



**NOTICE OF PRIVACY PRACTICES FOR
BU HEALTH PLANS**

Effective Date: February 16, 2026

THIS NOTICE OF PRIVACY PRACTICES (“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:

Name: Jessica Captain Novick
Title: BU Chief Health Privacy Officer
Email: HIPAA@bu.edu
Telephone: 617.358.3124

SECTION A: WHO WE ARE

This Notice describes the privacy practices for the BU Health Plans (the “BU Health Plans”), which are as follows:

- **Boston University Health Plan**
- **Boston University Dental Plan**
- **Boston University Flexible Benefit Program**

The BU Health Plans provide health benefits to eligible employees of Boston University (the “Plan Sponsor”) and their eligible dependents as described in the summary plan description(s) for the BU Health Plans. You are receiving this Notice because you are, or may be eligible to become, a participant in one or more of the BU Health Plans.

SECTION B: OUR PLEDGE REGARDING PHI

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we protect the privacy of your health information, known as, “protected health information” or “PHI,” and we are committed to doing so. For ease of reference, the words “you,” “your,” and “yours” refers to any individual with respect to whom the BU Health Plans receive, create, or maintain PHI in the course of providing health benefits, including employees, and COBRA qualified beneficiaries, if any, and their respective dependents.

The BU Health Plans primarily maintain enrollment records and limited claims information. Most of your health information is held by a third-party claims administrator of the BU Health Plans that is also obligated to protect the privacy of your information. This Notice applies to your health information that is received, created, or maintained by the BU Health Plans.

This Notice will tell you about the ways in which we may use and disclose your PHI. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- maintain the privacy of PHI about you, consistent with the requirements of HIPAA;
- give you this Notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of the Notice that is currently in effect; and
- notify you in the event there is a breach of your unsecured PHI.

We know this Notice is long, but the law requires us to describe in detail the ways that we may use and disclose your PHI, as well as your legal rights and our legal duties with respect to PHI.

SECTION C: HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose PHI. 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. Please be aware that PHI disclosed pursuant to this Notice may be redisclosed by the recipient and may no longer be protected by HIPAA, other federal privacy laws, or applicable state laws.

We May Use And Disclose Your PHI For Treatment, Payment, Or Health Care Operations Without Your Written Authorization

The following categories describe the different ways we may use and disclose PHI without your authorization for treatment, payment, or health care operations:

- **Treatment**. To provide, coordinate, or manage, your health care and related services, consult with other health care providers, or the referral for health care to another health care provider. For example, if your doctor requested information from us about previous claims under your plan to assist in treating you or disclosing information about your prior prescriptions to a pharmacist for the pharmacist's reference in determining whether a new prescription may be harmful to you. We are also allowed to use your health information to contact you about appointment reminders or information about treatment alternatives or other health-related benefits and services.
- **Payment**. To calculate premiums, determine your coverage and benefits, and to pay or receive payment for your health care. This includes using and disclosing PHI to decide if you are eligible for coverage and what your plan will pay, adjust payments based on health and demographic factors, billing, claims management, collection activities, obtaining payment and related health care data processing. We can also review health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges. For example, we may consider and discuss your medical history with a health care provider to determine whether a particular treatment for which benefits are or will be claimed is medically necessary as defined in your plan. We can conduct utilization review activities and share limited information with consumer reporting agencies for payment-related purposes. For example, after your care is completed, we may review the medical records to make sure the services received were appropriate and covered under your plan.
- **Health Care Operations**. To operate. We use and disclose PHI for activities necessary to run our operations, including quality assessment and improvement, performance evaluation, reinsurance and stop-loss functions, business planning and development and general administrative activities. For example, we may use or disclose your PHI to inform the stop-loss carrier of a potential claim and to make any claim that ultimately applies. We may use and

disclose PHI for underwriting, eligibility determinations, enrollment, and premium rating. **However, while we generally do not receive genetic information, we will not use any genetic information for underwriting purposes or to determine eligibility or premiums.** We may use and disclose your PHI for disease management, case management, and care coordination. For example, if claims you submit under your plan indicate that you have diabetes or another chronic condition, we may use and disclose your PHI to refer you to a disease management program. We may also use or disclose PHI to an outside organization that deals with accreditation, certification, licensing or credentialing activities.

