

NOTICE OF PRIVACY PRACTICES

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

We understand that medical information about you and your health is personal and should be kept private. Moreover, federal law imposes legal requirements on the University of Rochester Health Care Plans (including Behavioral Health Partners (BHP), Accountable Health Partners LLC (AHP), Lifestyle Management program, and Condition Management program, which incorporates the Personal Health Assessment, and the group health plan components of Well-U), Dental Plans, Health Care Flexible Spending Accounts (FSAs), and the Employee Assistance Program (EAP) (the “Plans”) to ensure the privacy of your personally identifiable health information. This Notice is intended to summarize these rules and to inform you about:

- the Plans’ uses and disclosures of Protected Health Information (“PHI”) (as defined below);
- your privacy rights with respect to your PHI;
- the Plans’ duties with respect to your PHI;
- your right to file a complaint with the Plans and the Secretary of the U.S. Department of Health and Human Services (the “Secretary”); and
- who (the person or office) to contact for further information about the Plans’ privacy practices.

Generally, the term “Protected Health Information” (“PHI”) includes all individually identifiable health information concerning you that is maintained by the Plans, including genetic information. PHI does not include health information that is held by the University in its role as your employer (for example health information held for purposes of your employment records). “Unsecured PHI” is PHI that is not secured through the use of a technology or methodology that renders the PHI unusable, unreadable, or indecipherable.

PHI uses and disclosures by the Plans are regulated by a federal law called the Health Insurance Portability and Accountability Act of 1996 (referred to as “HIPAA”) and the regulations that enforce HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”). You may find these regulations at 45 *Code of Federal Regulations* Parts 160 and 164.

Where group health plan benefits are provided through certificates of insurance, or as part of an organized health care arrangement that includes benefits provided under a certificate of insurance, the notice of privacy practices is provided directly by the applicable insurance company. For group health plan benefits provided through certificates of insurance, you will also receive notices of privacy practices from the applicable insurance company regarding their practices. This Notice describes the Plan’s practices with respect to any PHI that it handles directly or with respect to self-insured benefits.

This Notice is effective January 28, 2015.

## **Section 1. Notice of PHI Uses and Disclosures**

### a. General Rule

Generally, except for the purposes discussed below, the Plans cannot use or disclose your PHI without your written authorization. Moreover, if you provide authorization to use or disclose your PHI, you have the right to revoke your authorization at any time, except to the extent that the Plans have already relied upon it. To revoke a written authorization, please write to the Plans' Privacy Officer.

### b. Uses and Disclosures of PHI to Carry Out Treatment, Payment, and Health Care Operations

The Plans and individuals or entities who the Plans have engaged to assist in its administration (called "business associates") will use PHI, including genetic information, to carry out "treatment," "payment" and "health care operations" (these terms are described below). Neither the Plans, nor the business associates, require your consent or authorization to use or disclose your PHI to carry out these functions.

(1) "Treatment" includes the provision, coordination or management of health care and related services. This includes consultations and referrals between one or more of your health care providers, and the coordination or management of health care by a health care provider with a third party. For example, the Plans can disclose and discuss with your doctor or pharmacist other medications you may be receiving to reduce the chances that your taking a particular medication will result in unintended side effects.

(2) "Payment" includes actions to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plans, or to coordinate coverage. Payment activities include billing, claims processing, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review, and pre-authorizations. For example, the Plans can discuss your PHI with your doctor to make sure your claims are properly paid.

(3) "Health care operations" include quality assessment and improvement, reviewing the competence or qualifications of health care professionals, underwriting, premium rating, stop loss (or other excess loss) coverage claims submissions, creation or renewal of insurance contracts, and other activities relating to coverage under the Plans. It also includes disease management, case management, health and lifestyle management, conducting or arranging for medical review, legal services and auditing functions (including fraud and abuse compliance programs), business planning and development, business management, and general administrative activities. For example, the Plans may submit your health information to external auditors or agencies to assess the quality of a health plan. The Plans may also submit your health information to a stop-loss insurance carrier or to obtain pricing information.

