



## NOTICE OF PRIVACY PRACTICES concerning HEALTH INFORMATION

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.

The Massachusetts Institute of Technology (“MIT”) is committed to protecting the privacy of information maintained by its health plans (the “Plan”) or by outside vendors who perform services for the Plan such as administration or other services necessary for the operation of the Plan. The Plan is required by the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) to protect the privacy of certain health information that may reveal your identity (protected health information, or “PHI”), and to provide you with a copy of this notice which describes the Plan’s legal duties and privacy practices with respect to PHI. If you have any questions about this notice or would like further information about this notice, please contact the Privacy Officer listed below.

**1. Requirement of Written Authorization.** The Plan will generally obtain your written authorization before using your health information or sharing it with others outside the Plan except as otherwise described in this notice or as otherwise permitted by law. If you provide the Plan with written authorization, you may revoke that authorization in writing at any time, except to the extent that the Plan has taken action in reliance of your authorization. To revoke an authorization, please write to the Privacy Officer listed below. The Plan will obtain your written authorization to use or disclose your health information for marketing purposes, where the Plan receives financial remuneration for the sale of your health information, or with respect to psychotherapy notes, except for limited health care operations purposes.

**2. Exception to Written Authorization.** There are some situations when the Plan will not require your written authorization before using your health information or sharing it with others, including:

*Treatment, Payment and Health Care Operations:* The Plan may use and disclose your health information for the purpose of routine treatment, payment, or health care operations related to the Plan. For example, the Plan may use your health information for management activities related to the Plan, including auditing, fraud and abuse detection, and customer service. The Plan may also use or disclose your health information in order to pay for your claims for benefits. For example, the Plan may use your information to make eligibility determinations and for billing and claims management purposes. Note that the Genetic Information Nondiscrimination Act (“GINA”) prohibits using PHI that is genetic information for underwriting purposes. In addition, the Plan may disclose your information to business associates that perform certain services for the Plan, or act on behalf of the Plan. Prior to any disclosure to a business associate, the Plan will obtain an appropriate agreement from the business associate that they will safeguard your health information as well.

*Disclosures to the Plan Sponsor:* The Plan may disclose certain of your health information to MIT as the sponsor of the Plan. However, MIT may only use your information for Plan administration functions. The Plan prohibits MIT from using your information for uses unrelated to Plan administration, such as for employment-related actions or decisions (e.g., for terminating your employment).

*Disaster Relief:* The Plan may also disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member.

*Family Members:* The Plan may disclose limited health information to a family member or close friend that you have identified and who is directly involved in your care or payment for your care, or to notify a family member or other individual involved in your care of your location, general condition, or death. You



have the right to limit these disclosures by contacting the Plan at the address shown at the end of this Notice.

*Exceptions under HIPAA:* The Plan also may use or disclose your health information where required or permitted by law. Federal law, under HIPAA, generally permits health plans to use or disclose health information for the following purposes: where required by law; for public health activities; to report child or domestic abuse; for governmental oversight activities; pursuant to judicial or administrative proceedings; for certain law enforcement purposes; for a coroner, medical examiner, or funeral director to obtain information about a deceased individual; for organ, eye, or tissue donation purposes; for certain government-approved research activities; to avert a serious threat to an individual's or the public's health or safety; for certain government functions, such as related to military service or national security; and to comply with Workers' Compensation laws.

*Information that Does Not Identify You:* The Plan may use or disclose your health information if the Plan has removed any information that might reveal who you are.

*Appointment Reminders and Treatment Alternatives:* The Plan may use your health information to contact you about appointment reminders or information about treatment alternatives or other health-related benefits and services.

**3. Access and Control of Your Health Information.** The Plan must provide you certain rights with respect to access and control of your health information. To the extent that the Plan has provided all your information to a business associate, e.g., a third party administrator of your health benefits, you must request access directly from such business associate. You have the following rights to access and control your health information:

*Access:* You generally have the right to inspect and copy your health information that is included in a designated record set, including the right to request an electronic copy. The Plan may charge a reasonable cost-based fee for such copies.

*Amendments:* You have the right to request that the Plan amend the health information that the Plan maintains in a designated record set if you believe it is inaccurate or incomplete. The Plan may deny your request for an amendment if it believes the change would be inaccurate or incomplete or if the information was created by a party other than the Plan.

*Tracking the Ways Your Health Information Has Been Shared with Others:* You have the right to receive a list from the Plan, called an "accounting list," which provides information about when and how the Plan has disclosed your health information to outside persons or organizations for the prior six years, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations.

*Right to Restrict Certain Disclosures:* You have the right to request further restrictions on the way the Plan uses your health information or shares it with others. In most cases, the Plan is not required to agree to the restriction you request unless you (or a person other than the health plan on your behalf) have paid out-of-pocket in full for services, but if the Plan does, the Plan will be bound by the agreement.

*Confidential Communications:* You have the right to request that the Plan contact you in a way that is more confidential for you, such as at work instead of at home, if disclosure of your health information could put you in danger and you clearly state that in your request. The Plan will accommodate all reasonable requests.



*To Have Someone Act on Your Behalf.* You have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

*Notice of Breach.* The Plan will notify you if there is a breach of your unsecured health information.

*Copies of Notice.* If you have received this notice electronically, you have the right to a paper copy of this notice if you have not already received one. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. The Plan will be required by law to abide by its terms that are currently in effect. However, the Plan also may change its privacy practices from time to time. If that happens, the Plan will revise this notice so you will have an accurate summary of the Plan's practices. If there is a material change to any provision of this notice, the Plan will distribute a revised notice. To request a paper copy of this notice or any revised notice, please call the Privacy Officer.

*Complaints.* If you have any questions or would like more information about the Plan's privacy policies, you may contact the Plan's Privacy Officer at the contact information below. If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, please contact the Privacy Officer. No one will retaliate or take action against you for filing a complaint.

*State Law.* Under the HIPAA Privacy Regulations, the Plan is required to comply with State laws, if any, that also are applicable and are not contrary to HIPAA (for example, where state laws may be more strict).

Privacy Officer

The Privacy Officer is:

Ann MacKenzie

Director, Benefits

77 Massachusetts Avenue, Building NE49-5000

Cambridge, MA 02139

Phone: (617) 258-8718

Email: [amackenz@mit.edu](mailto:amackenz@mit.edu)

Effective Date of Notice: January 1, 2019