

HIPAA Notice of Privacy Practices (“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 THIS NOTICE CAREFULLY.

This Notice applies to the Rhode Island School of Design Wrap Cafeteria Plan (the “Plan”). The Plan is required by federal law to protect the privacy of your Protected Health Information (“PHI”). In addition, the Plan is required to provide you with this Notice and to abide by its terms, which may be updated from time to time.

Please note: This Notice does not apply to any insured health option or a health maintenance organization (HMO) provided under the Plan. You will receive a separate privacy notice from the insurer or HMO that applies to the privacy practices of those options.

This Notice explains:

- How your PHI may be used, and
- What rights you have regarding your PHI.

What is PHI

PHI includes medical information relating to your physical or mental health or condition, the provision of health care to you, or the payment for health care provided to you. However, PHI does not include all health information that may be maintained by the Plan. For example, PHI does not include health information that is used or maintained by any life insurance, accidental death and dismemberment (AD&D) and short- and long-term disability benefits coverage that may be provided by the Plan. Further, PHI does not include any health information that Rhode Island School of Design may obtain in the course of employment, such as health information relating to an Americans with Disabilities Act (ADA) request or a Family and Medical Leave Act (FMLA) request. If health information is not PHI, then the health information is not protected by HIPAA and is not covered by this Notice.

How We Protect Your Privacy

We maintain administrative, technical, and physical safeguards to protect the privacy of your PHI. In addition, only authorized and trained workforce members are permitted access to our paper and electronic records and to non-public areas where this information is stored.

Workforce member privacy training topics include:

- Privacy and data protection policies and procedures, including how paper and electronic records may be accessed.
- Administrative, physical, and technical safeguards to maintain the privacy and security of your PHI.

In addition, our legal teams monitor how the Plan and its workforce members follow privacy policies and procedures. It also educates our organization regarding privacy issues including those related to PHI and HIPAA.

How the Plan May Use and Disclose Your PHI

The Plan is permitted by law to use and disclose your PHI in certain ways without your authorization, as follows:

For Treatment. We may use and disclose your PHI to coordinate or manage health care

services you receive from providers who render treatment on your behalf. However, for the most part, the Plan does not engage in treatment activities. Your health care providers primarily engage in treatment activities on your behalf.

For Payment. We may use and disclose your PHI to determine Plan eligibility and responsibility for coverage and benefits. For example, to make sure that you receive the correct benefits and that claims are paid accurately, we may use PHI when we confer with other health plans to resolve a coordination of benefits issue. We may also use your PHI for utilization review activities, obtain payment of premiums for your coverage, make coverage determinations (for example, to speak to a health care professional about payment for services provided to you), to obtain payment from a third-party that may be responsible for payment (such as a family member), or to otherwise determine and fulfill our responsibility to provide your health benefits (for example, to administer claims).

For Health Care Operations. We may use your PHI in several ways, including Plan administration, quality assessment and improvement of the programs or services we offer. In addition, your PHI may be used for customer service purposes, or to ensure quality and efficient Plan operations (for example, to assist in the evaluation of a vendor who supports us). We also may use your PHI to support another health plan, insurer, or health care provider who has a relationship with you, for activities such as case management, care coordination, and quality improvement services. Your PHI (except for genetic information) may also be used for underwriting purposes. We may also contact you regarding health-related benefits and services available under the Plan.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **To Others Involved in Your Health Care.** If you are present or otherwise available to direct us to do so, we may disclose your PHI to others, for example, a family member, close friend, or caregiver. If you are in an emergency situation, and are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would only disclose that information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death. We may also disclose your PHI to your child's other parent.
- **To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a written Business Associate Agreement with us. We may also engage vendors to help us provide information and guidance regarding wellness or to participants with chronic conditions like diabetes and asthma.
- **To Plan Sponsors.** We may also disclose your PHI to Rhode Island School of Design (the "Plan Sponsor") and any applicable subsidiaries in connection with the activities described in this Notice. The Plan Sponsor has designated a limited number of

colleagues who are permitted to access and use your PHI for Plan operations and administration. When appropriate, we may share two types of PHI with these colleagues:

- Enrollment/disenrollment data: information on whether you participate in the health plan or whether you have enrolled or disenrolled from a Plan option.
- Summary health information: summaries of claims from which names and other identifying information have been removed

We are also required to make certain disclosures of PHI, without your authorization, in the following limited circumstances:

- **Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services as part of an investigation or determination into our compliance with HIPAA requirements.
- **Notification of a Breach.** We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured PHI.

The Plan or Plan Sponsor does not use or disclose your PHI for employment-related actions, such as hiring or termination, or for any other purpose not authorized by HIPAA. The Plan also does not use or disclose PHI for fundraising purposes.

If you are covered under an insured health plan or HMO, the insurer or HMO also may disclose PHI to the Plan Sponsor in connection with any of these activities.