Business Associates provide business services to the Plans related to transactions with you and the Plans like plan administration, claim processing, or audit services. Examples of third parties include medical insurers, third party administrators, consultants, and reinsurance companies. The Plans require business associates to agree, in writing, to maintain the confidentiality of the health information to which they are provided access and to notify us if there is a probable compromise of your Unsecured PHI. If a business associate discloses your health information to a subcontractor or vendor, the business

associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

The Plans also may disclose PHI to employees of the University if such employees assist in carrying out treatment, payment and health care operations, provided that the PHI is used for such purposes. These individuals receive training to ensure that they will protect the privacy of your health information and that it is used only as described in this notice or as permitted by law. Health information will generally not be disclosed to the University in its capacity as Plan Sponsor, except that information regarding enrollment in the Plans or enrollment in a specific benefit will be disclosed to allow for payroll processing of premium payments. Summary health information may be provided to the University, which may be used to shop for insurance or amend the Plans, but identifying information, such as your name or social security number, will not be included. Nonetheless, the Plans cannot use or disclose genetic information for underwriting purposes. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plans to any other University employee or department, and (2) will not be used by the University for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the University.

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. The Plans will not disclose any of your health information for marketing purposes if the Plans will receive direct or indirect financial remuneration not reasonably related to the Plans' cost of making the communication. The Plans will not sell your PHI to third parties. The sale of PHI, however, does not include a disclosure for public health purposes, for research purposes where the Plans will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for sale, transfer, merger or consolidation of all or part of the Plans, for a business associate or its subcontractor to perform health care functions on the Plans' behalf, or for other purposes as required and permitted by law.

Uses and disclosures not described in this Notice will be made only with your written authorization.

The University of Rochester Health Care Plans (including Condition Management, Behavioral Health Partners (BHP), Accountable Health Partners LLC (AHP), and the Lifestyle Management Program), and the Health Care Flexible Spending Account (FSA) <sup>1</sup> are part of an Organized Health Care Arrangement (OHCA), which means that PHI can be shared among those Plan components for purposes of treatment, payment, and health care operations, without the need for your consent or authorization to use or disclose your PHI to carry out these functions.

c. Uses and Disclosures of PHI for which Consent, Authorization or Opportunity to Object Is Not Required

HIPAA sets forth a limited number of additional situations in which the Plans may use or disclose your PHI without your authorization, including:

- (1) When such uses or disclosures are required by law.

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<sup>1</sup> Effective January 1, 2015, the Lifestyle Management Program was removed from the EAP and merged into and became part of the University Health Care Plan. Effective January 28, 2015, EAP is no longer a part of the OHCA. Effective January 28, 2015, AHP became a component of the University Health Care Plan, and therefore part of the OHCA.

(2) When uses or disclosures are permitted for purposes of public health activities, including but not limited to, preventing or controlling disease, injury or disability, and when necessary to report product defects in connection with FDA regulated products, to permit product recalls with respect to such products, and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(3) When the Plans are authorized by law to allow reporting of information about abuse, neglect or domestic violence to public authorities, and there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such cases, the Plans will promptly inform you that such a disclosure has been or will be made unless the notice would cause you a risk of serious harm. In instances of reports of child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

(4) To a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

(5) When required by judicial or administrative order, or in response to a subpoena, discovery request or other lawful process which is not accompanied by an order, provided that certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plans that (a) the requesting party has made a good faith attempt to provide written notice to you, or (b) the party seeking the information has made reasonable efforts to secure a qualified protective order.

(6) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, for disclosing information about you if you are suspected of being a victim of a crime, but only if you agree to the disclosure or the Plans are unable to obtain your agreement because of incapacity or emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against you, that the immediate law enforcement activity would be materially and adversely affected by waiting to obtain your agreement, and that disclosure is in your best interest as determined by the exercise of the Plans' best judgment.

(7) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out funeral directors' duties with respect to the decedent.

(8) We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

(9) If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

(10) For cadaveric organ, eye or tissue donation purposes, to organ procurement or like entities.

(11) For research, when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

(12) When consistent with applicable law and standards of ethical conduct, if the Plans, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably believed to be able to prevent or lessen the treat, including the target of the threat.

