

**HEALTH CARE COMPONENTS OF
VBA GROUP MEDICAL AND DENTAL TRUST
Employee Health Benefits Plan**

**Notice of Privacy Practices
Effective: September 1, 2022**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the legal obligations of the VBA Employee Health Benefit Plans (the “Plan”) and your legal rights regarding protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and subsequent legislation. Among other things the notice describes how your protected health information may be used or disclosed to carry out treatment, payment or health care operations or for any other purposes that are permitted or required by law.

The HIPAA Privacy Rule protects only medical information known as “protected health information” Generally, protected health information is individually identifiable health information including demographic information collected from you or created or received by the health plan or your employer on behalf of the group health plan that relates to your past, present or future physical or mental health condition, the provision or health care to you or the past, present or future payment for the provision of health care to you.

The Plan is required by law to:

- maintain the privacy of your protected health information,
- provide you with certain rights with respect to your protected health information,
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information,
- abide by the terms of this Notice until it is amended, and
- notify you in the event of any breaches of your unsecured protected health information.

The Plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. All covered employees and any individuals covered under COBRA continuation coverage will receive a revised notice within 60 days of a material revision to the notice.

The Plan must use and disclose protected health information for administrative purposes and to pay claims. In order for the Plan to pay for your covered medical expenses, the Plan and those administering the Plan must create or receive certain medical information about you. By enrolling in the Plan, you have agreed to allow the Plan and its administrators to create or use your medical

information in order to perform these duties without your express authorization. This information may involve:

- **payment activities** such as billing and collection activities, eligibility determinations, adjudication of claims, precertification and utilization review, and coordination of benefits. The Plan may also disclose this medical information about you without your consent to the Plan's service providers, such as the claims administrator who pays the claims or other professionals who perform services on behalf of the Plan. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational or medically necessary or to determine whether the Plan will cover the treatment. The Plan may share your protected health information with a utilization review or precertification provider. Likewise, the Plan may share protected health information with another health plan to coordinate benefit payments.
- **health care operation activities** such as quality assurance, underwriting, claims audits, case management or business management and general administrative activities. The Plan may need to disclose medical information to Plan service providers, such as actuaries who price the cost of coverage or insurance agents who help obtain the Plan's insurance coverage. However, special rules apply to protected health information that consists of genetic information. The plan cannot use or disclose genetic information for purposes of underwriting, setting premium rates or other Plan financial terms, even if the rules described above would otherwise allow it.
- **treatment activities** by your health care provider, such as providing information about other treatments you have received. For example, the Plan might disclose information about prior prescriptions to a pharmacist if the prior prescriptions contraindicate a pending prescription.

These disclosures will be made only to the appropriate persons, which may include employees of the VBA Benefits Corporation, business associates of the VBA Benefits Corporation or your Employer who are directly involved in claims payment and Plan administration. All disclosures made by the Plan of medical information for purposes of payment or health care operation activities shall be the minimum necessary to accomplish the intended purpose of the disclosure, and any service provider or business associate who receives the information must also agree to keep it confidential. In addition, if any state law provides additional protection, the Plan will comply with that law.

The Plan may also be permitted or required to disclose your medical information, without your authorization, for the reasons listed below. If a disclosure is made for one of these reasons, it will be done in accordance with the federal requirements and with any applicable state law that provides greater protection:

- The Plan may be required to make available to the Department of Health and Human Services all books and records regarding the health information of covered persons if this information is requested for audit purposes.

- The law requires the Plan to make certain disclosures. These include disclosures:
 - as necessary to comply with workers compensation or other similar programs. For example, the Plan may be required to disclose information about a pre-existing condition if it is related to a subsequent worker's compensation claim.
 - as necessary to comply with a valid court order, subpoena or similar legal process. This might be required, for example, if medical records were at issue in a case of a domestic dispute.
 - as necessary for law enforcement agencies. Disclosures to a law enforcement agency may occur if required by law (such as the occurrence of certain types of wounds) or if required by a court order or other legal process. The Plan may also disclose medical information: for the purpose of identifying or locating a suspect, witness, fugitive or missing person; about a crime victim, if the victim agrees or emergency circumstances require disclosure without consent; about a person who has died if the nature of the death suggests that it may be the result of criminal conduct; or if there is evidence to suggest that a crime occurred on the premises. For example, the Plan may be required to respond to a grand jury subpoena if medical claims are relevant to determining a person's use of illegal drugs.
 - as necessary for public health research, reporting and disclosure, including reporting of communicable diseases to the applicable authorities (who may contact exposed individuals) and workforce medical investigations under OSHA or similar laws.
 - as necessary to a health oversight agency for oversight activities authorized by law. However, this will generally not include an investigation of a particular individual unless it involves receipt of health care, public health benefits or public benefits contingent on the individual's health. For example, it may be necessary to provide enrollment or coverage information to Medicare.
 - as necessary if disclosure is required by another law.

