



## NOTICE OF PRIVACY PRACTICES

Effective September 1, 2025

**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.**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) imposes numerous requirements on employer health plans and their vendor partners concerning the use and disclosure of individual health information. This information, known as protected health information (“PHI”), includes virtually all individually identifiable health information held by a health plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the legal duties related to your PHI, and the general privacy practices of the following self-funded health plans:

- ☐ The Hartford Fire Insurance Company Employee Medical and Dental Expense Benefits Plan, of which The Hartford’s Health & Well-Being Center is a part
- ☐ The Hartford Health Reimbursement Account
- ☐ The Hartford Fire Insurance Company Health Care Reimbursement Plan
- ☐ The Hartford Fire Insurance Company Limited Purpose Flexible Spending Account Plan
- ☐ Employee Assistance Program

These plans are collectively referred to as the “Health Plans” in this notice, unless specified otherwise. Because The Hartford is the common Plan Sponsor of all the Health Plans listed above, the Health Plans constitute an “organized health care arrangement” (“OHCA”) under federal law. As an OHCA, the Health Plans are permitted to use one common Notice of Privacy Practices distributed to all participants in the Health Plans. The Health Plans covered by this notice may share health information with each other to carry out certain purposes defined by the Standards for Privacy of Individually Identifiable Health Information issued pursuant to HIPAA (the “Privacy Rules”).

If you participate in an insured health plan option, which is a health plan where the financial risk is borne by the insurer rather than the employer, your notice is provided directly to you by the insurer.

### **A. The Health Plans’ duties with respect to your PHI**

The Health Plans are required by law to maintain the privacy of your PHI, to notify you following a breach of unsecured PHI, and to provide you with this notice of the Health Plan’s legal duties and privacy practices with respect to your PHI. The Health Plans must abide by the terms of this notice as currently in effect. It is important to note that these rules apply to the Health Plans, not The Hartford as an employer. The Hartford has different policies that apply to data unrelated to the Health Plans.



## **B. How the Health Plans may use or disclose your PHI**

The Health Plans are **required** to disclose your PHI to you, when you exercise your right of access or to an accounting (see Section E below), and to the Secretary of the U.S. Department of Health and Human Services, when requested for the purposes of an investigation or a determination of the Health Plans' compliance with federal privacy law. In addition, the Health Plans will comply with other applicable law that provides more stringent protections for your PHI, including substance use disorder patient records under Part 2. Unless such law applies, the Privacy Rules generally allow the use and disclosure of your PHI without your written permission (or "authorization") for purposes of treatment, payment, and health care operations activities. Here are some examples of those activities:

- ☐ **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. *For example, the Health Plans may share your PHI with physicians who are treating you.*
- ☐ **Payment** includes activities by the Health Plans to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing. *For example, the Health Plans may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*
- ☐ **Health Care Operations** include activities by the Health Plans such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. *For example, the Health Plans may use information about your claims to review the effectiveness of wellness programs.*

The amount of PHI used or disclosed will be limited to the "Minimum Necessary" for these purposes, as defined under the Privacy Rules. If the Health Plans use or disclose PHI for underwriting purposes, they are prohibited from using or disclosing your genetic information for such purposes.

When disclosed pursuant to a single consent for all future uses and disclosures for treatment, payment, and health care operations activities, substance use disorder patient records under Part 2 may be redisclosed by the Health Plans, and their third-party administrators, in accordance with the HIPAA regulations. However, these records cannot be used in legal proceedings against you without specific consent or a court order, which is more stringent than the HIPAA standard.

## **C. How the Health Plans may share your PHI with The Hartford**

The Health Plans, or their third-party administrators (such as UnitedHealthcare, Delta Dental, OptumRx, Fidelity, and Maven Clinic Co.), may disclose your PHI without your written authorization to a limited number of staff at The Hartford for plan administration purposes. The Hartford agrees not to use or disclose your PHI other than as permitted or required by the Health Plans' documents and by law. Only employees in The Hartford's HR Benefits Department and their legal advisors will have access to your PHI. The Hartford cannot and will not use PHI obtained from the Health Plans for any employment-related actions.

