



VOYA HEALTH

Patient Notice of HIPAA 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.

Voya Health's Commitment to Your Privacy

Voya Health is dedicated to protecting the privacy of your protected health information ('PHI'). PHI is information about you that may be used to identify you (such as your name, social security number, email address, mobile telephone number, address or date of birth), and that relates to (a) your past, present or future physical or mental health or condition, (b) the provision of healthcare to you, or (c) your past, present, or future payment for the provision of healthcare. In conducting its business, Voya Health will receive and create records containing your PHI. Voya Health is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices with respect to your PHI. Other health care providers involved in your care may have different policies or notices regarding their use and disclosure of your PHI.

Voya Health must maintain the privacy of your PHI, give you this Notice of its legal duties and privacy practices, notify you if you are affected by a breach of unsecured PHI; and abide by the terms of this Notice while it is in effect. Voya Health and its employees, volunteers and other personnel must also abide by this Notice.

This current Notice takes effect on January 4, 2021, and will remain in effect until Voya Health replaces it. Voya Health reserves the right to change the terms of this Notice at any time, as long as the changes are in compliance with applicable law. If Voya Health changes the terms of this Notice, the new terms will apply to all PHI that it maintains, including PHI that was created or received before such changes were made. If Voya Health changes this Notice, it will post the new Notice on its Website and will make the new Notice available upon request. Your continued use of this Website after changes to this Notice shall constitute your consent to the new Notice.

Uses and Disclosures of PHI

Voya Health may use and disclose your PHI for the following purposes:

1. **Treatment, Payment and Healthcare Operations.** Voya Health is permitted to use and disclose your PHI for purposes of (a) treatment, (b) payment and (c) healthcare operations. For example:
 - **Treatment.** Voya Health may disclose your PHI to another physician or healthcare provider for purposes of a visit or in connection with the provision of follow-up treatment.
 - **Payment.** Voya Health may use and disclose your PHI to your health insurer or health plan in connection with the processing and payment of claims and other charges.

- **Healthcare Operations.** Voya Health may use and disclose your PHI in connection with its healthcare operations, such as providing customer services and conducting quality review assessments. Voya Health may engage third parties to provide various services for Voya Health. If any such third party must have access to your PHI in order to perform its services, Voya Health will require that third party to enter an agreement that binds the third party to the use and disclosure restrictions outlined in this Notice.
2. **Authorization.** Voya Health is permitted to use and disclose your PHI upon your written authorization, to the extent such use or disclosure is consistent with your authorization. You may revoke any such authorization at any time. To authorize Voya Health to disclose your PHI to a third party, download the HIPAA Authorization to Disclose Protected Health Information here _____ and mail it to the address listed on the form.
 3. **As Required by Law.** Voya Health may use and disclose your PHI to the extent required by law.
 4. **Special Circumstances.**
The following categories describe unique circumstances in which Voya Health may use or disclose your PHI:
 - a) **Public Health Activities.** Voya Health may disclose your PHI to public health authorities or other governmental authorities for purposes including preventing and controlling disease, reporting child abuse or neglect, reporting domestic violence and reporting to the Food and Drug Administration regarding the quality, safety and effectiveness of a regulated product or activity. Voya Health may, in certain circumstances disclose PHI to persons who have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
 - b) **Workers' Compensation.** Voya Health may disclose your PHI as authorized by, and to the extent necessary to comply with, workers' compensation programs and other similar programs relating to work-related illnesses or injuries.
 - c) **Health Oversight Activities.** Voya Health may disclose your PHI to a health oversight agency for authorized activities such as audits, investigations, inspections, licensing and disciplinary actions relating to the healthcare system or government benefit programs.
 - d) **Judicial and Administrative Proceedings.** Voya Health may disclose your PHI, in certain circumstances, as permitted by applicable law, in response to an order from a court or administrative agency, or in response to a subpoena or discovery request.
 - e) **Law Enforcement.** Voya Health may, under certain circumstances, disclose your PHI to a law enforcement official, such as for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
 - f) **Decedents.** Voya Health may, under certain circumstances, disclose PHI to coroners, medical examiners and funeral directors for purposes such as identification, determining the cause of death and fulfilling duties relating to decedents.
 - g) **Organ Procurement.** Voya Health may, under certain circumstances, use or disclose PHI for the purposes of organ donation and transplantation.
 - h) **Research.** Voya Health may, under certain circumstances, use or disclose PHI in a limited data set that does not include direct identifiers such as your name, address, social security number, phone number and email address, for research purposes. Such uses may include activities that are preparatory to research or informing you of research studies that may be of interest to you. You will not be enrolled in a research study without your prior voluntary informed consent, unless an institutional review board (IRB) has waived the need to obtain informed consent.

