

NOTICE OF PRIVACY PRACTICES

MVP Health Care
Equitable/AXA Insurance

Effective Date: April 14, 2003

Revised: October 23, 2020

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.

INTRODUCTION

Effective April 14, 2003, many health plans become subject to new federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The HIPAA privacy regulations do not, as a general matter, regulate employers or non-health benefit plans such as workers compensation, disability, life insurance, dependent care, financial planning, business travel, or other non-health benefits plans. However, employers can be subject to certain requirements of the HIPAA privacy rules, as described in greater detail below. You can find the HIPAA privacy regulations at 45 Code of Federal Regulations, Parts 160 and 164.

This notice applies to you if you are covered as an employee, former employee or dependent under a group health plan sponsored by the Roman Catholic Diocese of Burlington/Vermont Catholic Charities, Inc., (collectively referred to in this notice as the “Organization”). It is the policy of the group health plans sponsored by the Organization to maintain the privacy of your health information in accordance with the HIPAA privacy rules. The group health plans covered by this notice include the Organization’s MVP Health Care Medical – Catholic Diocese of Burlington/Vermont Catholic Charities, Inc. and Equitable/AXA Insurance – Catholic Diocese of Burlington/Vermont Catholic Charities, Inc.. The group health plans sponsored by the Organization are considered an organized health care arrangement under the HIPAA privacy rules, which permits them to jointly issue this Notice of Privacy Practices. Thus, this notice will refer to the Organization’s various group health plans as the “Plan.”

The state in which you live may also impose restrictions on the use or disclosure of your health information that are more stringent than the HIPAA privacy rules. While these state laws generally do not apply to employer-sponsored group health plans, they often apply to doctors, hospitals, health insurance companies, and HMOs. The Health Privacy Project of the Institute for Health Care Research and Policy maintains information on state health privacy laws at its website, www.healthprivacy.org, which you may find helpful in protecting the privacy of your health information and in gaining access to your health records. The Plan is committed to protecting and promoting the rights of each of its participants. This Notice of Privacy Practices has been prepared to notify you of the uses and disclosures of protected health information (“PHI”) that may be made by the Plan and your rights with respect to your PHI.

The Plan is required by law to maintain the privacy of PHI and give you this Notice of its legal duties and privacy practices with respect to your PHI. The Plan is required to abide by the terms of the Notice that is currently in effect.

A. WHAT IS PROTECTED HEALTH INFORMATION?

The HIPAA privacy rules regulate the use and disclosure by the Plan of “protected health information” (commonly referred to as “PHI”). PHI is any “individually identifiable health information” maintained or transmitted by the Plan (in any form or medium). Individually identifiable health information is health information that identifies you or creates a reasonable basis to believe that it could be used to identify you, including information relating to your health condition or receipt of health care. In addition, health information that is merely in summary form and that does not identify you as its subject is not PHI and may be used or disclosed by the Plan without restriction under the HIPAA privacy rules. For example, the Organization may use aggregated data regarding claims paid for all Plan participants to help project benefit costs for the next year. With respect to PHI, however, the HIPAA privacy rules prevent the Plan from using your PHI or disclosing it to the Organization or anyone else except as permitted by the HIPAA privacy rules, as authorized by you, or as required by law.

B. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used or disclosed without your authorization as described below:

1. **For Treatment Purposes.** “Treatment” means generally the provision, coordination, or management of health care and related services by one or more health care providers. For example, the Plan may disclose your PHI to your doctor and his staff, the Plan’s third-party administrators and their staffs, and other appropriate persons to help provide you with proper medical treatment.
2. **For Health Care Operations.** “Health care operations” means all the activities involved in the administration of the Plan. This includes, but is not limited to, quality assessment and improvement, evaluating providers, underwriting and other activities relating to obtaining or amending insurance contracts, disease management, cost management, and other general administrative activities. For example, the Plan may use your PHI to refer you to a disease management program, to evaluate the quality of care you are receiving from your providers, or to project benefit costs and determine premiums.
3. **For Payment.** “Payment” means any action undertaken by the Plan to obtain premiums, to determine responsibility for providing coverage, or to obtain or provide reimbursement for the health care services you receive. This includes, but is not limited to, eligibility and coverage determinations, billing, claims management and processing, Plan reimbursement, reviews for medical necessity, utilization review, and pre-authorization for treatment. For example, the Plan may disclose to your doctor and her staff, the Plan’s third party administrators and their staffs, and other appropriate persons information concerning a particular medical procedure that you have had performed to determine whether the procedure is covered by the Plan. The Plan may also disclose your PHI to other health plans in which you might participate for the purpose of coordinating health insurance benefits.
4. **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about additional health-related benefits or services the Plan offers that may be of interest to you.
5. **To Business Associates.** In the event the Plan arranges for our Business Associates to provide some of the services the Plan perform, such as having a printing Organization photocopy records relating to the payment for covered services provided to you, the Plan may be required to disclose

your PHI to enable the Business Associate to provide the services. Our business associates are also required to protect your PHI in accordance with applicable HIPAA requirements.

