NOTICE OF PRIVACY PRACTICES

Effective January 1, 2016

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Adelphi University Health and Welfare Plan (the "Plan") contains a Flexible Spending Plan maintained by Adelphi University (the "Company") and is required to protect the personal health information of plan participants ("Protected Health Information"). If you also participate in an insured medical or dental plan, you will receive a separate notice of privacy practices from your insurance company.

The Plan has long understood that medical information about you is personal, and we are committed to protecting the privacy of such information. The purpose of this Notice is to describe the health information practices of the Plan and to inform you about:

- the uses and disclosures of Protected Health Information by the Plan;
- your individual rights with respect to the privacy of your Protected Health Information;
- the Plan's duties with respect to your Protected Health Information; and
- who to contact for further information about the Plan's privacy practices.

Protected Health Information includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

HOW THE PLAN AND ITS PLAN ADMINISTRATORS MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

In order to administer the Plan, it may be necessary to use or disclose your Protected Health Information for a number of different reasons. This section will describe the different ways that your Protected Health Information may be used or disclosed. Any other uses and disclosures not covered by this Notice (including uses and disclosures of PHI for marketing purposes, most uses and disclosures of psychotherapy notes and disclosures that constitute the sale of PHI) or applicable law will be made only with your express written authorization.

Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations

The Plan will use Protected Health Information to carry out treatment, payment and health care operations.

Treatment. Your health providers may use your health information to facilitate your health treatment or services. Disclosure may be made to your health providers, including doctors, nurses, technicians, or hospital personnel who are involved in taking care of you. For example, your health provider may request information which is necessary to coordinate your treatment.

Payment. Your personal health information may be used to determine your eligibility for plan benefits, to facilitate payment for the treatment and services you receive from your health providers, or to coordinate your plan coverage. For example, the Plan may review an Explanation of Benefits to determine how much of a particular claim should be reimbursed.

Health Care Operations. The Plan may use and disclose health information about you for plan operations. For example, your health information may be used in connection with general plan administrative activities.

Disclosures of Protected Health Information will be made to the Plan Sponsor, Adelphi University, for purposes related to treatment, payment or health care operations. Adelphi University will protect your Protected Health Information as required by HIPAA.

Uses and Disclosures that are Required by Law

The Plan will disclose Protected Health Information to the extent that it is required by federal, state or local law. The following disclosures are required by law:

- Disclosure as required by any statutory law.
- Disclosure to an authorized public health authority for public health activities, such as the prevention or control of disease, or to report reactions to medications or a problem with a health related product.
- Disclosure to report abuse, neglect or domestic violence.
- Disclosure to a health oversight agency necessary for health oversight activities, such as audits, investigations, or inspections in order to monitor health care systems and compliance with the law.
- Disclosure for judicial and administrative proceedings expressly authorized by a court order, order from an administrative tribunal, a subpoena, discovery request, or other lawful process.
- Disclosure to a law enforcement official for law enforcement and "whistleblower" purposes when required by law.

- Disclosure regarding an individual who is or is suspected to be a victim of a crime.
- Disclosure about a death to coroners, medical examiners, and funeral directors.
- Disclosure for organ donation purposes.
- Disclosures to avert a serious threat to health or safety of a person or the public.
- Disclosure for specialized government functions, such as military or veteran purposes.
- Disclosure for workers' compensation as required by law.
- Disclosure for medical research purposes in limited circumstances.
- Disclosure to federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

Uses and Disclosures that Require Your Authorization

The Plan will not use or disclose your information for purposes other than those included in this Notice without your written authorization. Such use will only be for the time period and purposes stated in the authorization. You may revoke any such authorizations at any time in writing.

Uses and Disclosures for Which You Must be Given an Opportunity To Agree or Disagree Prior To The Use or Disclosure

There may be emergency circumstances in which it may be necessary to disclose Protected Health Information about you to your family members or other representatives. If you are available and not incapacitated, the disclosure will only be made if you have either agreed to the disclosure or have been given the opportunity to object and have not objected. If you are unavailable or otherwise incapacitated, the disclosure will only be made if it can be reasonably inferred from the circumstances that you do not object to the disclosure and that it is in your best interests that the disclosure be made.

Special Protections for Genetic Information

Notwithstanding the above, special protections are given to your genetic information. Adelphi University is not permitted to disclose your genetic information for underwriting purposes, which includes:

- Determining whether you are eligible for benefits
- Determining the premium for coverage
- Determining whether you are subject to a pre-existing condition exclusion; and
- Other activities related to the creation, renewal or placement of the coverage provided by Adelphi University

Genetic information includes genetic tests of an individual or family member, family medical histories, and genetic services (e.g., counseling, education and evaluation of genetic information). Family members include immediate family members and extended family members, up to the fourth degree of kinship.