(13) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

(14) If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

(15) If you do not object, you are not present, or your consent cannot be obtained because of your incapacity or an emergency circumstance, the Plans may, in the exercise of its professional judgment, disclose to your family member, relative, or other person who is responsible for your care, or for the payment of your care, your PHI directly relevant to such care or payment, if the Plans conclude that disclosure is in your best interests, including following your death.

(16) For fundraising purposes, if the information used or disclosed is demographic information, including name, address, or other contact information, age, gender, and date of birth, dates of health service information, department of service information, treating physician, outcome information, and/or health insurance status. Each fundraising communication made to you will provide you with an opportunity to opt-out of receiving any further fundraising communications. The Plans will also provide you with an opportunity to opt back in to receive such communications if you should choose to do so.

(17) For those specialized government functions set forth in the regulations promulgated pursuant to HIPAA or such other purposes provided under HIPAA.

## **Section 2. Your Rights as Individuals**

### **a. Right to Request Restrictions on Uses and Disclosures of PHI**

If you wish, you may (i) request that the Plans restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or (ii) request that the Plans restrict uses and disclosures of your PHI to family members, relatives, friends or other persons identified by you who are involved in your care or the payment for your care. Please note, however, that the Plans are not required to agree to your request. However, you have the right to request that your provider not disclose health information to a health plan if you have paid for the service in full, and the disclosure is not otherwise required by law. The request for restriction to the Plans will only be applicable to that particular service. You will have to request a restriction for each service thereafter from your provider.

We are required to disclose your protected health information to the Secretary when the Secretary is investigating or determining our compliance with the HIPAA privacy or security rules.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

The Plans will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations to better ensure your privacy.

Requests for restrictions and to receive communications by alternative means or at alternative locations should be made to the following:

- Health Care Plans – Excellus BlueCross Blue Shield, Rochester Region, 165 Court Street, Rochester, NY 14647; (585) 232-2632 or 1-800-659-2808
- Health Care Plans (Behavioral Health Partners) – University of Rochester Department of Psychiatry, Behavioral Health Partners, 179 Sully's Trail, Suite 200, Pittsford, NY 14534; (585) 276-6900
- Health Care Plans (Accountable Health Partners) – Accountable Health Partners, 135 Corporate Woods, Suite 320, Rochester, NY 14623 (585) 784-8855
- Health Care Plans (Lifestyle Management Program – Coaching and Group Sessions) - Center for Community Health, 46 Prince Street Ste. 1001, Rochester, NY 14607; (585) 602-0802
- Health Care Plans (Condition Management Program - Personal Health Assessment, Biometric Screenings) - University of Rochester School of Nursing, Center for Employee Wellness, 255 Crittenden Boulevard, Rochester, NY 14620; (585) 275-6300
- Dental Plans – Excellus BlueCross BlueShield, Rochester Region, 165 Court Street, Rochester, NY 14647; 1-800-724-1675
- Health Care Flexible Spending Account (FSA) Plan – Lifetime Benefit Solutions, Inc., 70 Metro Park, Rochester, NY 14623; (585) 232-2632 or 1-800-327-7130
- Employee Assistance Program (EAP) - UR Medicine Employee Assistance Program, University of Rochester, 179 Sully's Trail, Suite 200, Pittsford, NY 14534; (585) 276-9110

b. Right to Inspect and Copy PHI

You also have a right to inspect and obtain paper or electronic copies of your PHI to the extent that it is contained in a “designated record set.” If you would like an electronic copy of your health information maintained by the Plans, the Plans will provide you a copy in the electronic form and format as requested as long as it can readily be produced in such form and format. Otherwise, the Plans will cooperate with you to provide a readable electronic form and format as agreed. This right extends for as long as the Plans maintain the PHI, but does not apply to: psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal or administrative action or proceeding; or information subject to the Clinical Laboratory Improvement Amendments of 1988 (to the extent that providing access to that information would be prohibited by law), and information which is exempt from those Amendments. If the Plans deny your request to inspect and copy your PHI, we will provide such denial in writing. Generally, if you are denied access to health information, you may request a review of the denial in accordance with the instructions in the denial letter.

A “designated record set” includes: medical records and billing records about individuals which are maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; and other information used by or for a covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not considered part of a designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following:

- Health Care Plans – Excellus Blue Cross Blue Shield, Rochester Region, 165 Court Street, Rochester, NY 14647; (585) 232-2632 or 1-800-659-2808
- Health Care Plans (Behavioral Health Partners) – University of Rochester Department of Psychiatry, Behavioral Health Partners, 179 Sully's Trail, Suite 200, Pittsford, NY 14534; (585) 276-6900
- Health Care Plans (Accountable Health Partners) – Accountable Health Partners, 135 Corporate Woods, Suite 320, Rochester, NY 14623; (585) 784-8855
- Health Care Plans (Lifestyle Management Program – Coaching and Group Sessions) - Center for Community Health, 46 Prince Street Ste. 1001, Rochester, NY 14607; (585) 602-0802

- Health Care Plans (Condition Management Program - Personal Health Assessment, Biometric Screenings) - University of Rochester School of Nursing, Center for Employee Wellness, 255 Crittenden Boulevard, Rochester, NY 14620; (585) 275-6300
- Dental Plans – Excellus BlueCross BlueShield, Rochester Region, 165 Court Street, Rochester, NY 14647; 1-800-724-1675
- Health Care Flexible Spending Account (FSA) Plan – Lifetime Benefit Solutions, Inc., 70 Metro Park, Rochester, NY 14623; (585) 232-2632 or 1-800-659-2808
- Employee Assistance Program (EAP) – UR Medicine Employee Assistance Program, University of Rochester, 179 Sully's Trail, Suite 200, Pittsford, NY 14534; (585) 276-9110

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights with respect to the denial, and a description of how you may complain to the Secretary.

c. Right to Amend PHI

You have the right to request that the Plans amend your PHI or a record about you in a designated record set that is inaccurate or incomplete for as long as the PHI is maintained in the designated record set.

The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or part, the Plans 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 disclosure of your PHI.

Requests for amendment of PHI in a designated record set should be made in written form, including a statement explaining the reason for the amendment, to the following:

- Health Care Plans – Excellus Blue Cross Blue Shield, Rochester Region, 165 Court Street, Rochester, NY 14647; (585) 232-2632 or 1-800-659-2808
- Health Care Plans (Behavioral Health Partners) – University of Rochester Department of Psychiatry, Behavioral Health Partners, 179 Sully's Trail, Suite 200, Pittsford, NY 14534; (585) 276-6900



- Health Care Plans (Accountable Health Partners) – Accountable Health Partners, 135 Corporate Woods, Suite 320, Rochester, NY 14623; (585) 784-8855
- Health Care Plans (Lifestyle Management Program – Coaching and Group Sessions) - Center for Community Health, 46 Prince Street Ste. 1001, Rochester, NY 14607; (585) 602-0801
- Health Care Plans (Condition Management Program - Personal Health Assessment, Biometric Screenings) - University of Rochester School of Nursing, Center for Employee Wellness, 255 Crittenden Boulevard, Rochester, NY 14620; (585) 275-6300
- Dental Plans – Excellus BlueCross BlueShield, Rochester Region, 165 Court Street, Rochester, NY 14647; 1-800-724-1675
- Health Care Flexible Spending Account (FSA) Plan – Lifetime Benefit Solutions, Inc., 70 Metro Park, Rochester, NY 14623; (585) 232-2632 or 1-800-327-7130
- Employee Assistance Program (EAP) – UR Medicine Employee Assistance Program, University of Rochester, 179 Sully's Trail, Suite 200, Pittsford, NY 14534; (585) 276-9110

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

d. The Right to Receive an Accounting of PHI Disclosures

At your request, the Plans will also provide you with an accounting of disclosures of your PHI by the Plans and/or their business associates during the period covered by your request (which may be a period of up to six years prior to the date of your request for paper records, or three years prior to the date of your request for “Electronic Health Records,” as defined in HITECH). Unless required by law, the accounting will not include: (1) disclosures for purposes of treatment, payment, or health care operations (except in the case of disclosures that involve “Electronic Health Records,” as defined in HITECH); (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; (6) incident to a use or disclosure otherwise permitted or required by law; (7) as part of a limited data set; and (8) disclosures incidental to otherwise permissible disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Plans give 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 Plans will charge a reasonable, cost-based fee for each subsequent accounting.

e. The Right to Receive Notification in the Event of a Breach.

You have the right to be notified if there is a probable compromise of your Unsecured PHI within sixty (60) days of the discovery of the breach. The notice will include: (i) a brief description of what happened, including the date of the breach and the discovery of the breach; (ii) a description of the type of Unsecured PHI that was involved in the breach; (iii) any steps you should take to protect yourself from potential harm resulting from the breach; (iv) a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches; and (v) contact procedures to answer your questions.

f. Personal Representatives

An individual may exercise his/her rights under this notice through a personal representative. If you have a personal representative, he/she will, unless otherwise allowed by law, be required to produce evidence of his/her authority to act on your behalf before he/she 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;
- court order of appointment of the person as your conservator or guardian; or
- proof that the representative is your parent (if you are a minor child).

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to you if it is believed that you may be subject to abuse or neglect. This also applies to personal representatives of minors.

g. Copies of this Notice

You have a right to obtain a paper copy of this notice from the Plans upon request. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on the Plans' website: <https://secure1.rochester.edu/hr/benefits/health/hipaa.pdf>, or you may request a paper copy from the Office of Total Rewards at (585) 275-2084 or [TotalRewards@rochester.edu](mailto:TotalRewards@rochester.edu). The Office of Total Rewards is located at 60 Corporate Woods, Suite 310, Rochester, NY 14620. The address for written correspondence is:

University of Rochester  
Office of Human Resources - Office of Total Rewards  
P.O. Box 270453  
Rochester, NY 14627-0453

### **Section 3. The Plans' Duties**

Federal law requires the Plans to maintain the privacy of PHI in accordance with HIPAA and to provide individuals (employees and their dependents enrolled in the Plans) with notice of the Plans' legal duties and privacy practices. The Plans are required to abide by the terms of the privacy notice then in effect. The Plans reserve the right to change their privacy practices and to apply the changes to any PHI received or maintained by the Plans. If a privacy practice is materially changed, a revised version of this notice will be provided to all current Plan participants.

In the event of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice, a revised version of this notice will be posted to the Plan's website by the effective date of the material change, and a hard copy of the revised notice (or information about the material change and how to obtain the revised notice) will be provided in the Plan's next annual mailing. Alternatively, a revised copy may be distributed within 60 days of the effective date of any material change, and the revised notice will also be available on the Plan's website.

a. Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plans will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. Where practicable, the Plans will limit uses or disclosures to a limited data set.

However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment purposes;
- uses or disclosures made to you;
- uses or disclosures authorized by you;
- disclosures made to the Secretary;
- uses or disclosures that are required by law; and
- uses or disclosures that are required by the Plans' compliance with legal requirements.

b. De-Identified Information, Limited Data Sets, and Summary Information

This notice does not apply to health information that has been de-identified. De-identified information is information that does not identify an individual (i.e., you) and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Plans may use or disclose information in a limited data set, provided that the Plans enter into a data use agreement with the limited data set recipient that complies with the federal privacy regulations. A limited data set is PHI which excludes certain direct identifiers relating to you and your relatives, employers and household members.

The Plans may disclose "summary health information" to the University without your authorization if the University requests the summary information for the purpose of obtaining premium bids from health plans for providing health insurance coverage under the Plans, or for modifying, amending or terminating the Plans. "Summary health information" means information that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom the University has provided health benefits under the Plans; and from which most identifying information has been deleted. The Plans may also disclose to the University information on whether an individual is participating in the Plans and the coverage in which an individual has enrolled.

#### **Section 4. Your Right to File a Complaint With the Plans or the Secretary**

If you believe that your privacy rights have been violated, you may complain to the Plans by contacting the following individual, at the following address, telephone number and e-mail address: Vice President and Chief Human Resources Officer, University of Rochester Office of Human Resources - Office of Total Rewards, P.O. Box 270453, Rochester, NY 14627-0453; (585) 275-2084; [TotalRewards@rochester.edu](mailto:TotalRewards@rochester.edu).

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

The Plans will not retaliate against you for filing a complaint.