6. **To the Organization.** The Plan may disclose the Plan's enrollment and disenrollment information to the Organization without your authorization. This information merely indicates whether you are enrolled in the Plan and shows your specific Plan benefit options. The Organization requires such information for payroll withholding and other purposes. The Plan may disclose your PHI to Organization personnel who are involved in the administration of the Plan. These disclosures will be made in connection with the Organization's role as the sponsor of the Plan and will be made to enable Organization personnel to carry out their duties in administering the Plan. In many circumstances, it will be appropriate for such personnel to share your PHI with the Plan's business associates outside of the Organization. The Organization has amended the Plan documents to protect your PHI as required by the HIPAA privacy rules. In addition, the Organization has instituted policies and procedures to help ensure that your PHI is made available only to those individuals who need it to perform important Plan functions. Such individuals have received training in the proper handling of PHI and have been informed of the sensitivity of this information. It is the policy of the Organization that PHI received from the Plan is not to be used for employment-related purposes or other purposes not related to the Organization's sponsorship or administration of the Plan. Please remember that health information maintained by the Organization as part of your employment records or through a benefit plan of the Organization that is not part of the Plan, such as a short- or long-term disability plan, is not subject to the HIPAA privacy rules and may be used or disclosed in accordance with the Organization's standard policies (subject to applicable law).
7. **As Required or Permitted By Law.** The Plan may disclose your PHI at any time without your authorization as required by the HIPAA privacy rules or other applicable federal, state or local law.
8. **Other Uses and Disclosures.** The HIPAA privacy rules permit the Plan to use or disclose your PHI without your authorization to the following (it is generally the policy of the Plan to disclose PHI under these circumstances only as required by the HIPAA privacy rules or other applicable law):
 - a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;
 - a public health or other governmental authority authorized by law to receive reports of child abuse or neglect;
 - a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity;
 - a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if the Plan is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation;
 - a health oversight agency for certain purposes (e.g., audits, investigations, disciplinary actions, government benefit eligibility, civil rights law compliance);
 - a court or other party in connection with a judicial or administrative proceeding;
 - law enforcement officials for law enforcement purposes;

- coroners and medical examiners for the purpose of identifying a deceased person, determining cause of death, or other duties authorized by law;
- funeral directors, as necessary to carry out their duties with respect to a decedent (consistent with applicable law);
- organ procurement organizations (and related organizations);
- a researcher or research organization, subject to detailed requirements;
- a person or other entity to avert a serious threat to the health or safety of a person or the public;
- an appropriate military authority in connection with military and veterans' activities;
- federal officials in connection with certain national security activities;
- correctional institutions and other law enforcement custodial situations in relation to an inmate; and
- an individual or other entity as authorized by, and to the extent necessary to comply with, laws related to workers' compensation and other similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault.

C. USES AND DISCLOSURES REQUIRING THAT YOU RECEIVE AN OPPORTUNITY TO AGREE OR OBJECT

Certain circumstances might arise where the Plan needs to disclose your PHI to family members and other appropriate persons in order to ensure that you are receiving appropriate care and to notify certain persons of your medical condition or your location. The Plan will make such disclosures only if you have agreed (or have not objected) to the disclosure. Specifically, the Plan may disclose your PHI to your family member, relative, close personal friend, or another person designated by you, but only to the extent the information is directly relevant to the family member's or friend's involvement with your care or payment for care. The Plan may also disclose your PHI to notify or assist in notifying your family member, personal representative, or other person responsible for your care of details regarding your location, your general condition or your death. In such cases, you will be given an opportunity to agree or object to the disclosure, and the disclosure will be made only if you either affirmatively agree or you do not object to the disclosure when given the opportunity. If you are unavailable or you are incapacitated, the Plan may disclose your PHI to such individuals without providing you with an opportunity to agree or object, if the Plan determines that to do so is in your best interests under the circumstances.

