NOTICE OF HEALTH INFORMATION PRACTICES

SELF-FUNDED GROUP HEALTH PLAN #79912 #97370
(DIVISIONS APPLICABLE TO THE UNIVERSITY OF ALABAMA IN HUNTSVILLE)
Administered by Blue Cross Blue Shield of Alabama for Health Benefits
Administered by Judi Rx for Pharmacy Benefits

Effective Date of Notice*: *January 1, 2007
Amended Date of Notice: September 23, 2013 Amended
Date of Notice: January 1, 2016
Amended Date of Notice: January 1, 2019
Most Recent Amended Date of Notice: October 23, 2026

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING PHARMACY) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED 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 GROUP HEALTH PLAN (Group #79912 and #97370, Divisions applicable to The University of Alabama in Huntsville) to protect the privacy of your medical information. The Plan (specifically, the Divisions applicable to The University of Alabama, Huntsville) is sponsored by The University of Alabama (the "Plan Sponsor"). The University of Alabama is a hybrid covered entity, and this Notice applies only to the Divisions of the UAH Group Health Plan and administrative departments at The University of Alabama or The University of Alabama System Office that may provide legal, billing, auditing, technology support, or other administrative support for these divisions of the 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's Privacy and Security Officers, The University of Alabama Healthcare Insurance Administration, UAH Human Resources and Benefits Offices and its Privacy and Security Officers, and UAH and UAS Risk Management. For purposes of this Notice, the Group Health Plan and its affiliated University of Alabama and University of Alabama System Office administrative support departments, when providing administrative support for the Divisions of the UAH Group Health Plan, will be referred to as the "Plan."

The Plan provides to you health benefits as described in your Blue Cross Blue Shield of Alabama Summary Plan Description and pharmacy benefits as described in your Judi Rx Pharmacy Benefit Plan Design. The Plan receives and maintains your medical information in the course of providing these health and pharmacy benefits to you. The Plan hires business associates, such as Blue Cross Blue Shield of Alabama and Judi Rx, to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan.

Our Pledge Regarding Medical Information

The Plan understands that medical (including prescription) information about you and your health is personal. The Plan is committed to protecting medical information about you. This Notice will tell you about the ways in which the Plan (or its business associates, like Blue Cross Blue Shield of Alabama and Judi Rx) may use and disclose medical information about you. This Notice also describes your rights and certain obligations the Plan has regarding the use and disclosure of medical information

about you. The Plan is required by law to:

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

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 or required by law. We will post our new notice on our Health Benefits website at http://www.uah.edu/hr/benefits/insurance/health. 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.

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

The following categories describe different purposes that the Plan may use and/or disclose your medical information. Not every use or disclosure in a category will be listed specifically. However, all of the ways the Plan is permitted to use and/or disclose information will fall within one of the following categories.

- *Treatment and Treatment Alternatives*. For example, the Plan may disclose your medical information to your doctor, at the doctor's request, for your treatment by him. The Plan may notify a doctor that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency, or we may use your information to fill and dispense your prescription medication, refill your prescriptions, or alert your doctor that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, the Plan may help your doctor coordinate or arrange medical services that you need, or help your doctor find a safer or more affordable prescription drug alternative. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

- *Payment*. The Plan may use or disclose your medical information for payment purposes. Examples include to pay claims for covered health care services and to fill and dispense your prescription medications, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under the Plan, to provide eligibility information to health care providers, to pursue recoveries from third parties (subrogation), or for payment activities associated with another covered health plan which provides you benefits, such as a flexible spending plan.

- *Health Care Operations*. For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, including monitoring the performance of the pharmacists providing service to you, (ii) to perform underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop 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 you 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. For example, a caregiver can contact us to confirm that a prescription has been filled or to pick up a prescription for you, provided that person can identify certain information about you or your prescription order. 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 medical information to contact you and remind you to talk to your doctor about certain covered medical screenings or preventive services. The Plan may also use and disclose your medical information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information 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 medical information 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 medical information 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 medical information 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, Blue Cross Blue Shield of Alabama is the Third Party Administrator for the Health Benefits and Judi Rx is the Pharmacy Benefits Manager (PBM) for the Pharmacy Benefits. They are 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 of business associates 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, claims 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 administrative functions. These Designated Employees must agree to comply with HIPAA Privacy and Security Rules 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 or domestic abuse or neglect.
- For research purposes in limited circumstances.
- To a coroner or medical examiner to identify 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 persons for whom protection is authorized 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, products 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, except to the extent that 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 collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
3. Inspect and Copy: To see and get copies of your medical information. 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 correct your medical information if it is incorrect 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 have the Plan 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 Human Resources Privacy Officer). You may also obtain a copy of this Notice on the Plan's website at http://www.uah.edu/hr/benefits/insurance/health .

If you want to exercise the first five rights listed above for your Health Benefits, please contact Blue Cross Blue Shield of Alabama Customer Service at the number you currently use to obtain Plan benefits assistance/information. That number is located on the back of your health plan ID card. You will be provided the necessary information and forms for you to complete and return to that office, and Blue Cross/Blue Shield of Alabama will advise the Plan of your request. In some cases, you may be charged a nominal, cost-based fee to carry out your request. If you want to exercise the first five rights listed above for your Pharmacy Benefits, received effective January 1, 2027, please contact Judi Rx Member Services at the number listed beside Pharmacy Customer Service also on the back of your health plan ID card.

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 Human Resources 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:

Contact Office: UAH Human Resources Privacy Officer
Telephone: 256-824-6640 Fax: 256-824-6908
E-mail: benefits@uah.edu
Address: The University of Alabama in Huntsville, 301 Sparkman Drive, Shelbie King Hall Room 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 and prescription drug program ID cards 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 of 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 (including prescriptions) 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.

Discrimination is Against the Law

The University of Alabama in Huntsville complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University of Alabama in Huntsville does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The University of Alabama in Huntsville:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Jennifer L. Edmonston, Chief Human Resources Officer.

If you believe that The University of Alabama in Huntsville has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Jennifer L. Edmonston, Chief Human Resources Officer, UAH Human Resources, 301 Sparkman Drive, Shelbie King Hall Room 102, Huntsville, AL 35899, Phone 256-824-6545, Fax 256-824-6908, Email jennifer.edmonston@uah.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jennifer L. Edmonston, Chief Human Resources Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

Chinese: **注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電** 1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل ب3144- (الهاتف النصي: 711). 1-855-216

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer:
1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa
1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: □□□□□□: □□□□□□ □□□□□□□□□□□□□□ □□□, □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□, □□□□□□□□□□□□□□□, □□□□□□□□□□□□□□□□□□□. □□□ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero
1-855-216-3144 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144（TTY: 711）まで、お電話にてご連絡ください。