
NOTICE OF PRIVACY PRACTICES FOR THE EMORY UNIVERSITY GROUP HEALTH PLANS

As Updated Effective January 1, 2026

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

Emory University, as the sponsor of its group health plans established for the benefit of its employees and retirees (collectively, the “Plan Sponsor”), is required by law to take steps to ensure the privacy of your personally identifiable health information and to provide you with this Notice of Privacy Practices (“Privacy Notice”). This Privacy Notice is provided to you as a covered person under any of the group health plans, including the active and retiree medical options, prescription drug, health care spending account, retiree health reimbursement accounts, employee assistance program (EAP), wellness benefits and/or dental or vision plans established by the Plan Sponsor. This Notice is intended to inform you, in a summary fashion, of your rights under the privacy provisions of HIPAA and the HIPAA obligations imposed on the health benefits provided under the Emory University Health Care Plan, Beneflex Plan and Post-65 Retiree Health Reimbursement Arrangement (collectively, the “Plan”).

A federal law, known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), requires the Plan to maintain the privacy of your protected health information (“PHI”). PHI encompasses substantially all “individually identifiable health information” which is transmitted or maintained by the Plan, regardless of its form. 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 Plan Sponsor or its benefit plans. For example, PHI does not include health information maintained by Plan Sponsor in its capacity as an employer, such as drug testing results, sick leave requests and related physician notes and medical information used for processing Family Medical Leave Act (FMLA) requests. Further, PHI does not include health information that is used or maintained by Plan Sponsor’s non-health benefit plans, such as workers’ compensation, life insurance, accidental death and dismemberment (AD&D) and short and long term disability benefits. If health information is not PHI, then the health information is not protected by HIPAA and is not covered by this Privacy Notice.

Plan Sponsor and the Plan understand that your PHI is personal and private, and both are committed to maintaining the privacy of your PHI. This Privacy Notice summarizes the Plan’s legal duties and privacy practices with respect to PHI. In particular, this Privacy Notice describes the ways in which the Plan may use or disclose your PHI. It also describes the Plan’s obligations to you and your individual rights regarding the use and disclosure of your PHI. HIPAA requires the Plan to provide this Privacy Notice to you and to comply with its terms.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe the different ways that the Plan may use and disclose your health information, all of which can be accomplished without your authorization. For each category, the Privacy Notice outlines the uses or disclosures included in the category, but not every use or disclosure within a category can be listed.

For Treatment. The Plan may use and disclose your PHI to provide, coordinate or manage your health care treatment and any related services provided to you by health care providers. This includes the coordination or management of your health care by a health care provider. For example, the Plan may use and disclose your PHI to describe or recommend treatment alternatives to you and to provide information about health-related benefits and services that may be of interest to you and generic prescription drug alternatives.

For Payment. The Plan may use and disclose your PHI to make coverage determinations and provide payment for health care services you have received. These activities include determining your eligibility for benefits under the Plan (including coordination of benefits or the determination of cost sharing amounts); processing your claims for benefits under the Plan; resolving subrogation and reimbursement rights under the Plan; billing, claims management and collection activities; obtaining payment under stop-loss and excess loss insurance policies; reviewing health care services you receive for Plan coverage, medical necessity and appropriateness; and conducting utilization review activities (including precertification, preauthorization, concurrent review and retrospective review activities). For example, the Plan may disclose your health information to a third party (for instance, a medical reviewer) when necessary to resolve the payment of a claim for health care services that have been provided to you.

For Health Care Operations. The Plan may use and disclose your PHI for administration and operations, including quality assessment and quality improvement activities; underwriting, premium rating and other activities relating to the creation, renewal or replacement of a health insurance or health benefits contract or a stop-loss or excess loss insurance contract; conducting or arranging for medical assessments, legal services and auditing functions (including fraud and abuse detection and compliance programs), and other general administrative activities such as customer service and HIPAA compliance. For example, the Plan may disclose health information to potential health insurance carriers to obtain a premium bid from the carrier. The health plans subject to this Privacy Notice may share health information between them to carry out Treatment, Payment or Health Care Operations.

Special Protections for Genetic Information. The Plan is not permitted to use or disclose your genetic information for underwriting purposes, which includes (1) determining whether

you are eligible for benefits; (2) determining the premium for coverage; (3) determining whether you are subject to a pre-existing condition exclusion; and (4) other activities related to the creation, renewal or replacement of the coverage provided under the Plan.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN SPECIAL SITUATIONS

Outlined below are other situations in which the Plan may use or disclose your PHI without your authorization. Uses or disclosures may be performed by the Plan or any business associate on behalf of the Plan.

