

**ST. JOHN FISHER UNIVERSITY
WELFARE BENEFITS PLAN**

representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the mi

To a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

When required by judicial or administrative order, or in response to a subpoena, discovery request or other lawful process which is not accompanied by an order, provided that certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that (1) the requesting party has made a good faith attempt to provide written notice to you, or (2) the party seeking the information has made reasonable efforts to secure a qualified protective order.

For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, for disclosing information about you if you are suspected of being a victim of a crime, but only if you agree to the disclosure or the Plan is unable to obtain your agreement because of incapacity or emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against you, that the immediate law enforcement activity would be materially and adversely affected by waiting to obtain your agreement, and that disclosure is in your best interest as determined by the

When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with decedent.

We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

For cadaveric organ, eye or tissue donation purposes, to organ procurement or like entities.

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if 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.

For research, when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

When consistent with applicable law and standards of ethical conduct, if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to

a person reasonably believed to be able to prevent or lessen the threat, including the target of the threat.

If you are a member of the armed forces, we may release your PHI as required by

Requests for restrictions and to receive communications by alternative means or at alternative locations should be made to the following:

Valerie Benjamin, HIPAA Privacy Officer
St. John Fisher University
3690 East Avenue
Rochester, New York 14618

Right to Inspect and Copy PHI

You also have a right to inspect and obtain paper or electronic copies of your PHI to the extent

Right to Amend PHI

You have the right to request that the Plan amend your PHI or a record about you in a designated record set that is inaccurate or incomplete for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your PHI.

Requests for amendment of PHI in a designated record set should be made in written form, including a statement explaining the reason for the amendment, to the following:

Valerie Benjamin, HIPAA Privacy Officer
St. John Fisher University

The Right to Receive Notification in the Event of a Breach

You have the right to be notified if there is a probable compromise of your Unsecured PHI within sixty (60) days of the discovery of the breach. The notice will include:

- a brief description of what happened, including the date of the breach and the discovery of the breach;
- a description of the type of Unsecured PHI that was involved in the breach;
- any steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches; and
- contact procedures to answer your questions.

Personal Representatives

An individual may exercise his/her rights under this notice through a personal representative. If you have a personal representative, he/she will, unless otherwise allowed by law, be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as your conservator or guardian; or
- proof that the representative is your parent (if you are a minor child).

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to you if it is believed that you may be subject to abuse or neglect. This also applies to personal representatives of minors.

Copies of this Notice

You have a right to obtain a paper copy of this notice from the Plan upon request. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronic BDC qplm(g)10s notice 52 792 reW*nBT/F1 12 Tf1 0n-3(s)-80(no)-5(e)4(H7.93 Tm0 g0 G{ive11()-5

information has been deleted. The Plan may also disclose to the University information on whether an individual is participating in the Plan and the coverage in which an individual has enrolled.

Your Right to File a Complaint With the Plan or the Secretary

If you believe that your privacy rights have been violated, you may complain to the Plan by contacting the following individual, at the following street address, telephone number and e-mail address:

Valerie Benjamin, HIPAA Privacy Officer
St. John Fisher University
3690 East Avenue
Rochester, New York 14618
(585) 385-7247
vbenjamin@sjfc.edu

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

Who to Contact at the Plan for More Information

If you have any questions regarding this notice or the subjects addressed in the notice, you may contact the HIPAA privacy officer at the following street address, telephone number and e-mail address:

Valerie Benjamin, HIPAA Privacy Officer
St. John Fisher University
3690 East Avenue
Rochester, New York 14618
(585) 385-7247
vbenjamin@sjfc.edu

the event of a discrepancy between the terms or requirements of this notice and the privacy regulations themselves, the terms of the regulations shall prevail.

The effective date of this notice is April 1, 2024.