Your Harvard Pilgrim Health Care Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please review it carefully.

The privacy of your information is important and Harvard Pilgrim takes the protection of your information seriously. We may collect, use, and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with Harvard Pilgrim’s privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Harvard Pilgrim must follow the duties and privacy practices described in this notice and give you a copy of it. We may make changes to this notice and our privacy practices at any time, as long as the changes are consistent with our current privacy policies and state and federal law. If we make an important change to our policies, we will notify you by mail or electronically as permitted by applicable law.

We will also post the revised notice on our website, www.harvardpilgrim.org. For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, you may also access the revised notice at www.uhcsr.com.

**WHAT IS PERSONAL AND HEALTH INFORMATION?**

Personal and health information (referred to as “information” elsewhere in this notice) includes protected health information (PHI) and individually identifiable information like your name and social security number. PHI is health information related to your physical or behavioral health condition used in providing health care to you or for payment for health care services.

**HOW WE PROTECT YOUR INFORMATION**

We are required by law to maintain the privacy and security of all forms of information including electronic, written and verbal information. We have procedures in place to ensure this, using physical and electronic safeguards, including storing information in restricted access electronic files and access-controlled workspaces. Harvard Pilgrim computers are protected through passwords and ongoing monitoring of security threats. All staff must complete annual privacy and security training, and access to information is limited to employees who require it to do their job.

**TO WHOM WILL HARVARD PILGRIM DISCLOSE MY INFORMATION?**

Harvard Pilgrim may disclose information to:

**YOU, YOUR FAMILY AND OTHERS:**

- When you are unavailable to communicate, such as during an emergency.
- When you are present prior to the disclosure and you agree to it.
- When you have previously indicated an individual is your designated representative.
- When the information is clearly relevant to their authorized involvement with your health care or payment for health care. For example, we may confirm a claim has been received or paid if an individual has prior knowledge of the claim.
- When sharing copayment, coinsurance, and deductible information with subscribers for dependents in order to facilitate management of health costs and Internal Revenue Service verification.
- When sharing a minor’s information with parents or guardians who have custodial rights, so long as that information is not further restricted by applicable state or federal laws. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.

**YOUR PROVIDERS AND OTHERS INVOLVED IN YOUR CARE:**

- For quality initiatives, safety concerns and coordination of care. Examples include state-mandated quality improvement initiatives, results of laboratory tests not otherwise restricted by law, and clinical reminders sent to your primary care provider.
- Your employer-sponsored health benefit plan administrator.
- Your plan sponsor, when sharing data used for enrollment and plan renewal. This is your employer or their representatives, if you are enrolled through an employer.
- When providing detailed claims and other health plan information to your plan sponsor, after receiving appropriate certifications that the plan sponsor agrees to protect your privacy and the information will not be used for employment decisions. For example, supporting an employer’s efforts to design and develop a wellness program for employees by sharing results of screening tests offered for evaluating common medical conditions and responses to health status
questionnaires employees may elect to complete and submit.

OUR BUSINESS ASSOCIATES, BUSINESS PARTNERS, AND AFFILIATES:

• Harvard Pilgrim may contract with other organizations to provide services on our behalf. In these cases, Harvard Pilgrim will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information.

HOW WILL HARVARD PILGRIM USE AND DISCLOSE MY INFORMATION?

In order to provide coverage for treatment and to pay for those services, we need to use and disclose your information in several different ways. Harvard Pilgrim maintains and enforces company policies governing the use and disclosure of information. Our staff is trained to handle your information appropriately and to only use information required for their roles. The following are examples of the types of uses and disclosures we are permitted to make without your authorization:

FOR PAYMENT

Harvard Pilgrim will use and disclose your information to administer your health benefits. This may involve the determination of eligibility, claims payment, utilization review activities, medical necessity review, coordination of benefits, appeals, and external review requests. Examples include:
• Paying claims that were submitted to us by physicians and hospitals.
• Transmitting information to a third party to facilitate administration of an employee or employer funded account, such as a Flexible Spending Account or a Health Reimbursement Account, or another benefit plan, such as a dental benefits plan.

