Trustees of Hamilton College **Effective Date: January 1, 2014**

198 College Hill Road, Clinton NY 13323

HIPAA 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.

If you have any questions about this notice, please contact:

Luann Zaleski, Benefits Manager	Phone # 315-859-4689
Stephen Stemkoski, Director of Human Resources	Phone # 315-859-4301
Sam Campione, Benefits Specialist	Phone # 315-859-4042

Who Will Follow This Notice

During the course of providing you with Health Coverage, we have access to information about you that is deemed to be "protected health information", or PHI, by the Health Insurance Portability and Accountability Act of 1996, or HIPAA. The procedures outlined in this section have been added to the Plan to ensure that your PHI is treated with the level of protection required by HIPAA. This notice describes the medical information practices of your Health FSA plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the PHI records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice this is currently in effect.

Your PHI will be disclosed to certain employees of Trustee of Hamilton College. These employees are the Benefits Manager, Director of Human Resources, or Benefits Specialist. These individuals may only use your PHI for Plan administration functions including those described below, provided they do not violate the provisions set forth herein. Any employee of Trustees of Hamilton College who violates the rules for handling PHI established herein will be subject to adverse disciplinary action.

Trustees of Hamilton College has certified that it will comply with the privacy procedures set forth herein. Trustees of Hamilton College may not use or disclose your PHI other than as provided herein or as required by law. Any agents or subcontractors who are provided your PHI must agree to be bound by the restrictions and conditions concerning your PHI found herein. Your PHI may not be used by Trustees of Hamilton College for any employment-related actions or decisions or in connection with any other benefit or employee benefit plan of Trustees of Hamilton College. Trustees of Hamilton College must report to the Plan any uses or disclosures of your PHI of which the Employer becomes aware that are inconsistent with the provisions set forth herein.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information for purposes of health plan administration. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as described in applicable regulations). If needed, we may use medical information about you to facilitate medical treatment or services.

For Payment (as described in applicable regulations). We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operation (as described in applicable regulations). We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services; and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety we may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by Trustees of Hamilton College for the purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to Trustees of Hamilton College personnel solely for purposes of administering benefits under the Plan.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities (e.g., to prevent or control disease, injury or disability).

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities, include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care: (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Luann Zaleski, Benefits Manager; Stephen Stemkoski, Director of Human Resources; or Sam Campione, Benefits Specialist, Trustee of Hamilton College, 198 College Hill Road, Clinton NY 13323. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. HIPAA provides several important exceptions to your right access your PHI. For example, you will not be permitted to access psychotherapy notes or information compiled in anticipation of, or for use in, a civil, criminal or administrative action or proceeding. Trustees of Hamilton College will not allow you to access your PHI if these or any of the exceptions permitted under HIPAA apply. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Luann Zaleski, Benefits Manager; Stephen Stemkoski, Director of Human Resources; or Sam Campione, Benefits Specialist, Trustee of Hamilton College, 198 College Hill Road, Clinton NY 13323. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Trustees of Hamilton College must act on your request for an amendment of your PHI no later than 60-days after receipt of your request. Trustees of Hamilton College may extend the time for making a decision for no more than 30-days, but it must provide you with a written explanation for the delay. If the Employer denies your request, it must provide you a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" (other than disclosures you authorized in writing) where such disclosure was made for any purpose other than treatment, payment, or health care operations. In addition, only to the extent required by the Health Information Technology for Economic and Clinical Health Act (the "HiTech Act"), you may have the right to request an accounting of all electronic disclosures of PHI, including those made with respect to treatment, payment or health care operations; provided that, the foregoing shall apply only as and when rules regarding such accountings become effective and then only in accordance with such rules. To request this list or accounting of disclosures, you must submit your request in writing to Luann Zaleski, Benefits Manager; Stephen Stemkoski, Director of Human Resources; or Sam Campione, Benefits Specialist, Trustee of Hamilton College, 198 College Hill Road, Clinton NY 13323. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Note that HIPAA provides several important exceptions to your right to an accounting of the disclosure of your PHI. Trustees of Hamilton College will not include in your accounting any of the disclosure for which there is an exception under HIPAA. Trustees of Hamilton College must act on your request for an accounting of the disclosure of your PHI no later than 60-days from receipt of the request. Trustees of Hamilton College may extend the time for providing you an accounting by no more than 30-days, but it must provide you a written explanation for the delay. You may request one accounting in any 12-month period free of charge. Trustees of Hamilton College will impose a fee for each subsequent request within the 12-month period.

Restriction Request. In accordance with, and only to the extent the following restriction requests apply as a result of, the HiTech Act, you may request a restriction on disclosures of PHI to only those involving payment or health care operations (and is not for treatment purposes), therefore excluding from any PHI disclosure PHI that pertains solely to a health care item or service for which the health care provider involved was paid out of pocket in full by you. For information on this restriction, please contact Luann Zaleski, Benefits Manager; Stephen Stemkoski, Director of Human Resources; or Sam Campione, Benefits Specialist, Trustee of Hamilton College, 198 College Hill Road, Clinton NY 13323 at 315-859-4689.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a paper copy of this notice, by contacting Luann Zaleski, Benefits Manager; Stephen Stemkoski, Director of Human Resources; or Sam Campione, Benefits Specialist, Trustee of Hamilton College, 198 College Hill Road, Clinton NY 13323 at 315-859-4689 to request a copy be mailed to you.

Trustees of Hamilton College must make its internal practices, books and records related to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with these privacy protections.

When Trustees of Hamilton College no longer needs PHI disclosed to it by the Plan, for the purposes for which the PHI was disclosed, Trustees of Hamilton College must, if feasible, return or destroy the PHI that is no longer needed. If it is not feasible to return or destroy the PHI, the Employer must limit further uses and disclosures of the PHI to those purposes that make the return or destruction of the PHI infeasible.

Special Rules for Electronic Breach of Unsecured PHI

In the event of a "breach" of unsecured PHI (as defined in Section 13400(1) of the American Recovery and Reinvestment Act of 2009 ("ARRA"), except as otherwise not required by law, we will report any breach of unsecured PHI (as defined in 45 C.F.R. § 164.402) which notice will include (i) a list of all individuals whose unsecured PHI has been, or is reasonably believed by us to have been, accessed, acquired, used, or disclosed during such breach, and (ii) any other available information that the we are required to provide under applicable law. As necessary, we will provide notice as required by applicable law, including to the extent applicable 45 C.F.R. § 164.406, if the legal requirements for media notification are triggered by the circumstances of such breach. The foregoing will not apply if PHI has been rendered unreadable, unusable and indecipherable in accordance with federal rules.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the further. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Plan official listed on page 1 of this notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.