Disclosure to You or Your Personal Representative. The Plan may disclose your PHI to you or your personal representative.

Disclosure to the Plan Sponsor. The Plan, or an HMO or insurer of benefits provided under the Plan, may disclose your PHI without your written authorization to the Plan Sponsor for plan administration purposes. The Plan Sponsor agrees not to use or disclose your health information other than as permitted or required by the plan document(s) for the Plan and by applicable law. In particular, your health information will not be used or disclosed for employment decisions, and any genetic information will not be used or disclosed for purposes of any underwriting activity.

Disclosure to a Business Associate. Certain services are provided to the Plan by third party administrators known as “business associates.” For example, the Plan may pay your health care provider’s claims through an electronic claims processing system maintained by one or more of its business associates. In doing so, the business associate will obtain, maintain, use and disclose your PHI so it can perform this service. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information as required under HIPAA.

Public Health Activities. The Plan may use or disclose your PHI for public health activities. Permitted disclosures include:

- Disclosure to a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) in connection with activities related to the quality, safety or effectiveness of FDA-regulated products.
- Disclosure to report births and deaths.
- Disclosure to report reactions to medications, problems with health related products or to notify a person of recalls of medications or products the person may be using.
- Disclosure to a public health authority for the purpose of preventing or controlling disease, injury or disability, or to report child abuse or neglect.
- Disclosure, if authorized by law, to a person who may have been exposed to or be at risk of contracting or spreading a communicable disease.

Abuse or Neglect. The Plan may disclose your PHI to an appropriate government authority that is authorized by law to receive reports of child abuse, neglect or domestic violence, including a social services or protective services agency, if it reasonably believes you to be a victim of abuse, neglect or domestic violence. However, the Plan will only disclose your PHI in these situations, if (1) the disclosure is required by law; (2) you agree to the disclosure; or (3) it reasonably believes that the disclosure is necessary to prevent serious harm to you or

other potential victims. The Plan will notify you of a disclosure for abuse or neglect purposes if doing so will not place you at further risk of serious harm.

Health Oversight Activities. The Plan may disclose your PHI to a health oversight agency for certain activities authorized by law including audits; civil, administrative, or criminal investigations; inspections; licensure or other activities necessary for appropriate oversight of the health care system.

Judicial and Administrative Proceedings. In certain limited situations, the Plan may disclose your PHI in response to a valid court or administrative order. The Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if it receives satisfactory assurances that the party seeking the information has tried to inform you of the request or to obtain a qualifying protective order to safeguard the information requested.

Required by Law. The Plan will use or disclose your PHI where required to do so by federal, state or local law. It may also disclose your PHI to the Department of Health and Human Services regarding HIPAA compliance matters.

Coroners, Medical Examiners and Funeral Directors. The Plan may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Plan may also disclose PHI to a funeral director, as necessary to allow the funeral director to carry out his or her duties.

Organ and Tissue Donation. If you are an organ donor, the Plan may disclose your PHI as necessary to facilitate organ or tissue donation, including transplantation.

Research. The Plan may disclose your PHI to researchers without your authorization if their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI and the researchers have provided certain necessary representations regarding the research.

Serious Threat to Health or Safety. The Plan may use or disclose your PHI, consistent with applicable law and standards of ethical conduct, if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or, in certain cases, when the information is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply and if you are a member of the Armed Forces, the Plan may disclose your PHI (1) for activities deemed necessary by appropriate military command authorities, or (2) to a foreign military authority if you are a member of that foreign military service. The Plan may also disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and national security activities. The Plan may also disclose PHI to authorized federal officials for the provision of protective services to the President or others that are authorized by law.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, the Plan may disclose your PHI to the institution or official if the information is necessary for (1) the provision of health care to you, (2) your health and safety or the health and safety of other inmates, the officers, employees, or others at the correctional institution, (3)

law enforcement on the premises of the correctional institution, or (4) the safety and security of the correctional institution.

Workers' Compensation. The Plan may disclose your PHI as necessary to comply with workers' compensation laws and other similar legally established programs that provide benefits for work-related injuries or illness without regard to fault.