FOR TREATMENT

Harvard Pilgrim may disclose your information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) in connection with your treatment. Examples include:
• Quality improvement and cost containment wellness programs, preventive health initiatives, early detection programs, safety initiatives, and disease management programs. This may include disclosing a list of medications you’ve received using your Harvard Pilgrim coverage to alert your treating physicians about any medications prescribed to you by other providers and help minimize potential adverse drug interactions.

FOR HEALTH CARE OPERATIONS

Harvard Pilgrim may use and disclose your information for operational purposes, such as care management, customer service, coordination of care or quality improvement. Examples include:
• Assessing the quality of “service, care and outcomes” for our members.
• Learning how to improve our services through the use of internal and external surveys.
• Reviewing and credentialing our affiliated physicians and institutions.
• Evaluating the performance of our staff, such as reviewing our customer service representatives’ phone conversations with you.
• Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.
• Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management and coordination of care programs, including sending preventive health service reminders.
• Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (Harvard Pilgrim will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
• Facilitating transition of care from and to other insurers, health plans or third party administrators.
• Other general administrative activities, including data and information systems management, risk management, auditing, and detection of fraud and other unlawful conduct.
USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other than the permitted or required uses described above, your information will only be used or disclosed with your written authorization. For example, we require your written authorization before selling your information, using your information for marketing or fundraising purposes, or, in most cases, sharing your psychotherapy notes. You may revoke such an authorization at any time in writing, except to the extent we have already taken an action based on a previously executed authorization.
To authorize us to use or disclose any of your information to a person or organization for reasons other than those described in this notice, please complete an authorization form. To access the form, visit www.harvardpilgrim.org. Under Top Tasks, click on Download Member Forms. Then, under Authorization Forms, select the Authorization to Release Information Form. You should send the completed form to:

Harvard Pilgrim Health Care
Customer Service Department
1600 Crown Colony Drive, Quincy MA 02169

For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, the form is located at www.uhcsr.com, and the completed form should be sent to:

UnitedHealthcare Student Resources
PO Box 809025, Dallas, TX 75380-9025

WHAT RIGHTS DO I HAVE REGARDING MY INFORMATION?

ACCESS AND RECEIVE COPIES OF YOUR INFORMATION
You have the right to receive a copy of your information, once you provide us with specific information to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing copies of such information.

AMEND YOUR INFORMATION
If you believe your information is incorrect or incomplete, you have the right to ask us to amend it. In certain cases, we may deny your request and provide you with a written explanation. For example, we may deny a request if we did not create the information, as is often the case for medical information that was generated by a provider, or if we believe the current information is correct.

CONFIDENTIAL COMMUNICATIONS
You have the right to receive communications regarding your information in a manner and at a location that you feel is safe from unauthorized use or disclosure. To support this commitment, Harvard Pilgrim will permit you to request your information by alternative means or at alternative locations. We will accommodate reasonable requests.

ACCOUNTING OF DISCLOSURES
You have the right to request an accounting of those instances in the prior six years in which we or our business associates have disclosed your information for purposes other than treatment, payment, health care operations, or other permitted or required purposes. Harvard Pilgrim will require specific information needed to fulfill your request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

REQUEST RESTRICTIONS
You have the right to ask us to place restrictions on the way we are permitted to use or disclose your information, including asking that we not share your information for health research purposes. We are not, however, required by law to agree to these requested restrictions. If we do agree to a restriction, we will abide by the restriction unless it is related to an emergency.

GET A COPY OF THIS NOTICE OF PRIVACY PRACTICES
You have the right to receive a paper copy of this Notice of Privacy Practices upon request at any time.

BE NOTIFIED OF A BREACH
You have the right to be notified of a breach of your unsecured information.

RIGHTS UNDER STATE LAW
You may be entitled to additional rights under state law. Harvard Pilgrim pays careful attention to protecting your information as required by these state laws.

