

**BOWDOIN COLLEGE HEALTH PLAN
BOWDOIN COLLEGE DENTAL PLAN
BOWDOIN COLLEGE VISION PLAN
BOWDOIN COLLEGE HEALTH CARE REIMBURSEMENT PLAN
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 IT CAREFULLY.

THIS NOTICE PROVIDES YOU WITH INFORMATION REQUIRED BY LAW about how the Bowdoin College Health Plan, the Bowdoin College Dental Plan, the Bowdoin College Vision Plan, and the Bowdoin College Health Care Reimbursement Plan (the “Plans”) sponsored by Bowdoin College (the “Plan Sponsor”) may use and disclose your medical information. It also describes your rights to access and control your medical information. The Plans provide group health benefits to you as described in the respective summary plan descriptions for the Plans. The Plans receive and maintain your medical information in the course of providing these health benefits to you. The Plans are required by Federal law to maintain the privacy of your medical information and to provide you with this Notice.

As used in this Notice, your medical information means your “protected health information” or “PHI.” PHI is information, including demographic information, that may identify you and that relates to health care services provided to you, payment for health care services provided to you, or your physical or mental health or condition, in the past, present, or future.

The Plans are required to follow the terms of this Notice until it is replaced. The Plans reserve the right to change the terms of this Notice at any time. In that event, the Plans will provide a new Notice to all participants covered by the Plan at that time. The new Notice will be available on the Plans’ Web sites and upon request. The Plans reserve the right to apply the changes to all of your PHI maintained by the Plans before and after the effective date of the new Notice.

Purposes for Which the Plan May Use or Disclose PHI Without Your Authorization

The Plans may use and disclose your PHI for treatment, payment, and health care operations:

- **Health Care Providers’ Treatment Purposes.** Treatment refers to the provision and coordination of health care by a doctor, hospital, or other health care provider. For example, the Plans may disclose your PHI to your doctor, at the doctor’s request, for your treatment by him or her. The Plans themselves do not provide treatment.
- **Payment.** Payment refers to the activities of the Plans in collecting contributions and paying claims for health care services you receive. For example, the Plans may use or disclose your PHI to pay claims for covered health care services or to provide eligibility information to your doctor. Other examples include sending your PHI to an external medical review company to determine the medical necessity or experimental status of a treatment and sharing PHI with other payors (such as insurance companies) to determine coordination of benefits or settle subrogation claims.
- **Health Care Operations.** Health Care Operations refers to the basic business functions necessary to operate the Plans. For example, the Plans may use or disclose your PHI (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities related to the Plan coverage, (iii) submitting claims for stop-loss coverage, and (iv) business

planning, business management, and general administration of the Plans. The Plans are not permitted to use or disclose your genetic information for underwriting purposes.

In addition, the Plans may use and disclose your PHI in the following ways:

- To you, as the covered individual.
- To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
- In providing you with information about treatment alternatives and other benefits and services that may be of interest to you.
- To the Secretary of Health and Human Services (“HHS”) or any employee of HHS as part of an investigation to determine our compliance with the medical privacy rules, or as otherwise required by federal, state, or local law.
- To a business associate that performs services for the pertinent Plan. Each business associate must agree in writing to ensure the continuing confidentiality and security of your PHI.
- To the Plan Sponsor, under these circumstances: (i) Each Plan may disclose, in summary form, claims history and other similar information that does not disclose your name or other distinguishing characteristics. (ii) Each Plan may disclose the fact that you are enrolled in, or disenrolled from, the Plan. (iii) Each Plan may disclose your PHI to the Plan Sponsor for Plan administrative functions if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your PHI. The Plan Sponsor also must agree not to use or disclose your PHI for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.
- To a health oversight agency for activities authorized by law; to federal officials for lawful intelligence, counterintelligence, and other national security purposes; to public health authorities for public health purposes; and to appropriate military authorities, if you are a member of the armed forces.
- In response to a court order, subpoena, discovery request, or other lawful judicial or administrative proceeding.
- To a governmental authority, including a social service or protective services agency, when an individual is reasonably believed to be a victim of abuse, neglect, or domestic violence.
- As required for limited law enforcement purposes or to avert a serious threat to an individual’s or the public’s health or safety (for example, to notify authorities of a criminal act).
- As required to comply with Workers’ Compensation or other similar programs established by law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.

