

**NOTICE OF PRIVACY PRACTICES
for the
HARVARD UNIVERSITY MEDICAL, DENTAL, VISION
AND MEDICAL REIMBURSEMENT PLANS**

**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: Revised September 1, 2012

You are receiving this Notice because you are a member of one or more of the following Plans: the Harvard University Medical Plan, the Harvard University Dental Plan, the Harvard University Vision Plan, and/or the Harvard University Medical Reimbursement Plan (each a “Plan”, and collectively the “Plans”).

Harvard University (the “Employer” or the “University”) is committed to protecting the privacy of health information maintained by the Plans and by outside vendors who perform services for the Plans. The Plans are required by law to protect the privacy of certain health information that may reveal your identity (“protected health information” or “PHI”), and to provide you with a copy of this Notice, which describes the Plans’ health information privacy practices. If you have any questions about this Notice or would like further information about this Notice, please contact the Harvard Human Resources, Benefits Privacy and Security Official referenced below.

Generally, the term "Protected Health Information" ("PHI") includes all individually identifiable health information concerning you that is maintained by the Plans, including genetic information. PHI does not include health information that is held by the University in its role as your employer (for example health information held for purposes of your employment records). "Unsecured PHI" is PHI that is not secured through the use of a technology or methodology that renders the PHI unusable, unreadable, or indecipherable.

PHI uses and disclosures by the Plans are regulated by a federal law called the Health Insurance Portability and Accountability Act of 1996 (referred to as "HIPAA") and the regulations that enforce HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH"). You may find these regulations at 45 *Code of Federal Regulations* Parts 160 and 164.

This Notice does not apply to certain information, which may be used and disclosed by the Employer and other third parties without notice and without your authorization. For instance, the Employer and the Employer's consultants and contractors may use and disclose information contained in your employment records held by the Employer in its role as employer, including information regarding pre-employment health testing. In addition, the Employer and the Employer's consultants and contractors may use and disclose information concerning benefits that are not part of the Plans, such as disability and life insurance, as well as information about your enrollment in the Plans, without notice and without your authorization. This information is not covered by HIPAA privacy regulations or this Notice.

SUMMARY OF PERMISSIBLE USES AND DISCLOSURES AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The following is a summary only, for your convenience. Please read the entire Notice for a more complete description of the Plans’ privacy practices and your rights.

1. Requirement of Written Authorization

A Plan will obtain your written authorization before using your health information or sharing it with others outside the Plan except as otherwise described in this Notice or as otherwise permitted by law. In that regard, the Plans must obtain your written authorization for any use or disclosure of psychotherapy notes, except in some very limited circumstances (e.g., for the Plans to defend themselves in legal proceedings brought by you, for the U.S. Department of Health and Human Services to determine the Plans’ compliance with HIPAA or to avert a serious and imminent threat to public health or safety). Also, without your written authorization, the Plans cannot receive financial remuneration for the sale of your PHI, unless an exception applies (such exceptions include certain public health activities, your treatment, services by a Business Associate on behalf of the Plans or providing you with a copy of your PHI). If you provide a Plan with written authorization, you may revoke that authorization by notifying the Plans’

Privacy and Security Official at any time, except to the extent that the Plan has already relied on it. To revoke an authorization, please write to the Privacy and Security Official.

Except as otherwise permitted or required, as described in this Notice, the Plans may not use or disclose your PHI without your written authorization. Any use or disclosure of PHI pursuant to such authorization must be consistent with that authorization.

2. Exception to Written Authorization

As indicated above, there are some situations when a Plan will not require your written authorization before using your health information or sharing it with others. Some examples of those situations are:

- **Payment and Health Care Operations.** A Plan may use and disclose your health information in connection with paying claims or running the Plan's normal business operations. Payment and health care operations include a Plan's disclosures to business associates that perform certain services for the Plan, or act on behalf of the Plan. In connection with any disclosure to a business associate, a Plan will obtain an appropriate agreement from the recipient of your information in order to restrict further redisclosure to the extent required by law. The Plans' business associates are required to agree, in writing, to maintain the confidentiality of the health information to which they are provided access and to notify the Plans in the event of a breach of your Unsecured PHI. The Plans also may also disclose PHI to employees of the Employer if those employees assist in carrying out treatment, payment and health care operations, provided that the PHI is used for these purposes. Nonetheless, the Plan cannot use or disclose genetic information that is PHI for underwriting purposes.
- **Disclosures to the Employer.** A Plan may disclose certain of your health information to the Employer as the sponsor of the Plan. A Plan, however, will restrict the Employer's uses of your information to purposes related only to the Plan's administration. The Plans prohibit the Employer from using your information for employment-related actions or decisions (e.g., for terminating your employment). The Employer or a Plan may also disclose your information to another party that assists the Employer in administering the Plan or performing other functions for the Employer in connection with the Plan, but only if the Employer obtains an appropriate confidentiality agreement from the person or organization receiving your health information.
- **Emergencies or Public Need.** A Plan may use or disclose your health information in an emergency or for important public needs. For example, a Plan may share your information if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Information that Does Not Identify You.** A Plan may use or disclose your health information if the Plan has removed any information that might reveal who you are (in which case the information is not covered by this Notice), or for certain limited purposes if the Plan has removed most information revealing who you are and obtained a confidentiality agreement from the person or organization receiving your health information.

