HEALTHCARE FLEXIBLE SPENDING ACCOUNT PLAN
FOR UAH REGULAR FULL-TIME EMPLOYEES
Administered by Inspira Financial Health, Inc.

NOTICE OF PRIVACY PRACTICES

Effective Date of Notice*: *January 1, 2007
Amended Date of Notice: September 23, 2013
Most Recent Amended Date of Notice: November 5th, 2026

THIS NOTICE APPLIES ONLY TO THE HEALTHCARE FLEXIBLE SPENDING ACCOUNT AND DOES NOT APPLY TO ANY OTHER BENEFITS, SUCH AS DEPENDENT CARE, PROVIDED UNDER THE FLEXIBLE SPENDING ACCOUNT PLAN. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE HEALTHCARE FLEXIBLE SPENDING ACCOUNT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY THE HIPAA PRIVACY RULE about the duties and privacy practices of The University of Alabama in Huntsville self-funded Healthcare Flexible Spending Account, which covers UAH employees enrolled in the healthcare flexible spending account plan (the "Plan"), to protect the privacy of your protected health information (PHI). PHI includes a combination of medical information and individually identifiable information, such as your home address, phone number and social security number.

This Healthcare Flexible Spending Account is sponsored by The University of Alabama in Huntsville (the "Plan Sponsor"). The University of Alabama in Huntsville is a hybrid covered entity, and this Notice applies only to its Healthcare Flexible Spending Account and administrative departments at the University of Alabama in Huntsville or within the University of Alabama System that may provide legal, billing, auditing, technology support, or other administrative support for this Plan, including but not limited to The University of Alabama System Office of Counsel, The University of Alabama System Office of Internal Audit, The University of Alabama in Huntsville's Privacy and Security Officers, UA and UAH Human Resources and their Privacy and Security Officers, and UAH, UA and UAS Risk Management. For purposes of this Notice, the Healthcare Flexible Spending Account and its affiliated administrative support departments, when providing administrative support for the Healthcare Flexible Spending Account, will be referred to as "the Plan."

The Plan provides flexible health reimbursement benefits to you as described in your Inspira Flexible Spending Account Summary Plan Description. The Plan receives and maintains your PHI in the course of providing medical reimbursement benefits to you. The Plan hires business associates, such as Inspira, to help it provide these benefits to you. These business associates also receive and maintain your PHI in the course of assisting the Plan.

Our Pledge Regarding Medical Information

The Plan understands that medical information about you and your health is personal. The Plan is committed to protecting protected health information (PHI_ about you . This Notice will tell you about the ways in which the Plan (or its business associates, such as Inspira) may use and disclose PHI about you. This Notice also describes your rights and certain obligations the Plan has regarding the use and disclosure of PHI. The Plan is required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to PHI about you;
- notify you in the case of a breach of your unsecured identifiable medical information; and
- follow the terms of the notice that is currently in effect.

Changes To This Notice

The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes material changes to this notice, the Plan will, within 60 days of making those material revisions, provide a new notice to all subscribers then covered by the Plan, unless another date is permitted by law. We will post our new notice on the website at http://www.uah.edu/hr/benefits/insurance/flex-spending. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

PHI Safeguards

The Plan is committed to maintaining the security and confidentiality of information received from you relating to the Healthcare Flexible Spending Account. Physical, electronic, and procedural safeguards will be maintained that comply with federal and state laws to protect information against unauthorized access and use.

The Plan's Privacy and Officers have the overall responsibility of implementing and enforcing policies and procedures to safeguard your PHI against inappropriate access, use, and disclosure. Information on how to contact the Privacy and Security Officer is included at the end of this Notice.

Disclosures to Family Members

Your PHI will be shared with your family members or authorized representatives in one of two ways:

- You are present, either in person or on the telephone, and give us permission to talk to the other person, or
- You sign an authorization form allowing the Plan to discuss any information about you or claims filed under your account with the Plan.

Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization

The following categories describe different purposes for which the Plan may use and/or disclose your PHI/medical information. Not every use or disclosure in a category will be listed. However, all

of the ways the Plan is permitted to use and/or disclose information will fall within one of the categories.

- *Health Care Providers' Treatment Purposes*. While the Plan generally does not use or disclose your PHI to health care providers for treatment, the Plan is permitted to do so if necessary.

- *Payment*. The Plan may use or disclose your PHI to administer the Plan, which includes reimbursing you for eligible health care expenses for you and your dependents that are not reimbursed by insurance. The Plan may use your information to determine your eligibility for enrollment and for reimbursement and other services, including responding to complaints, appeals and external review requests.

- *Health Plan Operations*. For example, the Plan may use or disclose your PHI to perform its functions as a health care flexible spending account plan. This may include: (i) conducting quality assessment and improvement activities, (ii) underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) authorizing business associates to perform data aggregation services, (iv) engaging in care coordination or case management, and (v) managing, planning or developing the Plan's business, including conducting or arranging for legal, billing, auditing, compliance and other administrative support functions and/or services. **Note: we will not use or disclose genetic information about you for underwriting purposes**.