The Plan may use or disclose only the minimum necessary PHI to accomplish Plan functions.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy Protected Health Information

You have the right to inspect and copy your individual health information that may be used to make decisions about your plan benefits. You must submit your request in writing. Note that you may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

If your request is granted, the requested information will be provided within 30 days. A single 30-day extension is allowed as needed by the Plan.

If access is denied, you will be provided with a written denial letter setting forth the basis for the denial, a description of how you may have the denial decision reviewed and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Effective January 1, 2013, you have the right to access electronically an electronic health record that contains your Protected Health Information or to direct that a copy of the electronic health record be sent to a designated individual.

Right to Request Restrictions on the Uses and Disclosures of your Protected Health Information

You have the right to request a restriction or limitation on the health information that the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information that is disclosed about you to someone who is involved in your health care or in the payment for your health care. For example, you could ask that information about a particular treatment not be disclosed. All such requests must be made in writing.

While the Plan is not required to approve requests for restrictions, the Plan will accommodate such requests if the request is reasonable and does not place an undue burden on the Plan.

The Plan will also accommodate reasonable requests to receive communications of Protected Health Information by alternative means or at alternative locations, such as requests to receive communications at work rather than at home.

Effective January 1, 2013, Adelphi University must agree to your request to restrict disclosure of Protected Health Information for payment or health care operations if you have paid the provider in full out-of-pocket. This restriction will not apply to disclosures of Protected Health Information for treatment purposes.

Right to Amend

If you feel that the health information maintained about you is incorrect or incomplete, you may ask to amend that information. You have the right to make this request for as long as the information is required to be maintained by or for the Plan. All such requests must be made in writing and must provide the reason for the request.

The Plan will respond to the request within 60 days after receiving the request. The Plan may have a single 30-day extension, as needed. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your Protected Health Information.

Right to an Accounting of Disclosures

You have a right to request an accounting of disclosures by the Plan of your Protected Health Information. However, the Plan is not required to include the following types of disclosures in an accounting:

- Disclosures to carry out treatment, payment or health care operations;
- Disclosures to you about your own Protected Health Information;
- Disclosures made prior to April 14, 2003; or
- Disclosures pursuant to your written authorization.

The accounting will be sent to you within 60 days of your request. However, the Plan may have a single 30-day extension, as needed, if the Plan sends you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan may charge a reasonable fee for the cost of each subsequent accounting.

Right to Receive Notice of Any Breach of Unsecured PHI

Adelphi University will be required to notify members of any breaches of unsecure PHI.

The notice of breach must be sent no later than 60 days from the date the breach was discovered. It must contain a description of the breach and types of unsecured Protected Health Information involved in the breach, protective measures the member should take, if any, to protect against losses and actions taken by Adelphi University to investigate and mitigate any losses from the breach.

You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.

You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

How to Exercise Your Rights under this Notice

If you wish to exercise any of your rights under this Notice, please contact the Privacy Officer at **Karen Loiacono.**

EXERCISE OF RIGHTS BY PERSONAL REPRESENTATIVES

You may exercise your rights to your PHI as described in this Notice through a personal representative, except as otherwise limited by applicable state law. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public; or
- A court order of appointment of the person as the conservator or guardian of the individual.

A parent, guardian or person acting in loco parentis generally may act as a personal representative for a minor child, except in those circumstances when the individual is deemed not to control the minor child's health care decisions. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE SECRETARY OF HEALTH AND HUMAN SERVICES

If you believe that your privacy rights have been violated, you may file a complaint with the Privacy Officer at **Karen Loiacono.**

You may file a complaint with the Secretary of U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Plan will not penalize you or retaliate against you for filing a complaint.

THE PLAN'S DUTIES

We are required by law to provide you with this Notice and to abide by the terms of this Notice as currently in effect. We reserve the right to revise the terms of this Notice. Any such changes will be effective for the health information in effect at the time of such change as well as for the health information that is received after the effective date of the amended Notice. This Notice will be posted on **http://www.adelphi.edu/.**

CONTACT FOR MORE INFORMATION

If you have any questions regarding this Notice, you should contact Karen Loiacono at
Adelphi University
1 South Avenue
Levermore Hall, Room 203
Garden City, NY 11530
516-877-3229
Email: loiacono@adelphi.edu