HOW DO I EXERCISE MY RIGHTS?
You can exercise all of your privacy rights by contacting our Customer Service Department. We may require a written request be completed and submitted to:

Harvard Pilgrim Health Care
Customer Service Department
1600 Crown Colony Drive, Quincy, MA 02169

To request a form, call (888) 333-4742 or go to www.harvardpilgrim.org for more information.

For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, the form is located at www.uhcsr.com, and the completed form should be sent to:

UnitedHealthcare Student Resources
PO Box 809025 Dallas, TX 75380-9025
WHOM DO I CONTACT IF I HAVE QUESTIONS OR COMPLAINTS?

If you believe your privacy rights have been violated or you would like more information, you may send a question or written complaint to:

Privacy Officer, Harvard Pilgrim Health Care
93 Worcester Street, Wellesley, MA 02481

Or, you may call us at (877) 824-7123 (Compliance Hotline) or (888) 333-4742 (Customer Service Department).

You may also notify the Secretary of the Department of Health and Human Services. Send your complaint to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

You may also call OCR's Hotline at (800) 368-1019 or you can find more information at www.hhs.gov/ocr.

Harvard Pilgrim will not take retaliatory action against you if you file a complaint about our privacy practices with either OCR or Harvard Pilgrim.

Harvard Pilgrim will never require you to waive any of your rights as a condition of enrolling you in a health plan, determining your eligibility for benefits or providing payment for your benefits.

Non-English speaking members may also call Harvard Pilgrim’s Customer Service Department at (888) 333-4742 to have their questions answered. Harvard Pilgrim offers free language interpretation services in more than 200 languages.

Deaf and hard-of-hearing members may call 711 for teletypewriter (TTY) service.

This notice is effective October 1, 2021 and supersedes the revision dated January 1, 2021.
## Language Assistance Services

<table>
<thead>
<tr>
<th>Language</th>
<th>Information</th>
<th>Phone Number</th>
<th>TTY</th>
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<tbody>
<tr>
<td><strong>Español (Spanish)</strong></td>
<td>ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>繁體中文 (Traditional Chinese)</strong></td>
<td>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 1-888-333-4742（TTY: 711）。</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>Русский (Russian)</strong></td>
<td>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>العربية (Arabic)</strong></td>
<td>انتباه: إذا أنت تتكلّم اللغة العربية ، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1-888-333-4742 (TTY: 711)</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>Khmer (Cambodian)</strong></td>
<td>សុីសាភារអន្តរជាតិ: បំផ្លាស់ប្តូរជាប្រយុទ្ធសាស្រ្ត ចុងក្រោយមក ស្នើសួរបំផ្លាស់ប្តូរជាប្រយុទ្ធសាស្រ្ត ចុងក្រោយមក ឬ ដំណើរការ 1-888-333-4742 (TTY: 711)</td>
<td>1-888-333-4742 (TTY: 711)</td>
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<td><strong>Français (French)</strong></td>
<td>ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>Italiano (Italian)</strong></td>
<td>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>한국어 (Korean)</strong></td>
<td>ˈ알림’: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.</td>
<td>1-888-333-4742 (TTY: 711)</td>
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<td><strong>Ελληνικά (Greek)</strong></td>
<td>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε το 1-888-333-4742 (TTY: 711).</td>
<td>1-888-333-4742 (TTY: 711)</td>
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<td><strong>हिंदी (Hindi)</strong></td>
<td>ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है। जानकारी के लिये फोन करें. 1-888-333-4742 (TTY: 711)</td>
<td>1-888-333-4742 (TTY: 711)</td>
<td>711</td>
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<td><strong>ગુજરાતી (Gujarati)</strong></td>
<td>ધાર્માણ આપો: તે તમે ગુજરાતી બોલતા હો તો આપને માટે સાધારણ સહાય તકનીકી મહત્તમશિથતો છે. વૈશ્વિક મહતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)</td>
<td>1-888-333-4742 (TTY: 711)</td>
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**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HPHC:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
• Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC 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: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance 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
(800) 368-1019, (800) 537-7697 (TTY)