



## 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

The Employer, through the Health Plan, may use and disclose your 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 Aetna and the Pace University Healthcare Flexible Spending Account (hereafter collectively called the Health Plan), the Health Plan is required to protect your Protected Health Information (PHI) by a federal law known as the Health Insurance Portability and Accountability Act (hereafter HIPAA) and the Privacy Rule. The Privacy Rule is found in volume 45 of the Code of Federal Regulations (45 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 to 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



If there is a court order authorizing someone else to make treatment decisions for a  
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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  
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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.**

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

Any health care clearinghouse.

Any Business Associate of the Health Plan or any other Covered Entity.

\$ Business Associate



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 information refers to another person, and a licensed health care provider has  
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safety.

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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  
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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.

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 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 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

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:

