

# HIPAA Privacy Notice

**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.**

## ***Summary***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by Novant Health Inc.'s Group Benefit Plan (the "Plan"), as sponsored by Novant Health, Inc. (the "Company"). The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your self-insured Medical, Dental, EAP and Health-Care FSA. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers. For example, the notice of privacy practices for Novant Health's health care services can be found at <https://www.novanthealth.org/home/privacy-statement.aspx>.

## ***Novant Health Group Benefit Plan's Pledge Regarding Health Information Privacy***

The privacy policy and practices of the Novant Health Inc. Group Benefit Plan, EIN 56-1376950, Plan No. 501 (Medical, Dental, Vision, EAP and Health-Care FSA, as applicable to you) protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). PHI does not include individually identifiable health information in employment records held by the Company, in its role as an employer. The information that is held in employment records includes drug testing results; sick leave requests and a doctor's statement documenting sick leave; and medical information needed for processing FMLA leave requests.

## ***Privacy Obligations of the Plan***

The Plan is required by law to:

- make sure that health information that identifies you is kept confidential as required by HIPAA;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

Further, when and as required by HIPAA, the Plan will notify you in the event of a breach of your unsecured PHI

## ***Uses and Disclosures That Require Your Written Authorization***

Your PHI will not be used or disclosed without an authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws. Your written authorization is also required for:

- **Use or disclosure of psychotherapy notes.** Except as provided in HIPAA Section 164.508(a)(2), your authorization is required for use or disclosure of psychotherapy notes, as they are defined under HIPAA, about you.

If you authorize the Plan to use or disclose your PHI, you may revoke your authorization at any time by submitting a written request to the Novant Health Manager of Benefit Operations at the address provided at the end of this notice. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. However, your revocation will not affect any uses or disclosures the Plan has already made prior to the date the Plan receives written notice of the revocation, nor will it affect the Plan's right to use your PHI in accordance with federal and state health information privacy laws.

## ***How the Plan May Use and Disclose Health Information about You***

The following are different ways the Plan and its business associates may use and disclose your PHI without your consent, authorization or opportunity to agree or object:

- **For Treatment.** Treatment is the provision, coordination or management of health care and related services. It

also includes, but is not limited to, consultations and referrals between one or more of your providers. The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

- **For Payment.** Payment includes but is not limited to actions to make coverage determinations, provide benefits, and payment (including billing, claims management or adjudication, claims appeals determinations, coordination of benefits with another health plan, subrogation, Plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review, pre-certification or pre-authorizations). The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, evaluating health plan performance, underwriting, enrollment, premium rating and other insurance activities related to creating, renewing or replacing a health insurance or health benefits contract or a stop-loss or excess loss insurance contract. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, population-based activities related to improving health or reducing health care costs, business planning and development, business management, and general administrative activities. The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in its role as a Plan Sponsor in summary fashion so it can decide what coverages the Plan should provide. Except as provided below, the Plan must remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.
- **To the Company.** The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Novant Health is the Plan Sponsor of the Plan and disclosures mentioned in this section are disclosures to the Plan Sponsor. Such disclosures will be made only to the Plan Administrator, Benefits Review Committee, Manager, Benefits Administration, Privacy Office, Novant Health Benefits Department personnel, and Business Unit Human Resources and Benefits Administrators. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.
- **To a Business Associate.** Certain services are provided to the Plan by vendors and other consultants known as "business associates." For example, the Plan may use Novant Health Care Connections, which is a part of the Company, as a business associate for certain case management and population-based activities, and Novant Health Care Connections may not share PHI with human resources personnel of the Company. The Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. The Plan may also utilize the electronic medical record systems and staff of Novant Health, as a business associate, in order to document case management and population-based activities for the benefit of you and other enrollees. The Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care.** The Plan may use or disclose PHI to your family

member, other relative, your close personal friend, or other person you identify, if the PHI is directly relevant to such person's involvement in your health care or payment related to your care. The Plan may use or disclose your PHI to notify a family member, your personal representative, or another person responsible for your care, about your location, condition, or death. In these situations, when you are present and not incapacitated, the Plan will either (1) obtain your agreement; (2) provide you with an opportunity to disagree to the use or disclosure; or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present, or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Plan may use professional judgment to determine that the disclosure is in your best interests and disclose PHI relevant to such person's involvement in your care, payment related to your health care, or notification purposes.

- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law and the use or disclosure complies with the law and is limited to the relevant requirements of such law, including those that require the reporting of certain types of wounds or physical injuries.