Federal regulations allow us to use and disclose your PHI, without your authorization, for additional purposes, in accordance with law, including:

- For public health activities such as: the reporting of communicable diseases; the reporting and notification of abuse, neglect, or domestic violence to an appropriate government authority; and the reporting information about a product or activity that is regulated by the U.S. Food and Drug Administration to a person responsible for quality, safety, or effectiveness of the product or activity.
- For health oversight activities permitted by law, such as reporting to health oversight agencies that are legally responsible for supervision or regulation of the health care system or for ensuring compliance with the rules of government benefit programs such as Medicaid or Medicare. This also includes disclosures to other regulatory programs that require PHI for compliance determinations.
- For compliance with the law, when required.
- In connection with judicial and administrative proceedings or in response to a valid legal order.
- To police, correctional institutions, or other law enforcement officials, as required by law or in compliance with a court order or other legal process.
- To a coroner, medical examiner, or funeral director to obtain information about a deceased individual.
- To cadaveric organ, eye, or tissue donation programs to facilitate and coordinate their services.
- To avert, prevent, or lessen a serious threat to your health or safety, or the health or safety of the general public or another person.
- For specialized government functions (for example, military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, and to other government agencies such as the U.S. Military or U.S. Department of State, as required by law).

- For research, as permitted by law and as long as certain privacy-related standards are satisfied.
- For workers' compensation or similar programs established by law that provide benefits for work related injuries or illness.

As required by law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law, information disclosed pursuant to HIPAA's requirements can be subject to redisclosure by the recipient and no longer protected by HIPAA.

Notwithstanding the foregoing, if another federal or state law (including the rules of 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records, referred to as "Part 2") is more stringent than HIPAA in regards to a use or disclosure otherwise allowed above, the Plan will comply with the more stringent law. For example, to the extent applicable, any use or disclosure of substance use disorder treatment records subject to Part 2 shall only be allowed in compliance with Part 2 requirements.

We will make other uses and disclosures only after you authorize them in writing. You may revoke such an authorization in writing at any time. However, any revocation of an authorization will not affect the uses and disclosures that occurred prior to the revocation.

Your Rights Regarding PHI

The following is a description of your rights with respect to your PHI.

- **Right to Inspect and Copy.** Upon written request, and subject to limited exceptions, you have the right to inspect and get a copy of your PHI (and that of an individual for whom you are a legal guardian) in the Plan's possession.
- **Right to Request an Amendment.** You have the right to request an amendment to your PHI maintained by the Plan if you believe that it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.
- **Right to an Accounting of Non-Routine Disclosures.** You have the right to receive a list of non-routine disclosures we have made of your PHI. (When we make a routine disclosure of your PHI for Treatment, Payment and/or Health Care Operations purposes, we are not required to and do not keep a record; therefore, these are not available.) You have the right to a list of instances in which we, or our Business Associates, disclose PHI for reasons other than Treatment, Payment, or Health Care Operations. You can request non-routine disclosures going back six years from the date of your request. In addition, you do not have a right to receive an accounting of disclosures that you authorized in writing. This request must be submitted in writing.
- **Right to Request Restrictions.** You have the right to request that we place additional restrictions on our use or disclosure of your PHI as we carry out Treatment, Payment, or Health Care Operations. You may also ask us to restrict how we use and disclose your PHI to your family members, relatives, friends, or other persons you identify as involved in your care or payment for your care. We do not have to agree to these additional restrictions, but if we do, we must abide by our agreement (except in emergencies). Please contact our HIPAA Privacy Officer if you want to further restrict access to your PHI. This request must be submitted in writing. With respect to a health care provider, you have a right to request that a health care provider restrict disclosure of your PHI and not disclose such PHI and related claim information to the Plan, if the

PHI pertains solely to a health care item or service for which you or another person on your behalf has paid the health care provider in full outside of the Plan.

- **Right to Name a Personal Representative.** You may name another person to act as your Personal Representative who will be allowed to access your PHI, communicate with healthcare professionals on your behalf, and exercise some or all of your HIPAA rights on your behalf. This request must be submitted in writing.
- **Right to Request Confidential Communications.** You may request in writing to receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may want to have PHI sent only by mail or to an address other than your home.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. 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.

In some circumstances, a fee representing our actual costs may be charged to cover the cost of copying, postage, and materials. For more information about exercising these rights, contact the Plan's Privacy Officer listed in the "Contacting Us" section of this Notice.

Privacy Concerns, Questions, or Complaints

If you have a question regarding your HIPAA rights or feel that the Plan may have violated your privacy rights, not followed this Notice, or if you disagree with a decision made by the Plan regarding your access to your PHI, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights (OCR).

Any complaint to Rhode Island School of Design, the Plan, or OCR must be made in writing and describe in detail the facts supporting it.

You may contact Rhode Island School of Design or the Plan regarding any HIPAA privacy or security concern through mail or email using the information provided below.

To file a complaint with OCR, please visit: <https://www.hhs.gov/hipaa/filing-a-complaint/>.

Please be advised that individuals who file privacy or security complaints as a means of harassment or who falsify information may be subject to disciplinary action or other legal remedies commensurate with the violation.

We support your right to the privacy of your PHI and will not retaliate against or penalize you in any way if you file a complaint with us or with the U.S. Department of Health and Human Services.

Effective Date

This Notice is effective as of the date printed on the bottom.

Changes to This Notice

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain.

Contacting Us

You may contact the Rhode Island School of Design HIPAA Privacy Officer in writing or by

email at:

Renee Byas, General Counsel
20 Washington Place
Providence, RI 02903
rbyas@risd.edu

Keep the Plan Informed of Address Changes

You should keep the Plan informed of any changes in your address. In the event of a breach involving your unsecured PHI, the Plan will notify you at your address on record.