- **Business Associates.** We may disclose your PHI to our business associates (and our business associates may disclose your PHI to their subcontractors) so that they can perform the job we have asked them to do. However, we require our business associates and their subcontractors to appropriately safeguard your information. An example of a business associate is the third-party administrator, who helps us provide health benefits to you.
- **Organized Health Care Arrangement.** We may disclose PHI for the health care operations activities of an organized health care arrangement (“OHCA”), in which we may participate. An example of an OHCA could be a self-funded employer health plan working jointly with its third-party administrator and pharmacy benefit manager to coordinate healthcare operations for its members.

We Are Permitted Or Required To Use Or Disclose Your PHI Without Your Written Authorization Or The Opportunity To Agree Or Object

We are permitted or required to use your health information or disclose your health information to others without your written authorization or the opportunity to agree or object, as follows:

- **Plan Sponsor (Employer).** To the Plan Sponsor. We may disclose summary health information to the Plan Sponsor so that the Plan Sponsor may obtain premium bids for health benefits, or to modify, amend, or terminate the BU Health Plans. We may also disclose to the Plan Sponsor whether you are participating, enrolled, or disenrolled from the BU Health Plans. The Plan Sponsor may only use your information for plan administration functions. We prohibit the Plan Sponsor from using your information for reasons unrelated to plan administration, such as for employment-related actions or decisions (e.g., for terminating your employment).
- **Required by Law.** When required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities.** For public health activities under certain circumstances, such as preventing disease, helping with product recalls, and reporting adverse reactions to medications.
- **Victims of Abuse, Neglect or Domestic Violence.** To a government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, or disciplinary actions.
- **Judicial and Administrative Proceedings.** To a court or administrative order or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Provided, however, in no event will we use or disclose your Part 2 Records, or testimony that describes the information contained in your Part 2 Records, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority,

against you, unless authorized by your consent or a court order after you are provided notice of the court order and the opportunity be heard.

- **Law Enforcement Purposes.** To law enforcement officials for a law enforcement purpose in limited circumstances.
- **Coroners, Medical Examiners and Funeral Directors.** To a coroner or medical examiner or to funeral directors as necessary to carry out their duties.
- **Cadaveric Organ, Eye or Tissue Donation Purposes.** To organizations that handle organ procurement or organ, eye, or tissue transplantation.
- **Prevent a Serious Threat to Health or Safety.** To prevent a serious threat to your health or safety, or the health or safety of the public or another person.
- **Specialized Government Functions.** For military, national defense and security, and other special government functions and to a correctional institution if you are an inmate.
- **Workers' Compensation.** For workers' compensation or similar programs.
- **Research.** For research preparation and research that has been granted a HIPAA waiver of authorization from the Institutional Review Board or when certain requirements of the law are met; otherwise, a written authorization is required for research.

We Can Use And Disclose PHI Without Your Written Authorization, But You Have The Opportunity To Agree Or Object

We are permitted to use or disclose your health information to others without your written authorization, but you have the opportunity to agree or object, as follows:

- **Individuals Involved in Your Care or Payment for Your Care.** To your family member, close friend, or any other person involved in your care.
- **Disaster Relief Purposes.** To a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

We Are Subject To Federal And State Laws That Give Special Protection To Certain Types Of Highly Confidential PHI

There are federal and state laws that give special protection to certain types of highly confidential health information, and we will comply with these laws if applicable. This includes:

- **Part 2 Records.** If you provide a general consent to a substance use disorder treatment program that is covered by 42 C.F.R. Part 2 ("Part 2 Program") to allow us to receive or maintain your Part 2 Records for purposes of treatment, payment, or health care operations, we can use and disclose your Part 2 Records for treatment, payment, or health care operations, and as otherwise provided without written authorization, as described in this Notice, without your additional consent. If we receive or maintain your Part 2 Records through a specific consent you provide to us or another third party, we will use and disclose your Part 2 Records only as expressly permitted by you in your consent. If we do not have consent, we will not be able to use or disclose your Part 2 Records, except in very limited situations pursuant to the law, like a medical emergency.
- **Other Highly Confidential Health Information.** HIV/AIDS testing or test results, genetic testing and test results, information about sexually transmitted diseases, information related to diagnosis or treatment of pregnancy, sensitive information such as sexual assault, human trafficking, or domestic violence counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse

clinical specialist, and psychotherapy notes or counseling notes from a Part 2 Program (“SUD counseling notes”) generally require your written consent for use or disclosure. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Massachusetts Department of Health.

There Are Situations that Require a Written Authorization To Use or Disclose Your PHI

We may not use or disclosure PHI about you without your written authorization in the following situations:

- **Marketing**. For solicitation or marketing the sale of goods or services (not including a face-to-face communication or a promotional gift of nominal value).
- **Sale of PHI**. In connection with a sale of PHI, as defined in HIPAA.
- **Other Uses and Disclosures Not Described in this Notice**. Any other use or disclosure of PHI not described in this Notice or otherwise permitted by law.

If you provide us with written authorization, then we may make these types of uses and disclosures of PHI. Any written authorization you give us for such purposes may be revoked by you at any time, except if we have already acted based on it.

SECTION D: YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the below rights regarding PHI we maintain about you. Please contact the HIPAA Contact listed below to obtain a copy of the relevant form you will need to make your request to exercise such rights. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We retain discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

- **Right to Inspect and Copy**. You have the right to inspect and copy PHI that we maintain about you and that is used to make decisions regarding your enrollment, coverage, benefits, or claims, excluding psychotherapy notes or SUD counseling notes. We may deny your request to inspect and copy PHI in certain circumstances. If you are denied access to PHI, in some cases, you may request that the denial be reviewed. A modest fee may be charged if you request a copy of the information.
- **Right to Amend**. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information by submitting your request in writing to the HIPAA Contact. We may deny your request if it is not in writing with a supporting reason or we believe the information you wish to amend is accurate and complete, the PHI was not created by us, or other special circumstances apply.
- **Right to an Accounting of Disclosures**. You have the right to request a record of certain non-routine disclosures we made about you that were not for a treatment, payment or operations purpose. Disclosures to you, disclosures you authorize, and disclosures that are permitted or required without your authorization will not be included. Your request must be in writing to the HIPAA Contact. The period may not exceed 6 years from the date of the disclosure or include any dates prior to April 14, 2003. The first list you request within a twelve (12) month period will be free. We may charge you for the costs of providing additional lists.

- **Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care (for example, a family member or friend). Your requested restriction must be in writing to the HIPAA Contact. **Generally, we are not required to agree to your request,** but if we do agree, we will comply with your request unless otherwise required by law, in emergencies, or when the information is necessary for treatment. We also will not deny your request to restrict disclosure to a health plan: if it is for purposes of carrying out payment or health care operations and is not otherwise required by law; or the information pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full.
- **Right to Request Confidential Communications.** If you feel that disclosure of your PHI could endanger you, we will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request we communicate with you only at a particular address. You must make your request in writing to the HIPAA Contact.
- **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. Please contact the HIPAA Contact to obtain a paper copy of this Notice.
- **Right to Receive Notice of a Breach.** We are required to notify you after a breach of your unsecured PHI has occurred.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with us by contacting the HIPAA Contact or the Chief Health Privacy Officer identified on the first page of this Notice. You may also wish to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, which can be done online here: <https://www.hhs.gov/ocr/complaints/index.html>. **You will not be penalized for filing a complaint.**

HIPAA Contact Information: BU Health Plans HIPAA Contact at hr@bu.edu or 617-353-2380

SECTION E: CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Revised Notices will be posted on our website and distributed through our standard distribution process. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. You may request a copy of the current Notice at any time.