- i) **Threat to Health or Safety.** Voya Health may, under certain circumstances, use or disclose PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
 - j) **Specialized Government Functions.** Voya Health, may in certain situations, use and disclose PHI of persons who are, or were, in the Armed Forces for purposes such as ensuring proper execution of a military mission or determining entitlement to benefits. Voya Health may also disclose PHI to federal officials for intelligence and national security purposes.
5. **Marketing and Sale.** Most uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of medical information, require your prior express authorization. We will obtain your written permission for (1) most uses and disclosures of PHI for marketing purposes, as defined by HIPAA; and (2) disclosures that constitute a sale of PHI, as defined by HIPAA. If you provide us permission to use or disclose your PHI, you may revoke that permission in writing at any time. If you revoke your permission, your revocation will be effective upon receipt, but will not be effective to the extent that we or others have acted in reliance upon such permission.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI maintained by Voya Health:

- **Confidential Communication.** You have the right to receive confidential communications of your PHI. You may request that Voya Health communicate with you through alternate means or at an alternate location, and Voya Health will accommodate your reasonable requests. You must submit your request in writing to Voya Health. To submit such a request, download the Request for Restricts Request Form here _____ and mail it to the address listed on the form.
- **Restrictions.** You have the right to request restrictions on certain uses and disclosures of PHI for treatment, payment or healthcare operations. You also have the right to request that Voya Health restrict its disclosures of PHI to only certain individuals involved in your care or the payment of your care. You must submit your request in writing to Voya Health. Voya Health is not required to comply with your request. However, if Voya Health agrees to comply with your request, it will be bound by such agreement, except when otherwise required by law or in the event of an emergency. To submit such a request, download the Request for Restricts Request Form here _____ and mail it to the address listed on the form.
- **Inspection and Copies.** You have the right to inspect and copy your PHI. You must submit your request in writing to Voya Health. Voya Health may impose a fee for the costs of copying, mailing, labor and supplies associated with your request. Voya Health may deny your request to inspect and/or copy your PHI in certain limited circumstances. If that occurs, Voya Health will inform you of the reason for the denial, and you may request a review of the denial. To request access to your PHI that is not already accessible to you in the Member Portal, download the Request to Access PHI Form here _____ and mail it to the address listed on the form.
- **Amendment.** You have a right to request that Voya Health amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is maintained by Voya Health. You must submit your request in writing to Voya Health and provide a reason to support the requested amendment. Voya Health may, under certain circumstances, deny your request by sending you a written notice of denial. If Voya Health denies your request, you will be permitted to submit a statement of disagreement for inclusion in your records. To make a request to amend PHI that you cannot otherwise change yourself through the Member Portal, download the Request to Amend PHI form here _____ and mail it to the address listed on the form.

- **Accounting of Disclosures.** You have a right to receive an accounting of all disclosures Voya Health has made of your PHI. However, that right does not include disclosures made for treatment, payment or healthcare operations, disclosures made to you about your treatment, disclosures made pursuant to an authorization, and certain other disclosures. You must submit your request in writing to Voya Health and you must specify the time period involved (which must be for a period of time less than six years from the date of the disclosure). Your first accounting will be free of charge. However, Voya Health may charge you for the costs involved in fulfilling any additional request made within a period of 12 months. Voya Health will inform you of such costs in advance, so that you may withdraw or modify your request to save costs. To make a request for an accounting of disclosures, download the Request for an Account of Disclosures Form here _____ and mail it to the address listed on the form.
- **Breach Notification.** You have the right to be notified in the event that Voya Health (or a Voya Health Business Associate) discovers a breach of unsecured PHI.
- **Paper Copy.** You have the right to obtain a paper copy of this Notice from Voya Health at any time upon request. To obtain a paper copy of this notice, please contact the Privacy Officer by sending an email to privacy@voyahealth.com.
- **Complaint.** You may complain to Voya Health and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. To file a complaint with Voya Health, you must submit a statement in writing to: Attention Voya Health Privacy Officer, 139 N. 4th Street, Lewisburg, PA 17837 or sending an email to privacy@voyahealth.com. Voya Health will not retaliate against you for filing a complaint.
- **Further Information.** If you would like more information about your privacy rights, please send an email to the Privacy Officer at privacy@voyahealth.com.

Effective date of this notice: January 4, 2021