

NEW YORK UNIVERSITY HEALTH AND WELFARE PLAN
NEW YORK UNIVERSITY RETIREE HEALTH AND WELFARE PLAN and
NEW YORK UNIVERSITY EMPLOYEE SPENDING ACCOUNT PLAN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

New York University (“NYU”) as an employer is committed to protecting the privacy of health information maintained by the health plans it sponsors, the NYU Health and Welfare Plan, the NYU Retiree Health and Welfare Plan, and the NYU Employee Spending Account Plan. This Notice is provided to you as required by the Health Insurance Portability and Accountability Act and the HIPAA Privacy Regulations (collectively, “HIPAA”).

This Notice applies to employees and covered dependents enrolled in the New York University Health and Welfare Plan, which includes the following:

- the UHC Choice Plus Plan, the UHC Choice Plus Value Plan, UHC Choice Plus Advantage Plan, and UHC HDHP with HSA Plan administered by UnitedHealthcare (“UHC”);
- the Oxford Freedom Health Maintenance Organization (“HMO”) Plan administered by Oxford Health Plans, Inc.;
- the Aetna HMO Plan administered by Aetna, Inc.;
- the NYU MetLife Dental Plan administered by Metropolitan Life Insurance Company (“MetLife”);
- the NYU Vision Plan administered by VSP;
- the NYU Prescription Drug Plan administered by CVS/Caremark, Inc.; and
- the Employee Assistance Program administered by Carebridge Corporation.

In addition, this Notice applies to retirees and covered dependents enrolled in the NYU Retiree Health and Welfare Plan which includes the following:

- the Retiree Medical Plan, UHC Choice Plus Value Plan, UHC Choice Plus Advantage Plan and the UnitedHealthcare Group Medicare Advantage (HMO) administered by UnitedHealthcare (“UHC”);
- the Oxford Freedom HMO Plan administered by Oxford Health Plans, Inc.;
- the Aetna HMO Plan administered by Aetna, Inc.; and

- the NYU Retiree Dental Plan administered by Metropolitan Life Insurance Company (“MetLife”).

Finally, this Notice also applies to employees and covered dependents enrolled in the Health Care Flexible Spending Account Plan, administered by WageWorks under the NYU Spending Account Plan.

This Notice describes how the NYU Health and Welfare Plan, the NYU Retiree Health and Welfare Plan, and the NYU Employee Spending Account Plan (hereinafter, “the Plans”) may use health information about you and your covered dependents and when such information may be used and disclosed. This Notice also describes how you may have access to this information.

WHAT HEALTH INFORMATION IS COLLECTED?

The Plans consider personal health information to be confidential. The Plans will protect the privacy of that information in accordance with federal and state privacy laws, as well as the Plans’ privacy policies. “Health Information” (also known as “protected health information” under HIPAA) includes information created or received by the Plans that identifies you and that relates to your past, present or future health, treatment, or payment for health care services.

Health information subject to the provisions explained in this Notice is information maintained by the Plans. The provisions do not extend to similar information which may be on file with NYU as an Employer in its normal course of doing business. The type of health information typically received and maintained by the Plans that is subject to this Notice includes claims information, benefit determinations, appeals information, eligibility, and case management information.

SUMMARY OF PERMISSIBLE USES AND DISCLOSURES AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION WHICH DO NOT REQUIRE YOUR AUTHORIZATION

In order to provide and administer your benefits, the Plans may use your and disclose your health information in various ways without your express authorization. These include:

1. **Treatment, Payment, or Healthcare Operations.** The Plans may use your health information or share it with others to help treat your condition, coordinate payment for that treatment and run the business operations of the Plans. For example:

Treatment. The Plans may disclose your health information as necessary to a health care provider or other health care professionals that provide treatment to you.