- *Individuals Involved in Your Care or Payment for Your Care*. The Plan may release information about to the Subscriber, a family member, friend or other person who is involved in your medical care or payment for your medical care, and to your personal representative(s) appointed by you or designated by applicable law. State and federal law may require us to secure permission from a child age 14 or older prior to making certain disclosures of medical information to a parent. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your status and location.

- *Health Services*. The Plan may use and disclose your PHI to contact you to provide you information about other flexible spending account benefits and services that may be of interest to you. The Plan may disclose your PHI to its business associates to assist the Plan in these activities.

- Certain Marketing Activities. The Plan may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by The Plan, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

- *As required by law*. The Plan will disclose PHI when required to do so by federal, state or local law. For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

- *To Business Associates*. The Plan may disclose your PHI to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information. For example, Inspira is the Third Party Administrator for the Plan, and is required to sign a Business Associate Agreement agreeing to comply with the HIPAA Privacy and Security Regulations and to provide appropriate safeguards to protect the privacy of your medical information. Other examples may include a copy service, consultants, accountants, lawyers and subrogation companies.

- *To Plan Sponsor*. The Plan may disclose to the Plan Sponsor, in summary form, reimbursement history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to Designated Plan Sponsor Employees to perform customer service functions on your behalf and/or to perform Plan administrative functions. These Designated Employees must agree to comply with the HIPAA Privacy and Security Regulations and they may be subject to sanctions for non-compliance. The Plan Sponsor and its Designated Employees must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor, except as otherwise permitted by HIPAA.

The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes (for identification and location of fugitives, witnesses or missing persons, for suspected victims of crimes, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises).
- To a government authority authorized by law to receive reports of child, elder and domestic abuse or neglect.
- For research purposes in limited circumstances.
- To a coroner or medical examiner to identify about a deceased person or determine the cause of death, or to a funeral director as necessary to carry out their duties.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs or compliance with civil rights laws.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- To public health authorities for public health purposes.
- To the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.
- To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. The Plan will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. If you give the 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 your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your Rights

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

1. Request Restrictions: To put additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request; however, if the Plan agrees to comply, it will comply unless the information is needed to provide emergency treatment.

2. Request Confidential Communications: To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to reimburse claims. Your request must specify the alternative means or location to communicate with you in confidence.
3. Inspect and Copy: To see and get copies of your medical information maintained by the Plan for the purpose of reimbursement of claims and other decisions. Usually, this includes enrollment, payment, claims adjudication and case or medical management records held by the Plan. In limited cases, the Plan does not have to agree to your request.
4. Amend: To request correction of PHI maintained in the Plan's records, if that information is in error or incomplete. In some cases, the Plan does not have to agree to your request.
5. Accounting: To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last 6 years.
6. Paper Copy of Notice: To send you a paper copy of this notice if you received this notice by e-mail or on the internet. (Please send request to UAH Contact Office). You may also obtain a copy of this Notice on the Plan's website at: http://www.uah.edu/hr/benefits/insurance/flex-spending.

If you want to exercise the first five rights listed above, please contact Inspira Customer Service at 800-284-4885. You will be provided the necessary information and forms for you to complete and return, and Inspira will advise the Plan of your request. In some cases, the Plan (or Inspira as its Third Party Administrator) may charge you a nominal, cost-based fee to comply with your request.

Complaints

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You may file a complaint with the Plan by sending it to the UAH Privacy Officer at our UAH Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

UAH Contact Office

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

UAH Contact Office: UAH Human Resources Privacy Officer

Telephone: (256) 824-6640 Fax: (256) 824-6908

E-mail: benefits@uah.edu

Address: 301 Sparkman Drive, Shelbie King Hall 102, Huntsville, AL 35899

YOUR RESPONSIBILITIES FOR PROTECTING MEDICAL INFORMATION

As a member of the Plan, you are expected to help us safeguard your medical information. For example, you are responsible for letting us know if you have a change in your address or phone number. You are also responsible for keeping your health plan ID card safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect someone has tried to access your records or those of another member without approval, let us know as soon as possible so we can work with you to determine if additional precautions are needed.

Notice of Financial Information Practices

The Plan is committed to maintaining the confidentiality of your personal financial information. We may collect and disclose non-public financial information about you to assist in providing your health care coverage or to help you apply for assistance from federal and state programs. Examples of personal financial information may include your:

- Name, address, phone number (if not available from a public source)
- Date of Birth
- Social security number
- Income and assets
- Premium payment history
- Bank routing/draft information (for the collection of premiums)
- Credit/debit card information (for the collection of premiums)

We do not disclose personal financial information about you (or former members) to any third party unless required or permitted by law.

We maintain physical, technical and administrative safeguards that comply with federal standards to guard your personal financial information.