

Notice of Privacy Practices

Originally Adopted by Board of Directors 12-19-2013
Updated and Adopted by the Executive Committee on behalf of the Board of Directors 8-16-2023, 7-23-2025, and 8-19-2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

We understand that medical information about your health is personal. We are committed to safeguarding your protected health information (PHI).

PHI is any information that can identify you as an individual and your past, present or future physical or mental health condition.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. The law requires us to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

Our Legal Duty

The Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is required by applicable federal and state laws to maintain the privacy of your PHI. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning PHI. We must follow the privacy practices that are described in this notice while it is in effect, including notification should there be a breach of your unsecured PHI. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change. You may request a copy of our notice at any

time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the contact information at the end of this notice.

Uses and Disclosures of Nonpublic Personal Information

Nonpublic Personal Information is information you give us on your enrollment form, claim forms, premium payments etc. For example: names, member identification number, social security number, addresses, type of health care benefits, payment amounts, etc. We will not give out your nonpublic personal information to anyone unless we are permitted to do so by law or have received a signed authorization form from the member. You may revoke this authorization in writing by completing an authorization cancellation form at any time. This revocation will not affect any actions we took in reliance on your authorization before your authorization cancellation was processed.

Use and Disclosures of Medical Information- The following categories describe different purposes for which PHI maybe be used and disclosed. Not every use or disclosure in a category will be listed. If we need to use or disclose your PHI in any other way, we will obtain your signed authorization before it is used or disclosed. In addition, certain federal and state laws require that we limit how we disclose certain information considered sensitive in nature, such as HIV/AIDS, mental health, substance use disorder, and sexually transmitted diseases. Unless otherwise permitted under applicable laws, we will not disclose such sensitive information without your written consent.

You may revoke an authorization or consent, referenced above, in writing at any time. This revocation will not affect any actions we took in reliance on your authorization or consent before your cancellation was processed.

We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law.

Treatment: GTCMHIC may use or disclose PHI to other organizations for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may disclose your medications to an emergency room physician so that he/she/they can avoid dangerous drug interactions. This allows providers to manage, coordinate, and administer treatment.

Payment: GTCMHIC may use and disclose PHI to determine our responsibility to pay claims or to notify members and providers of our claim determinations. We may disclose PHI to providers to assist them in their billing and collection efforts. We may also disclose PHI to other insurance companies to coordinate the reimbursement of health insurance benefits. For example, we may disclose PHI to an automobile no-fault insurance company to determine responsibility for claim payment. Also, if you have health insurance through another insurance company, we may

disclose PHI to that other health insurance company to determine which company holds the responsibility for your claims.

Healthcare Operations: GTCMHIC may use PHI as necessary to support the day-to-day activities and management of GTCMHIC. Our healthcare operations include using PHI to determine premiums, to conduct quality assessment and improvement activities, and to determine eligibility. For example, we may use or disclose PHI when working with NYS Department of Financial Services that monitors and evaluates the compliance of our consortium.

To You: GTCMHIC must disclose your PHI to you, as described in the Individual Rights section of this notice, below. We may also use and disclose PHI to tell you about recommended possible treatment options or alternatives or to tell you about health-related benefits or services that may be of interest to you.

To Family and Friends: If you agree or, if you are unable to agree when the situation, (such as medical emergency or disaster relief), indicates that disclosure would be in your best interest, GTCMHIC may disclose PHI to a family member, friend or other person. In an emergency, we will only disclose the minimum amount necessary.

Business Associates: A business associate is defined as someone that assists us in managing our business. For example, a professional that reviews the quality of our products and services. We may disclose PHI to another company that helps us manage our business. For example, we may disclose PHI to a company that performs case reviews to ensure our members receive quality care. However, we will only make such disclosures if we have received satisfactory assurances that the business associate will properly safeguard your privacy and confidentiality of your PHI.

Law enforcement: PHI may be disclosed to law enforcement agencies, without enrollee's permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release PHI about deceased members to funeral directors for them to carry out their duties.

Organ Donation: If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, to facilitate organ or tissue donation and transplantation. This may include a living donor as well as a deceased donor.

Public Health and Safety: We may disclose PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose PHI to a government agency authorized to oversee the healthcare system or government programs

or its contractors, and to public health authorities for public health purposes. For example, GTCMHIC is required to report certain communicable diseases to the state's public health department.

Process and Proceedings: GTCMHIC may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose PHI to law enforcement officials.

Genetic Nondiscrimination Act (GINA): GTCMHIC will not disclose your PHI containing genetic information for underwriting purposes. GINA expressly prohibits the use or disclosure of genetic information for these purposes.

Breach of Unsecured Information: GTCMHIC is required to notify you if there is any acquisition, access, use, or disclosure of your unsecured PHI that compromises the security or privacy of your PHI.

Psychotherapy Information: Should it be applicable that your psychotherapy notes be included in an appropriate use or disclosure of information, in most instances, we are required to obtain your authorization for the release of this information.

Substance Use Disorder (SUD): We will not use or disclose your PHI that includes SUD information from programs covered under 42 CFR Part 2 in any legal proceedings against you unless you give written consent or a court order meeting specific legal requirements is obtained.

Individual Rights

Access: You have the right to inspect and/or copy your PHI, with limited exceptions such as information a licensed health care professional, exercising professional judgment, determines that providing access is reasonably likely to endanger the life, physical safety or cause someone substantial harm.

If you request copies, we reserve the right to charge you a reasonable fee for each copy, plus postage if the copies are mailed to you. You may contact us via email or mailing address located at the end of this notice.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI. The list will not include disclosures we made for the purpose of treatment, payment, healthcare operations, disclosures made with your authorization, or certain other disclosures. The request may not exceed a six-year time period. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed and the reason for the disclosure. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. To request a disclosure accounting you may contact us using the telephone number listed at the end of this notice.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. As permitted by law, we will not honor these requests, as it prohibits us from administering your benefits.

Confidential Communication: You have the right to request that we communicate with you confidentially about your PHI. We will honor a request to communicate to an alternative location if you believe you would be endangered if we do not communicate to the alternative location. We must accommodate your request if it is reasonable and specifies the alternative location. Requests can be made via the email and/or mailing address located at the end of this policy.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information, you want amended or if we determine the information is accurate. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be attached to the information you wanted amended. Requests can be made via the email and/or mailing address located at the end of this policy.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the contact information at the end of this notice to obtain this notice in written form.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to GTCMHIC. If you are concerned that we may have violated your privacy rights, as described above, or you disagree with a decision we made about access to your PHI, or in response to a request you made to amend or restrict the use/or disclosure of your PHI, or to have us confidentially communicate with you at

an alternative location, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. Upon request, we will provide you with the address for the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your PHI.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Information:

e-mail: consortium@tompkins-co.org

GTCMHIC

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607-274-5590

This Notice is effective on or after August 19, 2026.