D. OTHER USES/DISCLOSURES OF HEALTH INFORMATION

Where the use or disclosure of PHI is not otherwise permitted under the HIPAA privacy rules, the Plan is required to obtain your written authorization before using or disclosing your PHI. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures the Plan have already made with your permission, and that the Plan are required to retain all of our records relating to the administration of your Plan.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding health information the Plan maintain about you:

1. **Right to Inspect and Copy Your PHI.** You have the right to inspect and copy your PHI that may be used to make decisions about coverage and payment for services under the Plan. This includes all medical and billing records maintained by the Plan. To inspect and copy your PHI maintained by the Plan, you must submit your request in writing to: Human Resources Department – Attn: HIPAA Official at the address listed below. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with any portion of your request. The Plan will comply with the request within 30 days of your request (60 days if the information is maintained offsite), subject to a possible 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial. Please remember that the Plan is only responsible for providing you with information contained in its records. Hospital records and other records not maintained by the Plan must be procured directly from the individual or institution that maintains those records.
2. **Right to Amend Your PHI.** If you feel the PHI that the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to Human Resources Department – Attn: HIPAA Official at the address listed below. In addition, you must provide the reasons you are requesting the amendment. The Plan may deny your request if it is not in writing or does not include a reason to support the request.
3. **Right to an Accounting of Disclosures.** You have the right to receive a list of instances where the Plan or the Organization disclosed your PHI to third parties after the effective date of this Notice for reasons other than treatment, payment or health care operations, except in cases where you have authorized the disclosure, the disclosure was merely incidental to a disclosure that was otherwise permitted, or the disclosure was required for law enforcement or national security purposes. To request an accounting of the disclosures, you must submit your request in writing to Human Resources Department – Attn: HIPAA Official at the address listed below. Your request must state the time period for which you want an accounting, however, the period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting you request within any 12-month period will be free. For additional accountings, the Plan may charge you for the costs of providing them. The Plan will notify you of the costs in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI 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 PHI the Plan discloses about you to someone who is involved in your care or the payment for your care, such as a family member. For example, you might ask that the Plan not use or disclose information about a procedure you had to one of your family members. The Plan is not required to agree to your request, but if the Plan does, the Plan will comply with your request, unless the information is needed to provide emergency treatment to you. To request restrictions, you must make your request in writing to Human Resources Department – Attn: HIPAA Official at the address listed below. In your request, you must state

(1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, (for example, no disclosures to your spouse).

5. **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health-related matters in a certain way or at a certain location. For example, you can ask that the Plan contact you only at some address other than your home address or by mail. To request confidential communications, you must make your request in writing to Human Resources Department – Attn: HIPAA Official at the address listed below. The Plan will not ask the reason for your request. The Plan will accommodate all reasonable requests. You must specify how or where you wish to be contacted.
6. **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time upon request. To obtain a paper copy of this Notice, contact Human Resources Department – Attn: HIPAA Official at the address listed below.

You may exercise your rights through a personal representative, provided that such individual produces evidence of his or her authority to act on your behalf. The Plan will only accept the following as evidence of such authority: (1) a power of attorney for health care purposes notarized by a notary public; (2) a court order appointing the individual as your conservator or guardian; or (3) proof that such individual is your parent (if you are a minor). Your personal representative will be treated as you would with respect to access to your PHI and your other rights under the HIPAA privacy rules. However, the Plan retains the discretion to deny your personal representative access to your PHI if the Plan finds evidence that such denial is necessary to protect you from abuse or neglect.

F. CHANGES TO THIS NOTICE

The Plan reserves the right to revise this Notice at any time and establish an effective date for the revised Notice. The revised Notice will apply to your PHI that the Plan already has, as well as any the Plan receives in the future. If the revision to the Notice is a material change to the Notice, the Plan will provide you with the revised Notice within 60 days after the revision is made. The revised Notice will show the effective date on the first page, in the top right-hand corner of the first page.

G. COMPLAINTS

If you are concerned that the Plan has violated your rights under the HIPAA privacy rules, or if you disagree with a decision made about access to or amendment of your health records, you may contact the person or office listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. Neither the Plan nor the Organization will retaliate against you in any way for exercising your right to file a complaint.

You may contact the following for more information on the Plan's privacy practices:

The Roman Catholic Diocese of Burlington/Vermont Catholic Charities, Inc.
Human Resources Department
Attn: HIPAA Official
55 Joy Drive
South Burlington, VT 05403