Payment. The Plans may use and disclose your health information as necessary for purposes of paying for your health care services or to obtain premiums/contributions from you. The Plans may also use and disclose your health information to make determinations about your eligibility for benefit plan coverage, for coordination of benefits with other benefit plans, to perform claims management and collection activities, to review the medical necessity or the appropriateness of the care you received, and to conduct utilization reviews such as pre-authorizations, or reviews, of services.

Health Care Operations. The Plans may use and disclose your health information as necessary to operate and manage their business operations. For example, NYU, on behalf of the Plans, has contracts with outside firms called Third Party Administrators (“TPAs”) to provide administrative services to the Plans, e.g. UnitedHealthcare. The Plans may use your health information to evaluate the performance of the Third Party Administrator in managing and providing you with health care benefits. The Plans might use and disclose your health information to contract for reinsurance or to investigate the validity of benefits claims. In addition, the Plans may share your health information with another company that performs certain services, such as billing or compiling information to help the Plans determine how the Plans are doing relative to other health plans. Whenever the Plans have such an arrangement, they will have a written confidentiality agreement to ensure that the company that performs these services will protect the privacy of your health information, maintain its confidentiality and limit the uses or further disclosures to the purpose for which the information was disclosed or as required by law.

Treatment Alternatives and Health-Related Benefits and Services. As part of their health care operations, the Plans may use your health information to contact you regarding benefits or services that may be of interest to you, such as benefits that are included in the Plans, your medical treatment, case management and coordination of benefits, recommendations for alternative treatments, therapies, health care providers or settings of care.

Employer as Plan Sponsor. The Plans (with the exception of the EAP) may disclose certain health information to NYU since it is the Employer that sponsors the NYU Health and Welfare Plan, the NYU Retiree Health and Welfare Plan, and the NYU Employee Spending Account Plan. Upon a request from NYU as the Employer, the Plans may disclose health information about enrolled employees and their covered dependents to enable NYU to obtain premium bids from other health plans, or to modify, amend, or terminate the Plans; however, the information the Plans disclose in such situations will not include any information that identifies individuals other than your zip code. The Plans may disclose to NYU information on whether you are participating in, enrolled in, or disenrolled from the Plans. The Plans also may disclose health information about you, including information that identifies you, only if it is necessary for NYU to administer the Plans. For example, NYU may need such information to process health benefits claims, to audit or monitor the business operations of the Plans, or to ensure that the Plans are operating effectively and efficiently. The Plans may also disclose information to NYU as Employer with respect to workers' compensation and the Family and Medical Leave Act. The Plans, however, will restrict NYU's uses of your information to purposes related only to Plan administration. The Plans prohibits the Employer from using your information for uses unrelated to Plan administration.

Under no circumstances will the Plans disclose your health information to NYU for the purpose of employment-related actions or decisions or for the purpose of administering any other plan that NYU may offer. NYU as Employer will only disclose the health information it received from the Plans to third parties, such as to consultants or advisors, if NYU has first obtained a confidentiality agreement from the person or organization which

will receive your health information. Health information that is maintained by the EAP is not disclosed to NYU as Employer.

Business Associates. The Plans may share your health information to “business associates” who require the information in order to assist the Plans with effectuating payment or carrying out our business operations. For example, the Plans may share your health information with certain Third Party Administrators, including UnitedHealthcare, Aetna, Inc., Oxford Health Plans, Inc. Caremark, Inc., and Metropolitan Life Insurance Company, which provide administrative services for the Plans.

Underwriting. The Plans may use or disclose certain of your health information for underwriting purposes. However, it will not use or disclose your genetic information for underwriting purposes.

Disclosures to Friends and Family Involved in Your Care and Payment for Your Care. The Plans may share information about your health or health benefits to a person involved in your care or payment for your care such as a family member unless you object. If the Plans decide to disclose your health information or health benefit information to your family member, relative or other individual identified by you, the Plans will only disclose the information that is relevant to your care or payment for your care. If you have provided a friend or family member with copies of your claim and other relevant identifying information, the Plans will assume that you do not object.

