

Employee HIPAA Privacy Notice

I. Purpose and Scope

When providing certain employment benefits to its employees, Northeastern University and its subsidiaries and affiliates (collectively “Northeastern” or “the university” or “we”) may collect and handle protected health information (“PHI”) of employees in the United States (“you” or “your”) that is subject to the U.S. Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 and HITECH Act of 2009, Pub. L. No. 111-5, both as amended (together, “HIPAA”).

This Employee HIPAA Privacy Notice (“Notice”) is designed to inform Northeastern employees of their rights and choices, provide information about Northeastern’s use and disclosure of employee PHI, and inform employees what Northeastern’s HIPAA obligations are. This Notice supplements the [Policy Governing the Personal Information of Employees, Job Applicants, Contractors and Others Working with the University](#).

This Notice does not apply to the university’s handling of health information for employees who reside outside the United States and are subject to local applicable laws.

The university may update this Notice from time to time for different reasons, including to accommodate changing operational practices and legal requirements. The changes will apply to all information we have about you. The most up to date version of this Notice will be available on the [HR Service Center](#). If there is an important change, the university will notify employees in an appropriate way (such as via email, a pop-up notice or a statement of changes on the Employee Hub).

II. Definitions

Protected Health Information

As used in this Notice, “protected health information” or “PHI” means information that the university receives and records in any medium that (i) is subject to HIPAA, (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and (iii) identifies or reasonably can be used to identify an individual.

III. Overview

The following is an overview of your rights and choices as well as the university’s uses and disclosures of your PHI and its obligations when handling your PHI. A more detailed description of each topic is provided in Sections IV-VI below.

- i. You have the right to:
 - Get a copy of your health and claims records
 - Correct your health and claims records
 - Request confidential communication
 - Ask the University to limit the information we share
 - Get a list of those with whom the university has shared your information
 - Get a copy of this Notice
 - Choose someone to act for you
 - File a complaint if you believe your privacy rights have not been honored
- ii. You have some choices in how the university:
 - Answers coverage questions from your family and friends
 - Provides disaster relief or responds to other emergency situations
- iii. The university may use and share your information as it:
 - Helps manage the health care treatment you receive
 - Runs our organization
 - Pays for your health services
 - Administers your health plan
 - Helps with public health and safety issues
 - Complies with the law
 - Responds to organ and tissue donation requests and work with a medical examiner or funeral director
 - Addresses workers' compensation, law enforcement, and other government requests
 - Responds to lawsuits and legal actions
- iv. The university has the obligation to:
 - Protect the privacy and security of your PHI
 - Notify you of a security incident involving your PHI
 - Follow the requirements of this Notice and make it available to you

IV. Your Rights

You have the following specific rights under this Notice:

- i. Get a copy of health and claims records
 - You may ask to see or get a copy of your health and claims records and other PHI we have about you. You must submit the request in writing to the university function that collected your PHI from you.

- You may ask for a copy or a summary of your health and claims records, usually within 30 days of your request. You must submit the request in writing to the university function that collected your PHI from you. We may charge a reasonable fee.
- ii. Ask us to correct health and claims records
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete by providing a request in writing, stating your reasons for your request. We may say “no” if we determine that the information is accurate and complete, but we’ll tell you why in writing within 60 days.
- iii. Request confidential communications
- You can ask us 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.
- iv. Ask us to limit what PHI we use or share
- You can ask us 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 or our operations.
- v. Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures 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 but will charge a reasonable fee if you ask for another one within 12 months.
- vi. Get a copy of this privacy notice
- You can ask for a paper copy of this Notice at any time, even if you have access to it electronically. We will provide you with the paper copy promptly.
- vii. Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian or executor, that person can exercise your rights and make choices about your PHI. We will confirm the person has this authority before we take any action at their request.
- viii. File a complaint if you feel we have not honored your rights
- You can file a complaint with the university if you feel we have not honored your rights by contacting us using the information in Section VII below.
 - You can 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

V. Your Choices

You have both the right and choice to tell us to:

- Share your PHI with your family, close friends, or others involved in your care
- Share your PHI in a disaster relief or other emergency situation

If you have a preference for how you share these choices, please let us know. If you are not able to tell us your preference, for example if you are unconscious, we may share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.

VI. The University's Uses and Disclosures

We typically use or share your health information in the following ways.

- Administer your plan
 - We may disclose your health information to your health plan for plan administration.
- Help manage the health care treatment you receive
 - We can use your health information and share it with professionals who are treating you.
- Run our organization
 - We can use and disclose your PHI to run our organization and contact you when necessary.
- Pay for your health services
 - We can use and disclose your PHI as we pay for your health services.
- Comply with the law
 - We will share information about you to the extent required by applicable law.
- Help with public health and safety issues

We can share health information about you for certain public health and safety situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

- 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
- With health oversight agencies for activities authorized by law

viii. Respond to lawsuits and legal actions

- We can share your PHI in response to a court or administrative order, or in response to a subpoena.

VII. Contact Information

You may reach out to the Human Resources Benefits team at HR-Benefits@northeastern.edu. In addition, Northeastern has appointed a Chief Privacy Officer. If there are any questions or complaints related to the handling of an individual's PHI, including if you believe that your PHI has been used in a way that is not consistent with this Notice, you may contact privacy@northeastern.edu or write to:

Chief Privacy Officer
Northeastern University OGC
716 Columbus Avenue
Boston, MA 02115 USA

Date Issued: October 1, 2024