



**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: July 1, 2007

**BROOKHAVEN SCIENCE ASSOCIATES, LLC COMPREHENSIVE WELFARE BENEFITS PLAN  
NOTICE OF PRIVACY PRACTICES**

Brookhaven Science Associates, LLC (“BSA”) continues its commitment to maintaining the confidentiality of your private medical information. This Notice describes our efforts to safeguard your health information from improper or unnecessary use or disclosure. *This Notice applies only to health-related information received by or on behalf of the Medical and Dental Benefit Options and the Health Care Reimbursement Account Benefit Option under the Brookhaven Science Associates, LLC Comprehensive Welfare Benefits Plan (the “Health Plan”).* A new federal law requires us to provide you with a summary of the Health Plan’s privacy practices and related legal duties, and your rights in connection with the use and disclosure of your Health Plan information.

This Notice applies to BSA employees, former employees, and dependents who participate in the Health Plan.

In this Notice, the terms “we,” “us,” and “our” refer to the BSA Health Plan, all BSA employees involved in the administration of the BSA Health Plan, and all third parties who perform services for the BSA Health Plan. Actions by or obligations of the Health Plan include these BSA employees and third parties. However, BSA employees perform only limited Health Plan functions – most Health Plan administrative functions are performed by third party service providers.

*Please note: This Notice does not apply to HMO or fully insured medical, dental, or vision benefit options. If you are enrolled in an HMO or a fully insured medical or dental benefit option, you will receive a separate notice from your HMO provider or insurance company. This Notice also does not apply to BSA’s On-site Medical Clinic.*

**What is Protected?**

Federal law requires the Health Plan to have a special policy for safeguarding a category of medical information called “protected health information,” or “PHI,” received or created in the course of administering the BSA Health Plan. PHI is health information that can be used to identify you and that relates to:

- your physical or mental health condition,
- the provision of health care to you, or
- payment for your health care.

Your medical and dental records, your claims for medical and dental benefits, and the explanation of benefits (“EOBs”) sent in connection with payment of your claims are all examples of PHI. Employment records maintained by BSA in its capacity as employer are not PHI.

If BSA obtains your health information in another way – for example, if you are hurt in a work accident or if you provide medical records with your request for Family and Medical Leave Act (“FMLA”) absence – then BSA will safeguard that information in accordance with the Employee Handbook and applicable laws. Similarly, health information obtained by a non-health-related benefits program, such as the long-term disability program, is not protected under this Notice. This Notice does not apply in those types of situations because the health information is not received or created in connection with the BSA Health Plan.

**CONTACT INFORMATION**

***If you have any questions regarding this Notice, please contact:***

Brookhaven Science Associates  
Benefits Office  
58 Brookhaven Ave., Bldg. 400B  
Upton, NY 11973-5000  
(631) 344-2881

Attn: Privacy Officer

The remainder of this Notice generally describes our rules with respect to your PHI received or created by the Health Plan.

### **Uses and Disclosures of Your PHI**

To protect the privacy of your PHI, the Health Plan not only guards the physical security of your PHI, but we also limit the way your PHI is used or disclosed to others. We may use or disclose your PHI in certain permissible ways described below. To the extent required under federal health information privacy law, we use the minimum amount of your PHI necessary to perform these tasks.