2. **Public Need.** The Plans may use your health information, and share it with others, in order to comply with the law or to meet the important public needs described below:

- if the Plans are required by law to do so;
- to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities;
- to government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions, including those agencies that monitor programs such as Medicare and Medicaid and compliance with government regulatory programs and civil rights laws;
- to a public health authority if the Plans reasonably believe you are a possible victim of abuse, neglect or domestic violence;
- to a person or company that is regulated by the Food and Drug Administration for: (i) reporting or tracking product defects or problems, (ii) repairing, replacing, or recalling defective or dangerous products, or (iii) monitoring the performance of a product after it has been approved for use by the general public;
- if ordered by a court or administrative tribunal to do so, or pursuant to a subpoena, discovery or other lawful request by someone else involved in the dispute;

- to law enforcement officials to comply with court orders or laws, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person, or for other legitimate law enforcement purposes;
 - to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public, which the Plans will only share with someone able to help prevent the threat;
 - for certain limited research purposes;
 - to the extent necessary to comply with workers' compensation or other programs established by law that provide benefits for work-related injuries or illness without regard to fraud;
 - to appropriate military command authorities for activities they deem necessary to carry out their military mission;
 - to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials;
 - to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined;
 - in the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death;
 - to funeral directors as necessary to carry out their duties; and
 - in the unfortunate event of your death, to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under law.
3. **Completely De-Identified and Partially De-Identified Information.** The Plans may use and disclose your health information if it has removed any information that has the potential to identify you so that the health information is "completely de-identified." The Plans may also use and disclose "partially de-identified" health information about you for public health and research purposes, or for health care operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, Web site address, or license number).
4. **Marketing.** The Plans may not disclose your health information or share it with others for purposes of marketing without your prior authorization. Marketing is a communication about a product or service that encourages recipients of the communication to purchase or

use the product or service. However, the Plans may inform you about products or services during face-to-face communications with you without your authorization, including providing related written materials to you.

5. **Incidental Disclosures.** While the Plans will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of the Plans' otherwise permissible uses or disclosures of your health information.
6. **Research.** In most cases, your written authorization will be obtained before using your health information or sharing it with others in order to conduct research. However, under some circumstances, your health information may be used or disclosed without your written authorization if approval is obtained through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, will researchers be allowed to use your name or identity publicly. Your health information may also be released, without your written authorization, to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, your health information may be shared with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.
7. **Disclosures to You.** When you make a request for your health information, the Plan is required to disclose to you your medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan must also, when requested by you, provide you with an accounting of disclosures of your health information if such disclosures were for any reason other than treatment, payment, or health care operations (and if you did not authorize the disclosure).
8. **Limitation on Application of Notice.** This Notice does not apply to information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for its purposes of obtaining premium bids or modifying, amending or terminating the Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Plan Sponsor provides benefits under the Plan and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Plan and Plan Sponsor also may use or disclose eligibility and enrollment information without your Authorization.

USES AND DISCLOSURES OF HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The Plans may use your health information for treatment, payment, health care operations or other purposes described in this Notice without your authorization. The Plans requires your written authorization for other uses and disclosures of your health information, such as most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of health information

for marketing purposes, and disclosures that constitute a sale of your health information. You may give the Plans written authorization to use your health information or to disclose it to anyone for any purpose.

If you authorize the Plans to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, the Plans will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the Plans are unable to take back any disclosures that the Plans have already made with your authorization, and that the Plans are required to retain its records of the payment activities that the Plans provided to you. To revoke your authorization, please request a form of revocation from the contact person listed on the last page of this Notice.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

The Plans must provide you certain rights with respect to access and control of your health information in your health claims file. Although your health record is the physical property of the entity that compiled it, your health information belongs to you. You have the following rights to access and control your health information:

As a result, you have the following rights to access and control your health information.