3. Access and Control of Your Health Information

The Plans must provide you certain rights with respect to access and control of your health information. A substantial part of your health information is likely to be maintained by one or more business associates of the Plans, and not by the Employer. If your request pertains to information that is maintained by a business associate that is a third-party administrator of your benefits (for example, Crosby Benefit Systems, Inc.), you should make your request directly to such third-party administrator. Harvard Human Resources, Benefits will provide you with contact information at your request and can help you determine to whom your request should be addressed. You have the following rights to access and control your health information:

- **Access.** You generally have the right to inspect and copy your health information in a designated record set (i.e., the group of records maintained by the Plans used to make decisions about you, such as records of enrollment, payment, claims adjudication, and case or medical management records). This right of access does not extend to psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act prohibits access or information held by certain research laboratories.
- **Amendments.** You have the right to request that a Plan amends your health information regarding Plan records (for example, billing records) if you believe it is inaccurate or incomplete.
- **Tracking the Ways Your Health Information Has Been Shared with Others.** You have the right to receive a list from a Plan, called an "accounting list," which provides information about how the Plan has disclosed your health information to outside persons or organizations during the relevant accounting period (see discussion below). Many routine disclosures a Plan makes, including certain disclosures to your Employer for the purposes of administering the Plan, will not be included on this list (but such disclosures made through electronic health records will be on the list).
- **Additional Privacy Protections.** You have the right to request further restrictions on the way a Plan uses your health information or shares it with others. A Plan is not required to agree to the restriction you request (unless the requested restriction relates to health care services for which you (or someone on your behalf other than the Plans) have paid the full cost out of your own pocket) but if the Plan does agree the Plan will be bound by the agreement.
- **Confidential Communications.** You have the right to request that a Plan contact you in a way that is more confidential for you, such as at work instead of at home, if disclosure of your health information could put you in danger and you clearly state that in your request. A Plan will try to accommodate all reasonable requests.

4. To Have Someone Act on Your Behalf

Under certain circumstances, you may have the right to name a personal representative who can act on your behalf to control the privacy of your health information.

5. Copies of Notice

If you have received this Notice electronically, you have the right to a paper copy of this Notice if you have not already received one. You may request a paper copy at any time, even if you have previously agreed to receive this Notice electronically. A Plan will be required by law to abide by its terms that are currently in effect. However, a Plan also may change its privacy practices from time to time. If that happens, the Plan will revise this Notice so you will have access to an accurate summary of the Plan's privacy practices. The revised notice will apply to all of your health information maintained by the Plan. To request a paper copy of this Notice or any revised notice, please call the Privacy and Security Official.

6. Complaints

If you believe your privacy rights with regard to a Plan have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with a Plan, please contact the Privacy and Security Official. *No one will retaliate or take action against you for filing a complaint.*

WHAT HEALTH INFORMATION IS PROTECTED?

The Plans are committed to protecting the privacy of your protected health information. This Notice only covers health information that can identify you and that has been created or received by or for a Plan. Some examples of protected health information are:

- Information regarding payment for your health care;
- Information about your health condition (such as your diagnosis); and
- Information about health care services you have received or may receive in the future (such as surgery or prescriptions).

Identifying information includes any unique numbers or characteristics (such as your name, address, social security number, phone number, or health plan beneficiary number as listed on claims forms).

HOW A PLAN MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Payment and Health Care Operations

A Plan may use and disclose most health information about you to make payments and perform health care operations without your written authorization. Your information may also be disclosed to other persons or organizations outside a Plan so that they may perform certain types of payment activities and health care operations along with, or for, the Plan. In addition, a Plan may use or disclose protected health information for payment and health care operations that these persons or organizations have received or created about you. Below are further examples of how your information may be used and shared.

