



Broadridge®

HIPAA Privacy Notice

Attached is a Notice of Privacy Practices that Broadridge is required to distribute for its group health plans to all participants, under the privacy rules issued in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law created a national standard requiring health plans and others in the health care industry to keep confidential individuals' medical records and other protected health information ("Protected Health Information" or "PHI"), and imposes new administrative, contractual, and operational requirements on health plans, and those that administer health plans.

This notice describes how our group health plans protect your PHI and how PHI may be used or disclosed. PHI includes individually identifiable information that relates to your health, including information about treatment and payment for health care services. This notice also describes your rights with respect to PHI and how you can exercise those rights. Please be aware that if you are covered by an insured health or dental plan, you will receive a separate notice from the insurer or HMO. Personal information obtained through the administration of our disability, leave and workers' compensation programs is not specifically covered under this law.

The Broadridge Benefits Department wants to assure you that all personal information, including PHI, remains confidential, in accordance with applicable law, as well as the Broadridge privacy policies.

If you have any questions regarding this notice, please contact the Broadridge Benefits Department in writing at the address listed on the last page of the notice.

BROADRIDGE FINANCIAL SOLUTIONS, INC. GROUP HEALTH PLANS 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.

"We" refers to the group health plans offered by Broadridge Financial Solutions, Inc. ("Broadridge"). "We" also refers to the third-party administrators which Broadridge has engaged to provide health benefits to you. "You" or "yours" refers to the individuals who participate in these plans, including all the participant's dependents who receive health benefits from the plans. If you are covered by an insured health or dental plan, you will receive a separate notice from the insurer or HMO.

Use and Disclosure of Protected Health Information

We are required by federal law to protect the privacy of individually identifiable health information that we create or receive (referred to in this notice as "Protected Health Information"). Protected Health Information (which includes genetic information), is confidential health information that identifies you or could be used to identify you, and relates to a past, present or future physical or mental health condition or the payment of your health care expenses. We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information, and to abide by the terms of this notice, as it may be updated from time to time.

Your Protected Health Information will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

For treatment purposes, we may disclose your Protected Health Information to assist one or more of your health care providers to provide, coordinate or manage health care and its related services, such as disclosing your health information to a medical specialist to whom your primary care physician has referred you.

For payment purposes, we may use or disclose your Protected Health Information to determine responsibility for coverage and benefits, such as when we confer with other health plans to resolve a coordination of benefits issue. We also may use your Protected Health Information for other payment-related purposes, such as to assist in making plan eligibility and coverage determinations, for utilization review activities, and to help employees resolve covered expense and claim payment issues.

For health care operations purposes, we may use or disclose your Protected Health Information in a number of ways involving plan administration, including for quality assessment and improvement, vendor review, and underwriting activities. Your information could be used, for example, to assist in the evaluation of one or more vendors who support us, or we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services available under the Plan. However, we are prohibited from using or disclosing your genetic information for underwriting purposes.

In addition, the federal regulations permit us to use or disclose your Protected Health Information without your authorization under various conditions, including:

- as required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law,
- for public health activities,
- disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence,
- to a health oversight agency for oversight activities authorized by law,
- in connection with certain judicial and administrative proceedings,
- to a law enforcement official for law enforcement purposes,
- to a coroner or medical examiner,
- to cadaveric organ, eye or tissue donation programs,
- for research purposes, as long as certain privacy-related standards are satisfied,
- to avert a serious threat to health or safety,
- for specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations),
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault,
 - for disclosure to a Business Associate,
 - for us to discuss treatment alternatives with you,
 - for us to inform you about health-related benefits and services,
 - for us to share it with another individual involved in your care or payment of your care,
 - for marketing purposes, limited to face-to-face communications with you to encourage you to purchase or use a product or service that is not part of the health benefits provided by the Plans, or to provide a promotional gift of nominal value to you.

We may also disclose your Protected Health Information to the Broadridge Benefits Department without your authorization in connection with payment or health care operations activities, such as when Broadridge's Benefits Department contacts one of your providers to resolve covered expense and claim payment issues for you. If you are covered under an insured health plan, the insurer may disclose Protected Health Information to Broadridge without your authorization in connection with payment, or health care operations. Broadridge will not disclose your Protected Health Information to any individuals at Broadridge not involved in administering the health plans. Broadridge is not permitted to use your Protected Health Information for any employment-related actions or decisions, or in connection with any other benefit plan maintained by Broadridge.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization in writing at any time by delivering a written revocation form to Broadridge Benefits Department. If you revoke your authorization, we will no longer use or disclose your Protected Health Information except as described above (or as permitted by any other authorizations that have not been revoked). However, we cannot retrieve any Protected Health Information disclosed to a third party in reliance on your prior authorization. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to the disclosure of Protected Health Information, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the recipient's involvement with your health care.