- ***To determine proper payment of your Health Plan benefit claims.*** The Health Plan uses and discloses your PHI to reimburse you or your health care providers for covered treatments and services. For example, your diagnosis information may be used to determine whether a specific procedure is medically necessary or to reimburse your doctor for your medical care.
- ***For the administration and operation of the Health Plan.*** We use and disclose your PHI for numerous administrative and quality control functions necessary for the Health Plan's proper operation. For example, we may use your claims information for cost-control or planning-related purposes.
- ***To inform you or your health care provider about treatment alternatives*** or other health-related benefits that may be offered under a Health Plan. For example, we may use your claims data to alert you to an available case management program if you become pregnant or are diagnosed with diabetes or liver failure.
- ***To a health care provider if needed for your treatment.*** For example, we may disclose your prescription information to a pharmacist regarding a drug interaction concern.
- ***To a health care provider or to a non-BSA health plan to determine proper payment of your claim under the other plan.*** For example, we may exchange your PHI with your spouse's health plan for coordination of benefits purposes.
- ***To a non-BSA health plan for certain administration and operations purposes.*** We may share your PHI with another health plan or health care provider who has a relationship with you for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.
- ***To a family member, friend, or other person involved in your health care*** if you do not object (or it can be inferred that you do not object) to the sharing of your PHI directly relevant to the person's involvement, and, if you are not present or are unable to object due to incapacity or emergency, the disclosure is in your best interest.
- ***To comply with an applicable federal, state, or local law, including workers' compensation or similar programs.***
- ***For public health reasons,*** including (1) to a public health authority for the prevention or control of disease, injury or disability; (2) to a proper government or health authority to report child abuse or neglect; (3) to report reactions to medications or problems with products regulated by the Food and Drug Administration; (4) to notify individuals of recalls of medication or products they may be using; or (5) to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.
- ***To report a suspected case of abuse, neglect or domestic violence,*** as permitted or required by applicable law.
- ***To comply with health oversight activities,*** such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.
- ***To the U.S. Department of Health and Human Services*** to demonstrate our compliance with federal health information privacy law.
- ***To respond to an order of a court or administrative tribunal.***
- ***To respond to a subpoena, warrant, summons or other legal request*** if sufficient safeguards, such as a protective order, are in place to maintain your PHI privacy.
- ***To a law enforcement official for a law enforcement purpose.***

- *For purposes of public safety or national security.*
- *To allow a coroner or medical examiner to identify you or determine your cause of death.*
- *To allow a funeral director to carry out his or her duties.*
- *To respond to a request by military command authorities if you are or were a member of the armed forces.*

Certain BSA employees may access your PHI to perform administrative functions on behalf of the Health Plan. Absent your written permission, however, BSA employees will only use or disclose your PHI as described above. BSA employees will not access your PHI for reasons unrelated to Health Plan administration. *BSA does not use your PHI for any employment-related reason* without your express written authorization.

***State law may further limit the permissible ways the Health Plan uses or discloses your PHI. If an applicable state law imposes stricter restrictions on the Health Plan, we will comply with that state law.***

### **Other Uses and Disclosures of Your PHI**

Before we use or disclose your PHI for any other purpose, we must obtain your written authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, the Health Plan will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, we cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

### **Your Rights**

Federal law provides you with certain rights regarding your PHI. Parents of minor children and other individuals with legal authority to make health decisions for a Health Plan participant may exercise these rights on behalf of the participant, consistent with state law.

***Right to request restrictions:*** You have the right to request a restriction or limitation on the Health Plan's use or disclosure of your PHI. For example, you may ask us to limit the scope of your PHI disclosures to a case manager who is assigned to you for monitoring a chronic condition. Because we use your PHI only as necessary to pay Health Plan benefits, to administer the Health Plan, and to comply with the law, it may not be possible to agree to your request. *The law does not require the Health Plan to agree to your request for restriction.* However, if we do agree to your requested restriction or limitation, we will honor the restriction until you agree to terminate the restriction or until we notify you that we are terminating the restriction on a going-forward basis.

You may make a request for restriction on the use and disclosure of your PHI to the Benefits Office. Contact information for the Benefits Office is listed on the front of this Notice. When making such a request, you must specify: (1) the PHI you want to limit; (2) how you want the Health Plan to limit the use, disclosure, or both of that PHI; and (3) to whom you want the restrictions to apply.

***Right to receive confidential communications:*** You have the right to request that the Health Plan communicate with you about your PHI at an alternative address or by alternative means if you believe that communication through normal business practices could endanger you. For example, you may request that the Health Plan contact you only at work and not at home.