- **Payment.** A Plan may use and disclose your health information for payment purposes. For example, a Plan may use and disclose your health information for purposes of paying for your health care services or to obtain Plan contributions or premiums from you. Other examples include using and disclosing your health information to make determinations about your eligibility for benefits, to perform claims management (including, but not limited to, appeals of

denied claims), to review the medical necessity or the appropriateness of the care you received, to obtain payment under a stop loss insurance policy and to conduct utilization reviews such as pre-authorizations, or reviews, of services. In addition, a Plan may disclose your health information to the Employer for these purposes.

- **Health Care Operations.** A Plan may use and disclose your health information to conduct normal business operations. For example, a Plan may use your health information to evaluate performance in managing and providing you with health care benefits. A Plan also may use and disclose your health information to investigate the validity of benefits claims or in connection with obtaining stop loss insurance. In addition, a Plan may share your health information with another company that performs certain services, such as billing, compiling information, or performing audits or quality assessment to help the Plan determine how the Plan is doing relative to other health plans. Whenever a Plan has such an arrangement, it will have an appropriate agreement to ensure that the company that performs these services will protect the privacy of your health information, maintain its confidentiality and limit the uses or further disclosures to the purpose for which the information was disclosed or to those required by law. In addition, the Employer may receive and disclose your health information to third parties for health care operations if the Employer has obtained an appropriate agreement from the person or organization receiving your health information.
- **Benefits and Services.** As part of health care operations, a Plan may use your health information to contact you regarding benefits or services that may be of interest to you where the Plan will not be receiving any direct or indirect financial remuneration in connection with such contact; receipt of such remuneration by a Plan will require your written authorization and you will have the right to opt-out of receiving such contacts.

2. Employer

A Plan may disclose certain of your health information to the Employer, as described above. Upon a request from the Employer, a Plan may disclose summary health information about you (information that identifies you only by zip code) to enable the Employer to modify, amend, or terminate the Plan. A Plan may also disclose to the Employer information on whether you are participating in, enrolled in, or disenrolled from the Plan. A Plan also may disclose health information about you, including information that identifies you, if it is necessary for the Employer to administer the Plan. For example, the Employer may need such information to process health benefits claims (including the review of denied claims), to audit or monitor the business operations of a Plan, to obtain stop loss insurance and stop loss insurance recoveries or to ensure that the Plan is operating effectively and efficiently. A Plan, however, will restrict the Employer's uses of this information to purposes related only to Plan administration. The Plans prohibit the Employer from using protected health information received from the Plans for uses unrelated to Plan administration. Under no circumstances will a Plan disclose your health information to the Employer for the purpose of employment-related actions or decisions (e.g., for employment termination) or for the purpose of administering any other plan that the Employer may offer (e.g., a plan that is not part of any Plan). The Employer may only allow this health information to be received by third parties, such as consultants or advisors, if the Employer has first obtained an appropriate agreement from the person or organization receiving your health information.

3. Emergencies or Public Need

A Plan may use your health information, and share it with others, in an emergency or to meet important public needs. A Plan will not be required to obtain your written authorization or any other type of permission before using or disclosing your information for these reasons

- **As Required By Law.** A Plan may use or disclose your health information if the Plan is required by law to do so. A Plan also will notify you of these uses and disclosures if notice is required by law.
- **Emergencies or Public Need.** A Plan may use or disclose your health information in an emergency or for important public needs. For example, a Plan may share your information with public health officials authorized to investigate and control the spread of diseases. A Plan may also share information about you as necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. In such cases, a Plan will only share your information with someone able to help prevent the threat.
- **Public Health Activities.** A Plan may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, a Plan may disclose your health information to government officials who are responsible for controlling disease, injury or disability. A Plan may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits the Plan to do so.
- **Health Oversight Activities.** A Plan may disclose your protected health information to government agencies authorized to conduct audits or investigations of the Plan.
- **Lawsuits and Disputes.** A Plan may disclose your health information if the Plan is ordered to do so by a court that is handling a lawsuit or other dispute. A Plan may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.
- **National Security and Intelligence Activities or Protective Services.** A Plan may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other important officials.
- **Military and Veterans.** If you are in the Armed Forces, a Plan may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. A Plan may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** A Plan may disclose your health information to the extent necessary to comply with laws relating to workers' compensation or similar programs that

provide benefits for work-related injuries.