State law may further limit the permissible ways we use or disclose your Protected Health Information. If an applicable state law imposes stricter restrictions, we will comply with that state law.

Your Rights Regarding Protected Health Information

You have the right to request in writing the following with respect to your Protected Health Information:

Right to Inspect and Copy. You may request access to certain medical records that contain your Protected Health Information in order to inspect and request copies of those records. If you request copies, we may charge you copying, mailing, and labor costs. To the extent that your Protected Health Information is maintained in an electronic health record, you may request that we provide a copy to you or to a person or entity designated by you in an electronic format. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records containing Protected Health Information, you may obtain a request form from the Broadridge Benefits Department. You do not have the right to access your (i) psychotherapy notes, (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, maintained in a Designated Record Set, or (iii) Certain Protected Health Information that is subject to the Clinical Laboratory Improvements Amendments of 1988 (“CLIA”), 42 C.F.R. § 263a, to the extent the provision of access to the individual would be prohibited by law.

You should submit your request on the required form to the Broadridge Benefits Department. In limited circumstances, we may deny your request to inspect and copy your Protected Health Information. Generally, if you are denied access to Protected Health Information, you may request a review of the denial.

Right to Amend. You have the right to request that we amend your Protected Health Information maintained in a designated record set for as long as the information is kept by or for us. We will comply with your request for amendment unless special circumstances apply. We may deny your request for amendment if you do not provide a reason to support your request or if we believe that the information is accurate. In addition, we may deny your request if you ask it to amend information that was created by another health plan or health care provider (but we will inform you of the source of the information, if known). If your physician or other health care provider created the information that you desire to amend, you should contact the health care provider to amend the information. To make a request for amendment of your Protected Health Information, you may obtain a request form from the Broadridge Benefits Department and send it to the Broadridge Benefits Department.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of disclosures of your Protected Health Information that we have made to others.

To request an accounting of disclosures you may obtain a request form from the Broadridge Benefits Department and send it to the Broadridge Benefits Department. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested. The accounting will generally be provided free of charge, but if you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for any subsequent accounting statements. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses. The accounting will not include all disclosures of your Protected Health Information. For example, the accounting will not include disclosures (i) to carry out treatment, payment or health care operations activities; (ii) made to you; (iii) made to friends or family members in your presence or because of an emergency; (iv) made pursuant to your written authorization; (v) for national security or intelligence purposes; or (vi) to correctional institutions or law enforcement officials. Please note that this right may be expanded once final regulations are published.

Right to Request Restrictions. You have the right to request a restriction on the Protected Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that a provider not use or disclose information about a service you receive if (i) the disclosure is being made for payment or health care operations reasons, and (ii) the restricted Protected Health Information pertains solely to a health care item or service provided where full payment was paid out-of-pocket in full (in other words, another plan has not paid for any part of the item or service) by you.

To request restrictions, you may obtain a request form from the Broadridge Benefits Department, and send it to the Broadridge Benefits Department. You must advise us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limit(s) to apply.

Note: We are not required to agree to your request, except as provided above.

Right to Request Confidential Communications. You have the right to request that we communicate with you about Protected Health Information in a certain way or at a certain location. For example, you can ask that we send the results of your exam to a specified address, to work or to home.

To request confidential communications, you may obtain a request form from the Broadridge Benefits Department and send it to the Broadridge Benefits Department. We will make attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

Personal Representatives. You may exercise your rights through a personal representative, as permitted under our health information privacy policy, and as determined under applicable state law. This individual must complete a Personal Representative Form. We reserve the right to deny access to your personal representative.

Complaints

If you believe that your privacy rights have been violated, you may complain to us in writing at the location described below under "Contacting Us" or file electronically by visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. You will not be retaliated against for filing a complaint.

Changes to this Notice

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we make material changes to this notice, you will receive a new notice by electronic mail and/or a copy will be mailed to your home.

Keep us Informed of Address Changes

You should keep us informed of any changes in your address and the addresses of your covered family members. In the event that your Protected Health Information has been breached, we will notify you at your address on record in accordance with our HIPAA breach notice policy and procedure.

Contacting Us

You may ask questions about this privacy notice, make privacy complaints, or exercise any of the rights described in this notice by contacting the Broadridge Benefits Department in writing at the address and telephone numbers below. They will provide you with additional information.

Broadridge Benefits Department
2 Gateway Center
283-299 Market St
Newark, NJ 07102

Effective date of this notice: October 2020