

**Woods Hole Oceanographic Institution
Health and Welfare Plan for Active Employees**

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.**

Our Institution's Pledge to You

This notice is intended to inform you of the privacy practices followed by the Woods Hole Oceanographic Institution's Health and Welfare Plan for Active Employees (the Plan) and the Plan's legal obligations regarding your protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on September 23, 2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we will comply with federal privacy laws and respect your right to privacy. The Woods Hole Oceanographic Institution requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, the Plan may use or disclose your protected health information for certain purposes without your permission. This section describes the ways the Plan can use and disclose your protected health information.

Payment. The Plan may use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide the Plan with your health information. The Plan will use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. The Plan may use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, the Plan will review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan, the Plan generally does not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. The Plan may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. The Plan is *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. The Plan is also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. The Plan will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, you will be asked to provide written authorization before use or disclosure of your protected health information. The Plan will not use or disclose your protected health information for marketing or sell your protected health information without your authorization. If you choose to sign an authorization to disclose information, you can, with few exceptions, later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information. As of February 17, 2010, Business Associates are directly responsible for complying with certain provisions of HIPAA.

To the Plan Sponsor. The Plan may disclose protected health information to certain employees of Woods Hole Oceanographic Institution for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Data Breach Notification. The Plan may use your contact information to provide legally required notices of any unauthorized acquisition, access or disclosure of your protected health information.

Fundraising. It is unlikely that the Plan will use or disclose your personal health information for fundraising, but if you do receive a fundraising communication from the Plan or a foundation on behalf of the Plan, the communication will contain a clear and conspicuous opportunity for you to elect not to receive any further fundraising communications.

Health Related Products or Programs. The Plan may use or disclose your protected health information to provide you with information on health related products or programs subject to certain limitations imposed by law as of February 17, 2010, including strict limitations on third party funding for these communications. You have the right to elect to not receive such communications from us.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we may charge you a reasonable fee to cover the costs of copying, mailing, portable media, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. You may be able to receive the information in an electronic format, for example if your information is held in an electronic health record ("EHR") and you may request that we transmit a copy of your health information to a third party that you identify.

Right to Amend. If you believe that health information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made: (1) for purposes of treatment, payment or health care operations (unless your personal health information is held in an electronic health record); (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures. The expanded right to an accounting of disclosures from an electronic health record will apply to disclosures made after January 1, 2014, provided that an electronic health record was maintained as of January 1, 2009. If an electronic health record was acquired after January 1, 2009, the expanded accounting right will apply after January 1, 2011 or the date the electronic health record was acquired, whichever is later.

Your request for an accounting of disclosures must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years, except for disclosures made through an electronic health record which will include only the last three years of disclosures. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that the Plan not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that the Plan limit the protected health information that is disclosed to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. The Plan will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, the Plan will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your protected health information. Your request for restrictions must be submitted in writing to the person listed below. The Plan is required to accommodate reasonable requests. For example, you may ask that the Plan contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that the Plan (or one of our Business Associates) discovers a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice upon request. To obtain a paper copy of this notice, please contact the person listed below.

More Stringent State Law

If more than one law applies to this Notice, the Plan will comply with the requirements of the law that affords you greater privacy protections, including more stringent state laws.

Genetic Information

The Plan is prohibited from using your genetic information for underwriting purposes.

Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

***Nicole Wright, Assistant Director-Benefits
Woods Hole Oceanographic Institution
266 Woods Hole Road, MS#15
Woods Hole, MA 02543
508-289-2217 or nwright@whoi.edu***

Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision that was made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with the Plan.