- **Other Uses and Disclosures.** While federal law allows health plans to use and disclose plan members' information for treatment purposes and for other purposes to benefit the public (e.g., for scientific research) without members' authorization, the Plans do not currently use or disclose their members' information in these ways.

4. Disclosures to Friends, Family, and Others Involved in Your Care and Payment for Your Care

In the exercise of its professional judgment, a Plan may share information about your health benefits with those involved in your care or payment for your care unless you object. If you have provided your family members or friends with copies of your claim, your Harvard University ID number, or other relevant identifying information, a Plan will assume that you do not object unless you notify the Privacy and Security Official otherwise.

5. Completely De-Identified or Partially De-Identified Information

A Plan may use and disclose your health information if the Plan has removed any information that has the potential to identify you so that the health information is "completely de-identified." A Plan may also use and disclose "partially de-identified" health information about you for public health and research purposes, or for business operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, Social Security number, telephone number, fax number, electronic mail address, website address, or license number).

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

The Plans want you to know that you have the following rights to access and control your protected health information. These rights are important because they will help you make sure that the health information the Plans have about you is accurate. They may also help you control the way the Plans use or share your information, or the way the Plans communicate with you about benefits matters.

A substantial portion of your health information is maintained by one or more business associates of the Plans, and not by the Employer. If your request pertains to information that is maintained by a business associate that is a third-party administrator of your benefits (for example, Crosby Benefits Systems, Inc.), you should make your request directly to such third-party administrator. Harvard Human Resources, Benefits will provide you with contact information at your request and can help you determine to whom your request should be addressed. You have the following rights to access and control your health information:

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy of your protected health information that may be used to make decisions about you and the provision of your health care benefits for as long as a Plan maintains this information in a designated record set. This includes records relating to payment of your health care benefits. As discussed above, certain exceptions apply to this right. To inspect or obtain a copy of your

health information, please submit your request in writing to the Privacy and Security Official or contact the appropriate third-party administrator. If you request a copy of the information, a Plan may charge a reasonable fee for the costs of copying, mailing or other supplies the Plan uses to fulfill your request. If your protected health information is in an electronic health record, you may request that electronic health record be electronically sent in a readily producible form and format to you (or an individual you designate) and where it is to be sent. Any costs to you for such electronic delivery will be limited to the labor costs for sending that record.

A Plan ordinarily will respond to your request within 30 days if the information is located at the Employer, and within 60 days if it is located off-site at another facility. If a Plan needs additional time to respond, the Plan will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain limited circumstances, a Plan may deny your request to inspect or obtain a copy of your information. If a Plan denies part or all of your request, the Plan will provide a written denial that explains the reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The Plan will also include information on how to file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. If a Plan has grounds to deny your access to part of the health information requested, the Plan will do its best to provide you with access to the rest of the information after excluding the parts the Plan cannot let you inspect or copy.

2. Right to Request to Amend Records

If you believe that the health information a Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept in the Plan's records. To request an amendment, please write to the Privacy and Security Official or contact the appropriate third-party administrator. Your request should include the reasons why you think the Plan should make the amendment. Ordinarily a Plan will respond to your request within 60 days. If a Plan needs additional time to respond, the Plan will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If a Plan denies part or all of your request, the Plan will provide a written notice that explains the reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with a Plan's decision, you will have an opportunity to submit a statement explaining your disagreement, which the Plan will include in your records. A Plan will also include information on how to file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice the Plan sends you.

3. Right to an Accounting of Disclosures

You have a right to request an "accounting of disclosures," which is a list detailing how a Plan has shared your protected health information during a relevant accounting period (6 years before the date of that request for nonelectronic PHI, 3 years before the date of that request for electronic PHI to carry out treatment, payment and health care operations) with others. An accounting list, however, will not include:

- Disclosures the Plan made to you;
- Disclosures the Plan made in order to provide you with benefits or conduct the Plan's

normal business operations (i.e., Plan administration), including those disclosures made to business associates of the Plan ,except for disclosures through electronic health records;

- Disclosures to the Employer for purposes related to administration of the Plan, except for disclosures through electronic health records;
- Disclosures made to your friends and family involved in your care;
- Disclosures of information that only indirectly identifies you (for example, through dates but not by name); or
- Disclosures not made during the relevant accounting period.

To request this list, please write to the Privacy and Security Official or contact the appropriate third-party administrator. Your request must state a time period within the past six years for the disclosures you want a Plan to include (but three years for electronic health records to carry out treatment, payment and health care operations). You have a right to one list within every 12-month period for free. However, a Plan may charge you for the cost of providing any additional lists in that same 12-month period. A Plan will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily a Plan will respond to your request for an accounting list within 60 days. If a Plan needs additional time to prepare the accounting list you have requested, the Plan will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, a Plan may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked the Plan to do so.