1. **Right to Access Your Health Information.** You have the right to inspect and obtain a copy of your health information, with limited exceptions. If the Plans use or maintain your information in electronic format, you have the right to obtain a copy of your health information in the form and format your request if the information is readily producible in that format, or, if not, in a mutually agreeable alternative format. You also have the right to direct the Plans to send a copy of your health information to a third party you clearly designate. The Plans may charge you a reasonable, cost-based fee to cover copy costs, postage or other supplies we use to fulfill your request.

If you would like to access your health information, please send your written request to the address listed on the last page of this Notice. Under certain very limited circumstances, the Plans may deny your request to inspect or obtain a copy of your information. If the Plans deny your request, it will provide a written denial that explains its reasons for doing so and a complete description of your rights to have that decision reviewed and how you can exercise those rights. If the Plans do not maintain your health information, the Plans will direct you to the Third Party Administrator that maintains your health information or provide you with the Third Party Administrator's contact information.

2. **Right to Amend Your Health Information.** If you believe the Plans have health information about you that is incorrect or incomplete, you may request in writing an amendment to your health information. Your request should include the reasons why you think the Plans should make the amendment. If the Plans deny part or all of your request, it will provide a written notice that explains its reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. If the Plans do not maintain your health information, the Plans may also direct you

to the Third Party Administrators that maintains your health information or provide you with the Third Party Administrator's contact information.

3. **Right to Receive an Accounting of Disclosures.** You have a right to request an "accounting of disclosures," which identifies certain persons or organizations to whom the Plans disclose your health information in accordance with applicable law and the protections afforded in this Notice. That accounting will not include certain disclosures, in accordance with federal law, including disclosures made for the purposes of treatment, payment, or health care operations. You may request in writing an accounting of disclosures by contacting the individual listed on the last page of this Notice, and indicating a time period within the last six years for which you would like the accounting. You may receive one request annually free of charge, but the Plans may charge you a reasonable, cost-based fee for additional requests within the same twelve-month period. If the Plans do not maintain your health information, the Plans may also direct you to the Third Party Administrator that maintains your health information or provide you with the Third Party Administrator's contact information.
4. **Right to Request Additional Privacy Protections.** You have the right to request that the Plans place additional restrictions on its uses or disclosures of your health information by contacting in writing the individual listed on the last page of this Notice. If the Plans agree to do so, it will put these restrictions in place except in an emergency situation. The Plans do not need to agree to a restriction that a member requests. The Plans will work with its Third Party Administrators to implement any additional restrictions on the uses and disclosures of your health information. You have the right to revoke the restriction at any time.
5. **Right to Request Confidential Communications.** You have the right to request that the Plans communicate with you about your health information by alternative means or via alternative locations. If you wish to receive confidential communications via alternative means or locations, please submit your written request to the address listed on the last page of this Notice. Your request must specify how or where you wish to be contacted. The Plans will work with its Third Party Administrators to implement the alternative confidential communications, but may also request that you complete additional Third Party Administrator forms on alternative confidential communications.
6. **Right to Have Someone Act on Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information.
7. **Right to Receive Notice of Breach of Unencrypted Health Information.** The Plans are required by law to maintain the privacy of your health information, and to provide you with this Notice containing the Plans' legal duties and privacy practices with respect to your protected health information. The Plans' policy is to encrypt its electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason the Plans experience a breach of your unencrypted health information, they will notify you of the breach. If the Plans have more than ten

people that cannot be reached because of outdated contact information, the Plans will post a notification either on their Web site or in a major media outlet in your area.