Here is how additional information may be shared between the Health Plans and The Hartford, as permitted by



the Privacy Rules:

- ☐ The Health Plans, or their third-party administrators, may disclose “summary health information” to The Hartford, if requested, for purposes of obtaining premium bids to provide coverage under the Health Plans; for modifying, amending, or terminating the Health Plans; for reviewing trends in health care claims to direct health management activities; or to evaluate health management program effectiveness. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.
- ☐ The Health Plans, or their third-party administrators, may disclose to The Hartford information on whether an individual is participating in the Health Plans, or has enrolled or disenrolled in a coverage option offered by the Health Plans.

#### **D. Other allowable uses or disclosures of your PHI**

In certain cases, your PHI can be disclosed, without your written authorization, to a family member, close friend, or other person you identify, who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person or to a public or private entity authorized to assist in disaster relief efforts. You will generally be given the chance to agree to or object to these disclosures, although exceptions may be made, for example, if you are not present or if you are incapacitated. In addition, your PHI may be disclosed, without your written authorization, to your legal representative.

The Health Plans are also allowed to use and/or disclose your PHI, without your written authorization, for the following activities:

As required by law	The Health Plans will share information about you if state or federal laws require it
Address workers’ compensation, law enforcement, and other government requests	<p>The Health Plans can use or share information about you:</p> <ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul>
Help with public health and safety issues	<p>The Health Plans can share information about you to prevent or lessen a serious or imminent threat to public or personal health or safety, including in the following situations:</p> <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul>



Respond to lawsuits and legal actions	The Health Plans can share information about you in response to a court or administrative order, or in response to a subpoena
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	The Health Plans can share information about you with organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death. The Health Plans can also share information with a coroner, medical examiner, or funeral director when an individual dies.
Research purposes	The Health Plans can use or share your information for health research

Except as described in this notice, other uses and disclosures will be made only with your written authorization. In addition, the Health Plans will comply with other applicable law that provides more stringent protections for your PHI. For example, most uses and disclosures of psychotherapy notes, most uses and disclosures of PHI for marketing purposes, and those disclosures that constitute a sale of PHI, require your written authorization. Substance use disorder treatment records under Part 2, or related testimony, will not be used or disclosed in civil, criminal, administrative and legal proceedings against you without specific consent or a court order. You may revoke your authorization as allowed under the Privacy Rules. However, you cannot revoke your authorization if the Health Plans have taken action relying on it. In other words, you cannot revoke your authorization with respect to disclosures that have already been made.

PHI disclosed pursuant to the Privacy Rule may be subject to redisclosure and no longer protected by the Privacy Rule. As such, it's important that you make informed decisions about to whom you provide access to or authorize the disclosure of your PHI. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

## **E. Your individual rights**

You have the following rights with respect to your PHI that the Health Plans maintain. These rights are subject to certain limitations, as described below. In order to exercise any of these rights, you must notify the Privacy Officer in writing (see Section H of this notice for contact information).

### **1. Right to request restrictions on certain uses and disclosures of your PHI and the Health Plans' right to refuse**

You have the right to ask the Health Plans not to use or disclose your PHI for treatment, payment or health care operations, except for those uses or disclosures that are required by law. The Health Plans are not required to agree to a requested restriction, except that if you are competent you may restrict disclosures to family members and friends. And, if the Health Plans do agree, a restriction may later be terminated by your



written request, by agreement between you and the Health Plans, or unilaterally by the Health Plans for PHI created or received after you have been notified that the restriction has been removed. The Health Plans may also disclose your PHI if you need emergency treatment, even if the Health Plans have agreed to a restriction. If you pay out-of-pocket in full for a health care item or service, and you do not want us to disclose PHI about that item or service to the Health Plans for purposes of payment or health care operations, we must comply with your request.