4. Right to Additional Privacy Protections

You have the right to request that a Plan further restrict the way the Plan uses and discloses your health information to provide you with benefits or to run normal business operations. You may also request that a Plan limit how the Plan discloses information about you to those involved in your care where, absent such a limitation, the Plan may share your health information with family and friends involved in your care and the payment for your care without your written authorization. For example, you could request that a Plan not disclose information about a prescription drug you are taking. To request restrictions, please write to the Privacy and Security Official or contact the appropriate third-party administrator. Your request should include (1) what information you want to limit; (2) whether you want to limit how a Plan uses the information, how the Plan shares it with others, or both; and (3) to whom you want the limits to apply.

A Plan is not required to agree to your request for a restriction in all cases (but see above for the Plan's obligation to agree to requested restrictions relating services for which you have fully paid yourself), and in some cases the restriction you request may not be permitted under law. However, if a Plan does agree, the Plan will be bound by its agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once a Plan has agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, a Plan will also have the right to revoke the restriction as long as the Plan notifies you before doing so; in other cases, a Plan will need your permission before the Plan can revoke the restriction.

5. Right to Request Confidential Communications

You have the right to request that a Plan communicate with you about your benefits matters in a method

or location that is more confidential for you if the disclosure of part or all of your health information could put you in danger and you clearly state that in your request. For example, you may ask that a Plan contact you at work instead of at home. To request confidential communications, please write to the Privacy and Security Official or contact the appropriate third-party administrator. A Plan will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if a Plan communicates with you through this alternative method or location.

6. Privacy and Security Official and Business Associates

Privacy and Security Official

Harvard University
Harvard Human Resources, Benefits
1350 Massachusetts Avenue, 6th Floor
Cambridge, MA 02138
617-496-4001

To find out how to contact any Plan business associates who may have your health information, please contact the Privacy and Security Official.

7. The Right to Receive Notification in the Event of a Breach

You have the right to be notified of a breach of your Unsecured PHI if the breach poses a significant risk of identity theft, financial, reputational or other harm to you within sixty (60) days of the discovery of the breach. For these purposes, discovery of the breach occurs when a business associate notifies the University of the breach. The notice will include (1) a brief description of what happened, including the date of the breach and the discovery of the breach; (2) a description of the type of Unsecured PHI that was involved in the breach; (3) any steps you should take to protect yourself from potential harm resulting from the breach; (4) a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches; and (5) contact procedures to answer your questions.

8. Limitation of Use and Disclosures to Minimum Necessary Standard

Until the Secretary of the U.S. Department of Health and Human Services releases further guidance regarding the minimum necessary standard, a Plan will limit disclosures and uses of PHI to the information contained in a limited data set. However, if it is not practicable for a Plan to limit its use or disclosure of PHI to a limited data set, then a Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment purposes;
- Uses or disclosures made to you;
- Uses or disclosures authorized by you;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law; and

- Uses or disclosures that are required by the Plans' compliance with legal requirements.

9. De-Identified Information, Limited Data Sets, and Summary Information

This Notice does not apply to health information that has been de-identified. De-identified information is information that does not identify an individual (i.e., you) and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Plans may use or disclose information in a limited data set, provided that the Plans enter into a data use agreement with the limited data set recipient that complies with the federal privacy regulations. A limited data set is PHI which excludes certain direct identifiers relating to you and your relatives, employers and household members.

The Plans may disclose "summary health information" to the University without your authorization if the University requests the summary information for the purpose of obtaining premium bids from health plans for providing health insurance coverage under the Plans, or for modifying, amending or terminating the Plans. "Summary health information" means information that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom the University has provided health benefits under the Plans, and from which most identifying information has been deleted. The Plans may also disclose to the University information on whether an individual is participating in the Plans and the coverage in which an individual has enrolled.

10. Your Protections Under Other Federal and State Law

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA. This notice does not address requirements under other federal laws or under state laws. However, if other federal laws and/or state laws are stricter than the HIPAA privacy laws, the other federal and/or state laws must be followed. To the extent this Notice is in conflict with the HIPAA privacy rules, the HIPAA privacy rules shall govern.

Harvard University

Harvard Human Resources, Benefits
1350 Massachusetts Avenue, 6th Floor

Cambridge, MA 02138

617-496-4001