

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

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

- 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

- 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:

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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

- 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, Associate Vice President, Total Rewards and HR Operations, Pace University at, 100 Summit Lake Drive, Valhalla, NY 10595, (914) 923-2747.