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

Effective Date: February 16, 2026

As a participant in the Loyola University Maryland group health plan (the Plan), you are entitled to certain rights and protections under the Health Insurance Portability and Accountability Act (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH). The Plan is a separate legal entity from Loyola University Maryland**.** The Plan is required to maintain the privacy of your medical information and provide notices about the privacy practices and your rights. The Plan reserves the right to change privacy practices and the content of notices as permitted by applicable law.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Notwithstanding the formal process for your right to get a copy of or correct your health and claims record, certain information related to enrollment and claims processing may be available to you by contacting the member services department of the insurance company or third party administrator who pays your claims on our behalf. Your request may be satisfied as a customer service request.

Get a copy of health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. We will provide a copy or a summary of your health and claims records, usually within 30 days of your written request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us in writing to correct your health and claims records if you think they are incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us in writing to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us in writing not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If we agree to your request, we may still share this information in the event you need emergency treatment. We will always agree to your request to limit what health information we use or share if you paid for the service in full, out-of-pocket.

Get a list of those with whom we've shared information

You can ask in writing for a list (an accounting) of the times we've shared your health information for six years prior to the date you ask, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. If we change the terms of this notice, a new privacy notice will be provided to you.

Choose someone to act for you

If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

If you feel we have violated your rights, you may file a complaint by contacting us using the information at the end of this notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.** We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways. Any use or sharing of your health information for these purposes does not require your authorization. When using and disclosing your health information in our treatment, payment and health care operation activities, we may only request, use and disclose the minimum amount of your information necessary to complete the activity.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.
Example: We may share information when a provider requests information regarding your eligibility for benefits.

Administer the Plan / Conduct health care operations

We may use and disclose your health information for purposes related to the administration of the Plan.
Example: We may use your information in connection with fraud and abuse programs.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see **https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.**

And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

With the Plan Sponsor

We may share your information with the Plan Sponsor to permit employees of the Plan Sponsor to administer the Plan. We may also disclose Summary Health Information (as this term is defined in the Privacy Regulation) to the Plan Sponsor to obtain premium bids for your health coverage or to decide whether to modify, amend or terminate the group health plan.

Contracts with Business Associates

We contract with service providers, also known as Business Associates, to perform various functions on the Plan's behalf. For example, we may contract with a Business Associate to perform the administrative functions necessary to pay your medical claims. To perform these functions the Business Associate will receive, create, maintain, use, or disclose protected health information but only after the Plan and the Business Associate agree in writing to contract terms requiring the Business Associate to appropriately safeguard your information.

Help with public health and safety issues

We can share health information about you for certain situations such as: Preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if HHS wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena, subject to certain restrictions.

Uses and Disclosures for which your authorization is required

For any other use or disclosure not described in this Notice, we will not use or share your information unless you authorize us to do so in writing. If you do provide an authorization, you may revoke the authorization at any time. Let us know in writing if you change your mind. Your written authorization is specifically required for:

- For any use or disclosure of psychotherapy notes unless to carry out treatment, payment, or health care operations of the Plan.
- For any use or disclosure to be used for marketing purposes.
- For any use or disclosure which would constitute a sale of your protected health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will provide a copy to you.

Contact Information

Maurisha Hooper, Director Benefits and Wellness Programs, Office of People and Culture
410-617-2354 \ mhooper@loyola.edu

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**