

TO: Participants in the Boston College Group Benefits Plan and the Boston College Flexible Spending Account Plan (“Plans”)

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED PLEASE REVIEW IT CAREFULLY

In operating your health plans, protecting the confidentiality of your personal medical information is always an important priority. The Plans have adopted policies to safeguard the privacy of your medical information and comply with federal law (specifically, the Health Insurance Portability and Accountability Act, known as “HIPAA”).

Note: “We” refers to the Boston College Group Benefits Plan and/or the Boston College Flexible Spending Account Plan, as well as, to the insurers and third-party administrators of the Plans. “You” or “your” refers to the individual participants.

How the Plans May Use Your Information

In order to manage your health plan effectively, we are permitted by law to use and disclose your personal medical information (called “Protected Health Information,” or PHI) in certain ways without your authorization:

For Treatment. Providers may use your Protected Health Information to coordinate or manage your health care services. The Plans 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 Plans may advise an emergency room physician about the types of prescription drugs you currently take.

For Payment. To ensure that claims are paid accurately and you receive the correct benefits, we may use and disclose your PHI to determine plan eligibility and responsibility for coverage and benefits. We may also use your PHI for utilization review purposes.

For Health Care Operations. To ensure quality and efficient plan operations, we may use your PHI in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used, for example, to assist in evaluating a vendor who supports us. We also may contact you with appointment reminders or to provide information about treatment alternatives or other health-related benefits and services available under the Plans.

The Plan is prohibited from using or disclosing genetic information for underwriting purposes, and will not use or disclose any of your PHI that contains genetic information for underwriting purposes.

Other Permitted Uses and Disclosures

Federal regulations allow us to use and disclose your PHI, without your authorization, for several additional purposes:

- Public health
- Reporting and notification of abuse, neglect or domestic violence
- Oversight activities of a health oversight agency
- Judicial and administrative proceedings
- Law enforcement
- Research, as long as certain privacy-related standards are satisfied
- To a coroner or medical examiner
- To organ, eye or tissue donation programs
- To avert a serious threat to health or safety
- Workers’ Compensation or similar programs that provide benefits for work-related injuries or illness

- Specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)
- Other purposes required by law, provided that the use or disclosure is limited to the relevant legal requirements

In Special Situations

We may disclose your PHI to a family member, relative, close personal friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care.

We also may use your PHI to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

We will make other uses and disclosures only after you authorize them in writing. You may revoke your authorization in writing at any time.

Your Rights Regarding Protected Health Information

You have the right to:

- Inspect and copy your Protected Health Information
- Amend or correct inaccurate information
- Receive a paper copy of this Notice
- Receive an accounting of certain disclosures of your information made by us
 - However, you are not entitled to an accounting of several types of disclosures including, but not limited to
 - Disclosures made for payment, treatment or health care operations
 - Disclosures you authorized in writing
 - You have the right to receive an accounting of disclosures of your PHI through an electronic health record by the Plans to carry out treatment, payment and health care operations during the three years prior to your request.

Right to Request Restrictions

You may ask us to restrict how we use and disclose your PHI as we carry out payment, treatment, or health care operations. You may also ask us to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. However, we are not required to agree to these requests.

Notwithstanding our right to otherwise not agree to your request to restrict disclosures of your PHI, we will comply with the requested restriction if:

- Except as otherwise required by law, the disclosure is to a health plan for the purposes of carrying out payment or health care operations (and not for the purposes of carrying out treatment), and
- The PHI pertains solely to a health care item or service for which the health care provider has already been paid.

Right to Request Confidential Communications

You may request 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 only want to have the information sent by mail or to an address other than your home.

Complaints

If you believe that your privacy rights have been violated, or that the privacy or security of your unsecured PHI has been compromised, you may file a written complaint without fear of reprisal. Direct your complaint to the Plan Administrator at the address below or to the appropriate regional office of the Office of Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

About This Notice

We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this Notice, you will receive a copy of the new Notice from the Plans. A copy of the current Notice will be posted in the Boston College Department of Human Resources at all times.

Contacting Us

You may exercise the rights described in this Notice by contacting the following Boston College office:

Boston College	Email: benefits@bc.edu
Benefits Office	
Attn: HIPAA Privacy Official	
140 Commonwealth Avenue	
Chestnut Hill, MA 02467-3819	

Date of Notice: December 2018