Uses and Disclosures That Require Your Written Authorization

None of the Plans will use or disclose your PHI for any other purposes except those listed above unless you give the applicable Plan your written authorization. Some uses and disclosures that require your written authorization include:

- **Sales and Marketing of PHI.** The Plans may not sell or market your PHI without your written authorization. The Plans do not sell, market, rent, or license your PHI.
- **Psychotherapy Notes.** The Plans and health care providers may not use or disclose psychotherapy notes without your written authorization except for limited purposes. The Plans do not maintain or have access to psychotherapy notes.

If you give a Plan written authorization to use or disclose your medical information for a purpose that is not described in this Notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all of your PHI that the Plans maintain, to the extent that a Plan has not already used or disclosed PHI in reliance on your authorization.

Other Health Information

Not all health information relating to you is PHI subject to these rules. The use and disclosure of health information that you provide (or that is provided by someone else at your request) and is received and maintained by your employer as part of your employment records is not subject to these rules. Your employer may use such information to fulfill its legal obligations under the Family and Medical Leave Act or the Americans with Disabilities Act, or to disclose such health information in connection with the provision to you (or your beneficiaries) of life insurance, disability, or workers' compensation benefits.

Your Rights Regarding Your Medical Information (PHI)

You have the right to make a written request to a Plan to do one or more of the following concerning your PHI:

- To put additional restrictions on the Plan's use and disclosure of your PHI. The Plan does not have to agree to your request, unless your request is to restrict the use or disclosure of PHI for payment or healthcare operations for which you have made payment in full (out-of-pocket) for the services.
- To communicate with you by a different means or at a different location. The Plan does not have to agree to your request unless confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect contributions and pay claims. Your request must specify the alternative means or location to communicate with you.
- To see and get copies of your PHI that is contained in a designated record set for as long as the Plan maintains the PHI. A "designated record set" contains claim information, payment, and billing records and any other records the Plan has created in making claim and coverage decisions relating to you. If your PHI is maintained electronically, then you may request the PHI in electronic form. If your request for access is denied, you may have a right to have that decision reviewed.
- To correct your PHI in a designated record set, for as long as the Plan maintains the PHI. The Plan may deny your request if it determines that the medical information was not created by the Plan, is not part of designated record set, or is not information that is available for inspection, or that the PHI is accurate and complete. If the Plan denies your request, you have the right to include a statement of

disagreement with your PHI, and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you.

- To receive a list of disclosures of your PHI by the Plan and its business associates for certain purposes (not including disclosures for treatment, payment, and health care operations, as described above, and disclosures made to you or your personal representative) for the last 6 years. If you request more than one accounting within a 12-month period, the Plans may charge a reasonable, cost-based fee for each subsequent accounting.
- To send you a paper copy of this Notice if you received this notice by e-mail or on the internet, even if you previously agreed to accept this Notice electronically.

To exercise any of these rights described in this Notice, please contact the Contact Office. The Contact Office will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

Notice of Breach

The Plans must notify you of a breach of your unsecured PHI. In general, a breach occurs if an unauthorized acquisition, access, use, or disclosure of PHI compromises the security or privacy of the PHI. The Plans have implemented policies and procedures to comply with the breach notification requirements.

Complaints

If you believe your privacy rights under HIPAA have been violated, you may file a complaint with the Privacy Contact listed in this Notice. You may also file a complaint with the HHS Office for Civil Rights; visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> for information. Neither the Plan nor the Plan Sponsor will retaliate against you for filing a complaint.

Contact Office for Privacy Officer and Privacy Contact

The Plan Sponsor and the Plan have designated a Privacy Officer, who has a general duty to oversee compliance with the privacy standards of HIPAA under the Plan and a Privacy Contact who can answer questions and provide information to you about your privacy rights. As of the effective date of this Notice, the Privacy Officer is the Director of Human Resources and the Privacy Contact is the Assistant Director of Human Resources.

To request additional copies of this Notice or to receive more information, please contact:

Vice President for Human Resources, Bowdoin College
3500 College Station
Brunswick, Maine 04011-8246
Telephone: 207-725-3837 Fax: 207-725-3976
E-mail: tspoerri@bowdoin.edu

Effective Date of Notice

This notice is effective September 30, 2019.