Law Enforcement Purposes. The Plan may disclose your PHI, in certain situations, to law enforcement officials, including: (1) when directed by a court order, subpoena, warrant, summons or similar process; (2) if necessary to identify or locate a suspect, fugitive, material witness or missing person; and (3) if necessary to report information about the victim of a crime in limited circumstances where the victim is unable to provide consent.

Substance Use Disorder Treatment Records. If the Plan maintains or receives your substance use disorder treatment records from a program regulated under 42 CFR part 2 (referred to as a "Part 2 Program") pursuant to a general consent you provided allowing the Part 2 Program to use and disclose your records for purposes of treatment, payment and health care operations, the Plan may use and disclose such records in accordance with HIPAA. If the Plan maintains or receives your substance use disorder treatment records from a Part 2 Program pursuant to your specific consent, the Plan may use and disclose your records only as expressly permitted in the consent. However, in no event will the Plan use or disclose your substance use disorder treatment records received from a Part 2 program (or testimony relating the content of such records) in any civil, criminal, administrative, or legislative proceedings against you unless specifically authorized by you or by order of a court after it provides you with notice of the court order as required by HIPAA.

Note: Keep in mind that your PHI which is disclosed for a permitted purpose pursuant to HIPAA may be subject to redisclosure and no longer protected by HIPAA.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

To use or disclose your PHI for any reason other than those described in this Privacy Notice, the Plan must obtain your written authorization. Specifically, it must obtain your written authorization (1) in certain situations to use or disclose psychotherapy notes about you, (2) to market (or allow other parties to market) products or services to you if that marketing involves receipt by the Plan of financial remuneration, and (3) to sell your PHI to a third party in exchange for remuneration (except in cases of mergers or acquisitions).

If you sign an authorization form, you may revoke your authorization by submitting a request in writing. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by the authorization. However, uses and disclosures by the Plan that occurred prior to your revocation will remain valid.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have several important rights with regard to your PHI, summarized below. In many cases, you can exercise these rights by contacting the claims administrator for the applicable benefit option. You may also contact the Privacy Official for additional information and to exercise any of these rights.

Right to Inspect and Copy. With certain exceptions described below, you have the right to inspect and copy your PHI if it is

part of a "designated record set" or "DRS." The DRS is the group of records maintained by or on behalf of the Plan and contained in the enrollment, payment, claims adjudication, and case or medical management record systems of the Plan, and any other records which are used by the Plan to make decisions about individuals. This right does not extend to psychotherapy notes, information gathered for certain civil, criminal or administrative proceedings, and information maintained by the Plan Sponsor that duplicates information maintained by a Plan third-party administrator in its DRS. If you request a copy of your PHI contained in a DRS, the Plan may charge you a reasonable, cost-based fee for the expense of copying, mailing and/or other supplies associated with your request. To inspect and obtain a copy of your PHI that is part of a DRS, you must submit your request in writing. In most cases, you must use a specific form, which you can request directly from the Privacy Official.

The Plan must provide you with access to the PHI contained in a DRS in the form and format you request. However, if the PHI is not readily producible in such form or format, it must be produced in a readable hard copy form or such other form as agreed to by the Plan and you. Further, if the PHI is maintained in an electronic DRS, you may request an electronic copy of the PHI in an electronic form or format. However, if the PHI is not readily producible in a specific electronic form and format requested by you, the Plan and you must agree on the electronic form or format in which it will be produced.

If you exercise your right to access your PHI, the Plan will respond to your request within 30 days. If the Plan is unable to respond within 30 days, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

The Plan may deny your request to inspect and copy your PHI in certain limited situations. If you are denied access to your PHI, you will be notified in writing. The notice of denial will include the basis for the denial, and a description of any appeal rights you may have and the right to file a complaint with the Plan or with the Department of Health and Human Services. If the Plan does not maintain the PHI that you are seeking but knows where it is maintained, the Plan will notify you of where to direct your request.