8. **Right to Obtain a Paper Copy of This Notice.** You have the right at any time to obtain a paper copy of this Notice. Please send your written request to the address listed under Contact Information below. The Plans reserve the right to change their health privacy practices from time to time. Should the Plans change their privacy practices in a material way, the Plans will make a new version of the Notice available to you. You may also obtain a copy of this Notice or any revised Notice online at www.nyu.edu/hr. The effective date of the Notice will always be located in the top right corner of the first page. The Plans are required by law to abide by the terms of the Notice currently in effect.
9. **Additional Rights.** This Notice explains the rights you have with respect to your health information, including access and amendment rights, under federal law. Some state laws provide even greater rights, including more favorable access and amendment rights, as well as more protection for particularly sensitive information, such as information involving HIV/AIDS, mental health, alcohol and drug abuse, sexually transmitted diseases, and reproductive health. To the extent the law in the state where you reside affords you greater rights than described in this Notice, the Plan will comply with these laws.
10. **Other Obligations.** In addition to the other obligations set forth in this Notice, the Plans are required to:
 - Maintain the privacy and security of your health information in a manner consistent with HIPAA and the Privacy and Security Rules;
 - Provide you with this Notice of the Plans' legal duties and privacy practices with respect to your health information; and
 - Abide by the terms of this Notice.

CONTACT INFORMATION

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plans or with the Secretary of the Department of Health and Human Services. No one will retaliate or take action against you for filing a complaint. To file a complaint with the Plans, please contact:

Privacy Officer
New York University - Benefits Office
105 E. 17th Street, 1st Floor
New York, NY 10003-4475
www.nyu.edu/hr

Contact Information

For further information, please contact the Plans' Privacy Officer at 212-992- 5465.

THIRD PARTY ADMINISTRATORS

To access and control your information, you may make your request directly to the following Third Party Administrators of the NYU Health and Welfare Plan, the NYU Retiree Health and Welfare Plan, and the NYU Health Care Flexible Spending Account Plan:

<p>HMO Plan Administered by Aetna Group # SI139423</p> <p>Aetna, Inc. Privacy Office 151 Farmington Avenue, RC61 Hartford, CT 06156 1-888-287-4296 http://www.aetna.com/about/information_practices.html</p>	<p>NYU MetLife Dental Plan Group # 84542 NYU Retiree Dental Plan Group # 147723</p> <p>Metropolitan Life Insurance Company (MetLife) P.O. Box 14587 Lexington, KY 40512 1-800-942-0854 www.metlife.com, click on “About Your Privacy”</p>
<p>UnitedHealthcare Group Medicare Advantage (HMO) Group # 66042</p> <p>P.O. Box 29650 Hot Springs, AR 71903-9973 1-877-714-0178 www.UHCRetiree.com</p>	<p>NYU Prescription Drug Plan (for all health plans) Group # CRK NYU NV</p> <p>CVS/Caremark, Inc. Chief Privacy Officer P.O. Box 52072, Phoenix, AZ 85072-2072 1-866-443-0933</p>
<p>Oxford Freedom HMO Plan Group # NY00901</p> <p>Oxford Health Plans, Inc. P.O. Box 7081 Bridgeport, CT 06601-7081 1-800-444-6222 https://www.oxhp.com/main/privacy.html</p>	<p>NYU Employee Assistance Program Group # FTN59</p> <p>Carebridge Corporation 40 Floyd Ave., Suite 207 Malvern, PA 19355 1-800-437-0911 www.myliferesource.com Access Code: FTN59</p>

<p>UHC Choice Plus Value Plan UHC Choice Plus Advantage Plan UHC HDHP with HSA Plan Retiree Medical Plan Group # 175396</p> <p>UnitedHealthcare Customer Service – Privacy Unit P.O. Box 740815 Atlanta, GA 30374-0815 1-866-270-5311 http://www.uhc.com/privacy.htm</p>	<p>NYU Vision Plan Active Group Code#: 30010223 Retiree Group Code#: 30013172</p> <p>HIPAA Privacy Officer 3333 Quality Drive, Rancho Cordova, CA 95670 1-800.877.7195 hipaa@vsp.com</p>
<p>WageWorks Health Care Flexible Spending Account</p> <p>WageWorks Privacy Office 1100 Park Place - 4th Floor San Mateo, CA 94403 1.877.924.3967 info@wageworks.com https://www.wageworks.com/about/pages/privacy-policy.htm</p>	