thus needs to have that amendment.
 - If the request is denied, you, your covered Dependent and/or Personal Representative will be informed of the reason for the denial, and you or your covered Dependent will be advised of your or your covered Dependent's right to file a statement of disagreement and/or to seek further relief from that denial.

E. Right to Receive an Accounting of Disclosures of Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to receive an accounting of disclosures of your or your covered Dependent's Protected Health Information, **except for disclosures:**
- To carry out treatment, payment and/or health care operations, as described above.
 - To Protected Health Information about other individuals.
 - Incidental to a use or disclosure permitted or otherwise required by applicable law or regulation.
 - Pursuant to your or your covered Dependent's written authorization.
 - For national security or intelligence purposes, as required by applicable law or regulation.
 - To correctional institutions or law enforcement officials, as required by applicable law or regulation.
 - That occurred before April 15, 2003, the date on which compliance by the Plan was required by law.
2. The following administrative procedures apply:
- The Health Plan will act on the request within 60 days after it is received, or within an additional 30 days if it cannot do so within that 60-day period.
 - You or your covered Dependent may be charged the reasonable costs for copying the Protected Health Information, postage or other charges incurred in mailing or sending that information to you or your covered Dependent, but no charge will be made for the first accounting requested within any 12-month period. If you or your covered Dependent refuse to consent to paying any such charges, the request will be considered to have been withdrawn.

The accounting will include:

- The date of each disclosure.
- The name and, if known, the address of each recipient.

- A brief description of the information provided.
- A brief statement of the purpose of the disclosure, or a copy of the written request for that disclosure.

F. Right to Receive a Paper Copy of the Privacy Notice and Other Information:

If this Privacy Notice was made available to you on the Employer's website or by e-mail, you have the right to obtain a paper copy of the notice at any time upon request. If you, your covered Dependent, and/or Personal Representatives have any questions about this notice, the Privacy Rule, or your rights as applied to your individual circumstances, contact the Privacy Officer, AVP for Total Rewards, Pace University at 100 Summit Lake Drive, Valhalla, NY 10595, (212) 346-1269, or email alert-hr@pace.edu.