#### **Section 5. Who to Contact at the Plans for More Information**

If you have any questions regarding this notice or the subjects addressed in the notice, you may contact the following privacy officer at the following address, telephone number and e-mail address: Vice President and Chief Human Resources Officer, University of Rochester Office of Human Resources - Office of Total Rewards, P.O. Box 270453, Rochester, NY 14627-0453; (585) 275-2084; [TotalRewards@rochester.edu](mailto:TotalRewards@rochester.edu).

**This notice represents the Plans' efforts to summarize the privacy regulations under HIPAA. In the event of a discrepancy between the terms or requirements of this notice and the privacy regulations themselves, the terms of the regulations shall prevail.**

## **Notice of Nondiscrimination and Availability of Language Assistance Services**

### Discrimination is Against the Law

The University of Rochester Health Plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). The University of Rochester Health Plans do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

#### The University of Rochester Health Plans:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Interpreter Services at (585) 275-4778.

If you believe that the University of Rochester Health Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can obtain a copy of the grievance procedure and/or file a grievance with:

Office of Total Rewards, 60 Corporate Woods, Suite 310, PO Box 270453, Rochester, NY 14627, Phone: (585) 275-2084, Fax: (585) 272-0227, Email: totalrewards@rochester.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Total Rewards is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the University of Rochester Health Plans website(s): <https://www.rochester.edu/human-resources/benefits/legal-notices/>

## **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)**

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-585-275-4778 (email: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) or speak to your provider.”

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-585-275-4778 (correo electrónico: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)) o hable con su proveedor.

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-585-275-4778（電子郵件：[Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)）或與您的提供者討論。」

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-585-275-4778 (электронная почта: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) или поговорите со своим поставщиком медицинских услуг.

ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele 1-585-275-4778 (imel: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) oswa pale ak founisè w la.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-585-275-4778(이메일: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) 번으로 전화하거나 서비스 제공업체에 문의하십시오."

ATTENZIONE: Se parli italiano sono a tua disposizione servizi gratuiti di assistenza linguistica. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-585-275-4778 (e-mail: Interpreter\_Services@URMC.Rochester.edu) o parla con il tuo fornitore.

נאטיץ: אויב איר רעדט יידיש, זענען די שפראך הילף סערוויסעס פאר דיר פריי פריי. צונעמען אידס און באדינונגס פֿאַר פּראָווידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-585-275-4778 (E-mail: Interpreter\_Services@URMC.Rochester.edu) שפּינער (בריוו- E).

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-585-275-4778 (ইমেল: Interpreter\_Services@URMC.Rochester.edu) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।”

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-585-275-4778 (e-mail: Interpreter\_Services@URMC.Rochester.edu) lub porozmawiaj ze swoim dostawcą.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-585-275-4778 (البريد الإلكتروني: Interpreter\_Services@URMC.Rochester.edu) إلى مزود الخدمة الخاص بك.

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-585-275-4778 (e-mail : Interpreter\_Services@URMC.Rochester.edu) ou parlez à votre fournisseur.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت لینگویج سپورٹ سروسز دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-585-275-4778 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ (Interpreter\_Services@URMC.Rochester.edu: ای میل)



PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-585-275-4778 (email: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) o makipag-usap sa iyong provider.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Τα κατάλληλα βοηθητικά βοηθήματα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμες μορφές διατίθενται επίσης δωρεάν. Καλέστε το 1-585-275-4778 (email: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) ή μιλήστε με τον παροχέα σας.

KUJDES: Nëse flisni shqip, ofrohen shërbime falas të asistencës gjuhësore. Ndihamat dhe shërbimet e duhura ndihmëse për të ofruar informacion në formate të aksesueshme janë gjithashtu në dispozicion pa pagesë. Telefononi 1-585-275-4778 (email: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) ose flisni me ofruesin tuaj.

注意: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。1-585-275-4778 (電子メール: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) に電話するか、プロバイダーにお問い合わせください。

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायता और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-585-275-4778 पर कॉल करें (ईमेल: [Interpreter\\_Services@URMC.Rochester.edu](mailto:Interpreter_Services@URMC.Rochester.edu)) या अपने प्रदाता से बात करें।