## **2. Right to receive confidential communications of your PHI**

You have the right to ask the Health Plans to contact you in a specific way or to send mail to a different address. The Health Plans will consider all reasonable requests and must agree if you tell us that disclosure of your PHI by the usual means could endanger you in some way.

## **3. Right to inspect and copy your PHI**

With certain exceptions, you have the right to inspect or obtain a copy of your PHI in a “Designated Record Set.” A Designated Record Set may include medical and billing records maintained by a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records each plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Health Plans may deny your right to access, although in certain circumstances you may request a review of the denial.

Within thirty (30) days of receipt of a request to inspect or copy PHI, the Health Plans will provide you with:

- ☐ The access or copies you requested;
- ☐ A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or to file a complaint; or
- ☐ A written statement that the time period for reviewing your request will be extended for no more than thirty (30) days, along with the reasons for the delay and the date by which the Health Plans expect to address your request.

If the Health Plans do not maintain the PHI but know where it is maintained, you will be informed of where to direct your request.

## **4. Right to amend your PHI that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Health Plans amend your PHI in a Designated Record Set. The Health Plans may deny your request for a number of reasons. For example, your request may be denied if the PHI is accurate and complete, was not created by the Health Plans, is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

Within sixty (60) days of receipt of a request to amend PHI, the Health Plans will:



- ☐ Make the amendment as requested;
- ☐ Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- ☐ Provide a written statement that the time period for reviewing your request will be extended for no more than thirty (30) days, along with the reasons for the delay and the date by which the Health Plans expect to address your request.

#### **5. Right to receive an accounting of disclosures of your PHI**

You have the right to a list of certain disclosures the Health Plans have made of your PHI. This is often referred to as an “accounting of disclosures.” Unless otherwise indicated below, you generally may receive an accounting of disclosures if the disclosure is required by law, if the disclosure is made in connection with public health activities, or in similar situations listed in the above table of allowable uses and disclosures.

You may receive information on disclosures of your PHI going back for six (6) years from the date of your request. You do not have a right to receive an accounting of certain disclosures, including (but not limited to) those made: for treatment, payment, or health care operations; to you about your own PHI; where a written authorization was provided; to family members or friends involved in your care; for national security or intelligence purposes; or as part of a limited data set.

Within sixty (60) days of receipt of a request for an accounting of disclosures, the Health Plans will:

- ☐ Provide you with the list of disclosures, or
- ☐ Provide a written statement that the time period for providing this list will be extended for no more than thirty (30) days, along with the reasons for the delay and the date by which the Health Plans expect to address your request.

You may make one request in any 12-month period at no cost to you, but the Health Plans may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

#### **6. Right to obtain a paper copy of this notice from the Health Plans upon request**

You have the right to obtain a paper copy of this notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

#### **F. Changes to the information in this notice**

The Health Plans must abide by the privacy notice currently in effect. The Health Plans reserve the right to change their privacy practices and to change the terms of this notice to reflect those changed practices. The Health Plans reserve the right to make the new notice provisions effective for all PHI that the Health Plans maintain. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If the Health Plans make a material change to the permitted or required uses and/or disclosures of your PHI, or your rights as explained in this notice, the Health Plans will



distribute a revised notice within sixty (60) days of the change.

## **G. Complaints**

If you believe your privacy rights have been violated by the Health Plans, you may file a complaint by contacting the Privacy Officer (refer to Section H of this notice for contact information). You may also write to the Secretary of Health and Human Services. The Health Plans will not retaliate against you for filing a complaint.

## **H. Contact**

If you have questions about this notice, wish to exercise any of your rights under Section E, or would like more information about the Health Plans' privacy practices, please contact:

Mailing address:	HIPAA Privacy Officer c/o HR Compliance One Hartford Plaza Hartford, CT 06155
E-mail:	<a href="mailto:hipaaprivacyofficer@thehartford.com">hipaaprivacyofficer@thehartford.com</a>
Telephone:	(630) 692-7170