The Plan may also be permitted or required to disclose medical information without your authorization under the following circumstances:

- if authorized by law, to the proper governmental authorities for purposes of reporting child abuse, neglect or domestic violence. Subject to certain restrictions, the Plan must also generally inform the victim of the abuse that it is making the disclosure.
- to people working under the jurisdiction of the Food and Drug Administration. These disclosures may be necessary: to report adverse events with respect to food or dietary supplements, product defects (including use or labeling defects), or biological product

deviations; for product tracking; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.

- upon your death, to a coroner, funeral director or to tissue or organ services, as necessary to permit them to perform their functions. The Plan may need to disclose information about coverage of donor expense in connection with a transplant, for example.
- under certain circumstances, for research purposes.
- to prevent or lessen a serious threat to the health or safety of a person or the public. This disclosure may be made only to a person in a position to prevent or lessen the threat. Under limited circumstances, disclosures may also be made to law enforcement authorities to identify or arrest an individual.
- if authorized by law, in connection with military matters or matters of national security and intelligence.

You must authorize any other disclosures. Other uses and disclosures of your medical information will be made only with your written authorization. This includes most uses and disclosures of psychotherapy notes, of protected health information for marketing purposes and uses and disclosures that constitute the same of protected health information. If you provide such an authorization, you may revoke the authorization at any time, upon written request. However, the revocation will not be effective for information that has already been disclosed in reliance on your earlier authorization.

You have individual rights to your own health information. Under the law, you have the right:

- To request restrictions on certain uses and disclosures of your medical information. The Plan does not have to agree with a requested restriction, but if the Plan does agree, then the Plan will abide by that restriction. However, the Plan will comply with any restriction you request if: (1) except as required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (but not for purposes of treatment activities), and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has already been paid in full.
- To receive your own protected health information by alternative means or at alternative locations. The Plan will accommodate all reasonable requests if receipt of the information in the usual manner could endanger you. You must include a statement that disclosure of the information in the usual manner could endanger you and specify how you wish to be contacted.
- To request a restriction or to request delivery by alternate means or at an alternate location, you should contact the VBA Benefits Corporation, 1-800-643-5599.

- To inspect and copy your own health information, but exceptions apply to certain types of information. If you request to see or copy your own health information from VBA Benefits Corporation and one of these exceptions apply, you will be given more information at that time, including the circumstances under which you may challenge the exception.
- To request that the Plan amend your own health information when that information is incorrect. The Plan must either make the amendment and inform appropriate parties of the changes or provide you with written notice about why the request is being denied.
- To obtain an accounting of any disclosure of your protected health information during the past 6 years (3 years in the case of an electronic health record disclosure), other than (1) disclosures for purposes of payment, health care operations or treatment, (2) disclosures made to you, (3) disclosures made in accordance with your written authorization, (4) disclosures made to your friends and family in your presence or because of an emergency, or (5) disclosures for national security purposes and (6) disclosures incidental to otherwise permitted disclosures. Starting in 2011, you have the right to receive a list of situations where the Plan makes routine disclosures through electronic health records. (An electronic health record is a health information record that is created, gathered, managed and consulted by authorized health care providers.)
- To obtain a paper copy of this notice, please contact the VBA Benefits Corporation at (800) 643-5599.

In each case, you must make your request to the Chief Operating Officer of the VBA Benefits Corporation in writing. Depending upon the nature of the request, you will be given more information at that time, including any exceptions to the rules that may apply to your case.

If you have concerns about the Plan's privacy practices: Individuals may complain to the Plan Sponsor and/or to the Office of Civil Rights of United States Department of Health and Human Services if they believe their privacy rights have been violated. If you wish to file such a complaint, please contact the Chief Operating Officer of the VBA Benefits Corporation, at 1-800-643-5599 and you will be given information on how to proceed. You may also write to him/her at VBA Benefits Corporation, 4490 Cox Road, Glen Allen, VA 23060. You will not be retaliated against by the Plan or Plan Sponsor for the complaint. The Department of Health and Human Services may be contacted in Washington, DC or listings may be found in local telephone directories.