**Note:** The Plan does not use or disclose PHI that is genetic information for underwriting purposes. Underwriting purposes means: (1) rules for, or determination of, eligibility (including enrollment and continued eligibility) for, or determination of, benefits under the Plan (including changes in deductibles or other cost-sharing mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program); (2) the computation of premium or contribution amounts under the Plan (including discounts, rebates, payments in kind, or other premium differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program); (3) the application of any pre-existing condition exclusion under the Plan, coverage, or policy; and (4) other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. However, underwriting purposes does not include determinations of medical appropriateness where an individual seeks a benefit under the Plan.

### ***Special Use and Disclosure Situations***

The Plan may also use or disclose your PHI without your consent, authorization or opportunity to agree or object under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process provided certain conditions are met.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** When consistent with applicable law and standards of ethical conduct, the Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Activities.** The Plan may disclose health information about you for public health activities, including to assist public health authorities or other legal authorities to prevent or control disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **To Assist Victims of Abuse, Neglect, or Domestic Violence.** As required by law.
- **Health Oversight Activities.** The Plan may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs (for example, to investigate complaints against providers or investigate Medicare or Medicaid fraud).
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes as provided under the HIPAA privacy regulations.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized

federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.
- **For law enforcement custodial situations.** We may disclose PHI about you to a correctional institution that has custody of you.
- **Disaster Relief.** Under certain circumstances, the Plan may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

### ***Your Rights Regarding Health Information About You***

Your rights regarding the health information the Plan maintains about you are as follows:

#### ***Right to Inspect and Copy Your Protected Health Information.***

You have the right to inspect and copy your PHI that is maintained in a designated record set for so long as the Plan maintains your PHI. A “designated record set” includes medical information about eligibility, enrollment, claim and appeal records, medical and billing records maintained by or for the Plan, but does not include psychotherapy notes, information intended for use in the civil, criminal, or administrative proceeding, or information that is otherwise prohibited by law. If your PHI is maintained in one or more designated record sets electronically and if you request an electronic copy of your PHI, then the Plan will provide you with access to PHI in the electronic form and format you requested, if it is readily producible in such form or format. If it is not readily producible, then access will be provided in a readable electronic form and format that is mutually agreed upon.

You may request that the Plan provide a copy of your PHI to another person that you designate. Your request must be in writing, be signed by you, and clearly identify the designated person and where to send the copy of your PHI. To request to inspect and/or copy health information maintained by the Plan, submit your request in writing to:

Attention: Manager of Benefit Operations  
Novant Health, Inc.  
4020 Kilpatrick St., Suite 201  
Winston-Salem, North Carolina 27104  
800-890-5420

Your request must include the form or format of access that you want, a description of the PHI that the request applies to, and appropriate contact information for you.

The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment to your PHI or a record about you in a designated record set for as long as the information is kept by or for the Plan. To request an amendment, send a detailed request in writing to the Manager of Benefit Operations. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the designated record set; or not information that you would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** If you ask in writing, you can get a list of some, but not all, the disclosures the Plan made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in

the last six (6) years. To request an accounting of disclosures, submit your request in writing to the Manager of Benefit Operations. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested. If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for each subsequent accounting. You will be notified in advance of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you. For example, you could ask that the Plan not use or disclose to a family member or friend information about a surgery you had. To request restrictions, make your request in writing to the Manager of Benefit Operations. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply.  
**Note: The Plan is not required to agree to your request, but will notify you of the determination.**
- **Other Privacy Rights.** You may have additional privacy rights under federal or state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS related illnesses, and the health treatment of minors.
- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Manager of Benefit Operations. The Plan will make reasonable attempts to accommodate reasonable requests for confidential communications.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice at any time, even if you received this notice previously or agreed to receive this notice electronically. You may write to the Manager of Benefit Operations to request a written copy of this notice at any time. You may also view this notice on the Company's Intranet site, under team member resources > benefits > benefit resource center.

#### ***Changes to this Notice***

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on the Company Intranet site, under Benefits > Benefits Resource Center > Compliance and Regulatory (NovantHealth.org/careers/benefits)

#### ***Complaints***

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. **Note: You will not be penalized or retaliated against for filing a complaint.**

#### ***Other Uses and Disclosures of Health Information***

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclosure your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

#### ***Contact Information***

If you have any questions about this notice, please contact the Manager of Benefit Operations as shown below:

Attention: Manager of Benefit Operations  
Novant Health, Inc.  
4020 Kilpatrick St., Suite 201  
Winston-Salem, North Carolina 27104  
800-890-5420

**Notice Effective Date: January 1, 2013, and is updated effective as of October 10, 2019**