

Notice of Privacy Practices Yale University Group Health Plan

This Notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

The University's Group Health Plan, as administered by the University's Benefits Office may use your protected health information as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of administering health related employee benefits including health insurance, dental insurance, wellness plans and flexible spending plans which provide for payment for health care and for conducting health care operations related to these benefit plans. The Group Health Plan has established a policy to guard against unnecessary disclosure of your health information and for ensuring that your health information is not inappropriately disclosed to human resources.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Arrange for Payment for Your Health Care. The Group Health Plan may use your health information to arrange for appropriate health and dental insurance coverage for Yale employees including reimbursement for costs related to medical care you receive, to evaluate the eligibility of claims submitted and to negotiate adequate insurance coverage.

To Conduct Health Care Operations. The Group Health Plan may use or disclose health information for its own operations to facilitate the administration of benefit plans and as necessary to provide coverage and services to all of the plan participants. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of benefit plans, including customer service and resolution of internal grievances.
- Preventative health, disease management and case management programs including use of healthcare screenings and claims data to identify individuals at risk of conditions associated with the University's Wellness Programs

For example, the Group Health Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

For Distribution of Health-Related Benefits and Services. The Group Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you. This includes disclosure of limited information to the University or health care providers in order to notify you of programs that may impact your health care coverage such as health coaching and wellness programs.

When Legally Required. The Group Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

To Conduct Oversight Activities. The Group Health Plan may disclose your health information to an oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Group Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by state law, the Group Health Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Group Health Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, the Group Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes.

In the Event of a Serious Threat to Health or Safety. The Group Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Group Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Workers' Compensation. The Group Health Plan may release your health information to the extent necessary to comply with laws related to workers' compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the Group Health Plan will not disclose your health information other than with your written authorization, including use and disclosure for the purpose of marketing or sale as defined under HIPAA. Further, the Group Health Plan is prohibited from use or disclosure of genetic information for underwriting purposes. If you authorize the Group Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Group Health Plan maintains:

Right to Be Notified of a Breach:

We will notify you in the event that the confidentiality of your information has been breached.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Group Health Plan's disclosure of your health information to someone involved in processing your reimbursement. However, the Group Health Plan is not required to agree to your request. If you wish to make a request for restrictions, please make your request in writing to the Privacy Officer, at the address listed at the end of this form.

Right to Receive Confidential Communications. You have the right to request that the Group Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Group Health Plan only communicate with you at a certain telephone

number. If you wish to receive confidential communications, please make your request in writing to the Privacy Officer, the Group Health Plan will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the Privacy Officer, at the address below. If you request a copy of your health information, the Group Health Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Amend Your Health Information. If you believe that your records are inaccurate or incomplete, you may request that the Group Health Plan amend the records. That request may be made as long as the information is maintained by the Group Health Plan. A request for an amendment of records must be made in writing to the Privacy Officer, at the address below. The Group Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Group Health Plan, if the information you are requesting to amend is not part of the Group Health Plan's records, if the information you wish to amend falls within an exception to the information you are permitted to inspect and copy, or if the Group Health Plan determines the records containing your information are accurate and complete.

Right to an Accounting. You have the right to request a list of certain disclosures of your health information that the Group Health Plan is required to keep a record of under the Privacy Rule, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with the Plan's privacy policies and applicable law. The request must be made in writing the Privacy Officer, at the address below. The request should specify the time period for which you are requesting the information, but may not be made for periods of time going back more than six (6) years. The Group Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Group Health Plan will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Privacy Officer, at the address below. You also may obtain a copy of the current version of Plan's Notice at its Web site, hipaa.yale.edu

DUTIES OF THE GROUP HEALTH PLAN

The Group Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Group Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Group Health Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Benefits Office changes its policies and procedures, the Group Health Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the Group Health Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Group Health Plan should be made in writing to the Privacy Officer, at the address below. The Group Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Group Health Plan has designated the Deputy Privacy Officer, Yale University Group Health Plan, as its

contact person for all issues regarding your privacy rights. You may contact this person in writing at:
Deputy Privacy Officer, Yale University Group Health Plan, 2 Whitney Ave, Suite 204, P.O. Box
208252, New Haven, CT 06520-8252

EFFECTIVE DATE

This Notice is effective September 1, 2017