Right to Amend. If you believe that your PHI in a DRS is incorrect or incomplete, you may request that the Plan amend the PHI. Any such request must be made in writing and must include a reason that supports your requested amendment. In most cases, you must use a specific form, which you can request directly from the Privacy Official. The Plan must respond to your request within 60 days. If the Plan is not able to respond within this 60-day period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

In limited situations, the Plan may deny your request to amend your PHI. For example, the Plan may deny your request if (1) the PHI was not created by the Plan (unless the person who created the information is no longer available to make the amendment); (2) the Plan determines the information to be accurate or complete; (3) the information is not part of the DRS; or (4) the information is not part of the information which you would be permitted to inspect and copy, such as psychotherapy notes. If your request is denied, you will be notified in writing. The notice of denial will include the basis for the denial, and a description of your right to submit a statement of disagreement and a description of your right to file a complaint with the Plan or with the Department of Health and Human Services.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain types of disclosures of your PHI made by the Plan during a specified period of time. You do not have the right to request an accounting of all disclosures of your PHI. For example, you do not have the right to receive an accounting of (1) disclosures for purposes of Treatment, Payment or Health Care Operations; (2) disclosures to you or your personal representative regarding your own PHI; (3) disclosures pursuant to an authorization; or (4) disclosures prior to April 14, 2003.

Your request must indicate the time period for which you are seeking the accounting, such as a single month, six months or two calendar years. This time period may not be longer than six [6] years prior to the date of the request. The Plan must respond to your request within 60 days. If the Plan is not able to respond within this 60-day period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

The Plan will provide the first accounting you request in any 12-month period free of charge. The Plan may impose a reasonable, cost-based fee for each subsequent accounting request within the 12-month period. The Plan will notify you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI that the Plan uses or discloses about you in certain situations. However, the Plan is not required to agree to your request. The Plan has determined that approving these requests would generally interfere with the resolution of benefit claims and, therefore, a restriction request will only be approved in special and compelling circumstances in the sole discretion of the Plan.

With respect to a health care provider, you have a right to request that the 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 fee which you (or another person acting on your behalf) has paid the health care provider in full outside of the Plan.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about health matters in a specific manner or specific location. To request confidential communications, you must make your request in writing and must specify how and/or where you wish to be contacted, for example, by mailings to a post office box. In most cases, you must use a specific form, which you can request directly from the Privacy Official. The Plan will consider and attempt to accommodate all reasonable requests.

Right to a Paper Copy of this Notice. If you receive electronic copies of participant disclosures provided by the Plan (e.g., summary plan descriptions), you will also receive a copy of this Privacy Notice electronically. You have the right to request a paper copy of this Privacy Notice, even if you previously received this Privacy Notice electronically. Any such request should be submitted to the address provided under "Contact Information" below.

Personal Representatives. You may exercise your HIPAA rights through a personal representative. The representative must produce appropriate evidence of his or her authority to act on your behalf. Examples of acceptable authority include (1) a power of attorney, notarized by a notary public, (2) a court order of appointment as conservator or guardian and (3) a parent of an unemancipated minor. The Plan may deny access to PHI to a

personal representative, including a parent of an unemancipated minor, if it determines that the denial is in the best interest of the individual.

NOTICE OF A BREACH OF UNSECURED PHI

Under HIPAA, the Plan and its business associates are required to maintain the privacy and security of your PHI. The goal of the Plan and its business associates is to not allow any unauthorized uses or disclosures of your PHI. However, regrettably, an unauthorized use or disclosure of your PHI could occur. These incidents are referred to as "breaches." If a breach affects you and is related to unsecured PHI, the Plan or its business associate will notify you of the breach and the actions taken by the Plan or business associate to mitigate or eliminate the exposure to you.

CHANGES TO THIS PRIVACY NOTICE

The Plan reserves the right to change, at any time, its privacy practices and this Privacy Notice. If this Privacy Notice is revised, a revised copy of the Privacy Notice will be distributed to you and posted on the applicable website. Unless otherwise provided, the revised Privacy Notice will be effective for all PHI that the Plan maintains at the time of the revision, as well as PHI it creates or receives in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint to the Plan or the Secretary of the Department of Health and Human Services. Plan Sponsor will not retaliate against you for filing a complaint with the Plan or with the Department of Health and Human Services.

To submit a complaint to the Plan, you must submit the complaint in writing to the Privacy Official using the address below. To submit a complaint to the Department of Health and Human Services, you should follow the procedures described on the website for the Office for Civil Rights of the Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. The contact information for the Office of Civil Rights is also located on this website.

CONTACT INFORMATION

All requests, complaints, submissions required to be in writing, inquiries and questions with respect to your privacy rights, complaints and this notice should be directed to:

Privacy Officer
Emory University Human Resources
1599 Clifton Road, First Floor
Atlanta, GA 30322

Office of Ethics and Compliance
1599 Clifton Road, NE, 5th Floor
Mailstop: 1599-001-1AY
Atlanta, GA 30322