You may request confidential communication of your PHI by contacting the Benefits Manager. You should send your written request for confidential communication to the Benefits Office at the address listed on the front of this Notice. We will accommodate all reasonable requests if you clearly state that you are requesting the confidential communication because you feel that disclosure in another way could endanger your safety. You must make sure your request specifies how or where you wish to be contacted.

***Right to inspect and copy your PHI:*** You have the right to inspect and copy your PHI that is contained in records that the Health Plan maintains for enrollment, payment, claims determination, or case or medical management activities, or that we use to make enrollment, coverage, or payment decisions about you.

However, we will not give you access to PHI records created in anticipation of a civil, criminal, or administrative action or proceeding. We will also deny your request to inspect and copy your PHI if a licensed health care professional hired by the Health Plan has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider), and that the requested access would likely cause substantial harm to the other person.

In the unlikely event that your request to inspect or copy your PHI is denied, you may have that decision reviewed. A different licensed health care professional chosen by the Health Plan will review the request and denial, and we will comply with the health care professional's decision.

You may make a request to inspect or copy your PHI by contacting the Benefits Manager. Your written request should be sent to the Benefits Office at the address listed on the front of this Notice. We may charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses.

**Right to amend your PHI:** You have the right to request an amendment of your PHI if you believe the information the Health Plan has about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Health Plan. We will correct any mistakes if we created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

You may request amendments of your PHI by contacting the Benefits Manager. Your written request to amend your PHI should be sent to the Benefits Office at the address listed on the front of this Notice. Be sure to include evidence to support your request because we cannot amend PHI that we believe to be accurate and complete.

**Right to receive an accounting of disclosures of PHI:** You have the right to request a list of certain disclosures of your PHI by the Health Plan. The accounting will not include (1) disclosures necessary to determine proper payment of benefits or to operate the Health Plan, (2) disclosures we make to you, (3) disclosures permitted by your authorization, (4) disclosures to friends or family members made in your presence or because of an emergency, or (5) disclosures for national security purposes. Your first request for an accounting within a 12-month period will be free. We may charge you for costs associated with providing you additional accountings. We will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses.

You may request an accounting of disclosures of your PHI from the Benefits Office. Contact information for the Benefits Office is listed on the front of this Notice. When making such a request, you must specify the time period for the accounting, which may not be longer than six (6) years and may not include dates prior to April 14, 2003, and the form (*e.g.*, electronic, paper) in which you would like the accounting.

**Right to file a complaint:** If you believe your rights have been violated, you should let us know immediately. We will take steps to remedy any violations of the Health Plan's privacy policy or of this Notice.

You may file a formal complaint with our Privacy Officer and/or with the United States Department of Health and Human Services at the addresses below. You should attach any documents or evidence that supports your belief that your privacy rights have been violated. We take your complaints very seriously. **BSA prohibits retaliation against any person for filing such a complaint.** Complaints should be sent to:

Brookhaven Science Associates  
Benefits Office  
58 Brookhaven Ave., Bldg. 400B  
Upton, NY 11973-5000  
(631) 344-2881

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

Attn: Privacy Officer

#### **Additional Information About This Notice**

**Changes to this Notice:** We reserve the right to change the Health Plan's privacy practices as described in this Notice. Any change may affect the use and disclosure of your PHI already maintained by the BSA Health Plan, as well as any of your PHI that the Health Plan may receive or create in the future. If there is a material change to the terms of this Notice, you will receive a revised Notice.

**How to obtain a copy of this Notice:** You can obtain a copy of the current Notice [on the BSA Intranet or by writing to the Benefits Office at the address listed on the front of this Notice].

**No guarantee of employment:** This Notice does not create any right to employment for any individual, nor does it change BSA's right to discharge any of its employees at any time, with or without cause.

**No change to Health Plan benefits:** This Notice explains your privacy rights as a current or former participant in the BSA Health Plan. The Health Plan is bound by the terms of this Notice as they relate to the privacy of your protected health information. However, this Notice does not change any other rights or obligations you may have under the Health Plan. You should refer to the Health Plan documents for additional information regarding your Health Plan benefits.