

# NOTICE OF PRIVACY PRACTICES

## FLEXIBLE SPENDING ACCOUNT (FSA)

This Notice of Privacy Practices, effective 5/2/2022, applies to PayFlex Flexible Spending Account (FSA) by Booz Allen.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND YOUR DEPENDENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act imposes conditions on how a group health plan may use and share your individual health information, referred to here as "protected health information" ("PHI"). It also gives you certain rights with respect to that information. Under the Booz Allen PayFlex FSA plan, Booz Allen contracts with PayFlex to provide the services for the Booz Allen group health plan and pays the claims submitted by PayFlex. Since Booz Allen directly pays the claims, Booz Allen acts both as the self-funded group health plan ("Plan") and the employer sponsor of the Plan (Plan Sponsor). This Notice covers the PayFlex FSA which may receive health information from providers and other Booz Allen plans to carry out treatment, payment, or health care operations. These other plans have separate notices which can be accessed on Booz Allen intranet.

### *The Plan's responsibilities*

The Plan is required by law to maintain the privacy of your PHI and to inform you about:

- The Plan's practices regarding the use and disclosure of your PHI
- Your rights with respect to your PHI
- The Plan's duties with respect to your PHI
- Your right to file a complaint about the use of your PHI
- A breach of your PHI
- Whom you may contact for additional information about the Plan's privacy practices

The Plan will follow the terms of this notice, as it may be updated from time to time. The Plan reserves the right to change the terms of its privacy policies at any time and to make new provisions effective for all health information that the Plan maintains. The revised PayFlex Notice of Privacy Practices will be accessible on Booz Allen intranet under Benefits & Well-Being at <https://boozallen.sharepoint.com/sites/benefits-wellbeing> and will be distributed to members at the next annual distribution.

### How the Plan may use or share your health information

The privacy rules generally allow the use and disclosure of your health information without your written authorization for

purposes of treatment, payment, and health care operations. Here are some examples of what this encompasses:

- **Treatment** includes providing, coordinating, or managing health care by a health care provider or doctor. Treatment can also include coordination or management of care between a provider and a third-party, and consultation and referrals between providers. For example, the Plan may receive health information about you related to physicians who are treating you
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. For example, the Plan may receive information from a pharmacy about your medication expenses to provide payment.
- **Health care operations** include activities by the Plan such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and the claims and appeal process. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. The Plan will not use PHI that is genetic information for underwriting purposes. For example, the Plan may use information about your health purchase to review the effectiveness of its programs.

The Plan will only share the minimum information necessary with respect to the amount of health information used or shared for these purposes. In other words, only information relating to the task being performed will be used or shared. Information not required for the task will not be used or shared.

The Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### *How the Plan may share your health information with Booz Allen Hamilton as an employer sponsor*

The Plan may share your health information without your written authorization to certain employees of Booz Allen Hamilton who have been identified as performing Plan administration functions. These employees will only use or share that information as necessary to perform Plan functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

In addition, the HIPAA rules allow information to be shared between the Plan and Booz Allen Hamilton, as the Plan Sponsor, as follows:

- The Plan may share PHI with Booz Allen Hamilton, as a Plan Sponsor, only after Booz Allen Hamilton certifies that its plan documents have been updated to include the following terms and that Booz Allen Hamilton agrees to:
  - Not use or further share the information other than as permitted or required by the Plan documents or as required by law
  - Ensure that all individuals or entities that perform functions or activities for Booz Allen Hamilton comply with HIPAA privacy and security requirements and agree to the same restrictions and conditions that apply to Booz Allen with respect to your PHI
  - Not use or share your PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor. However, health information collected by Booz Allen Hamilton from sources other than the Plan (for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation) is not protected under HIPAA (although this type of information may be protected under other federal or state laws)
  - Report to the Plan, as it becomes aware, any use or disclosure of your PHI that is inconsistent with the uses or disclosures provided for of which it becomes aware
  - Develop policies and procedures to comply with your individual rights related to PHI (right to access, amend, accounting of disclosures, request confidential communications)
  - Delegate responsibilities between the Plan, Booz Allen Hamilton as the Plan Sponsor, and third-party administrators, including development and distribution of the NOPP
  - Make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary, Department of Health and Human Services, for purposes of determining compliance by the Plan with this subpart

- If feasible, return or destroy all PHI received from the Plan that Booz Allen still maintains in any form and retain no copies of PHI when no longer needed for the purpose of the disclosure, except that, if returning or destroying the PHI is not feasible, Booz Allen must limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible

*Other allowable uses or disclosures of your health information*

Generally, the Plan may share your PHI with a friend or family member that you have identified as being involved in your health care or payment for that care. In the case of an emergency, information describing your location, general condition or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). In addition, your health information may be shared without authorization to your legal representative.

The Plan may also use or share your health information without your written authorization for the following activities:

<b>As required by law</b>	Disclosures to federal, state or local agencies in accordance with applicable law
<b>Workers' compensation</b>	Disclosures to workers' compensation or similar programs in accordance with federal, state or local laws
<b>To prevent serious threat to health or safety</b>	Disclosures made in the good faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety; includes disclosures to assist law enforcement officials in identifying or apprehending an individual in certain circumstances
<b>Public health activities</b>	Disclosures for public health reasons, including: (1) to a public health authority for the prevention or control of disease, injury or disability; (2) 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; (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
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to report a suspected case of abuse, neglect, or domestic violence, as permitted or required by applicable law
<b>Judicial and administrative proceedings</b>	Disclosures in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request, or other lawful process once HIPAA's administrative requirements have been met
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes
<b>Death</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
<b>Research purposes</b>	Disclosures subject to approval by institutional or privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to comply with health care system oversight activities, such as audits, inspections, or investigations and activities related to health care provision or public benefits or services
<b>Specialized government functions</b>	Disclosures to facilitate specified government functions related to the military and veterans, national security or intelligence activities; disclosures to correctional facilities about inmates

## HHS investigations

Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA Privacy Rule

Except as described in this notice, other uses and disclosures of PHI, such as marketing purposes, use of psychotherapy notes, and disclosures that constitute the sale of PHI, will be made only with your written authorization.

You may revoke your authorization in writing at any time, except to the extent action has been taken in reliance of the authorization. For example, you cannot revoke your authorization with respect to disclosures the Plan has already made.

### *Your individual rights*

You have the following rights in connection with your health information that the Plan maintains. These rights are subject to certain limitations, described below. Booz Allen Hamilton receives very minimal individually identifiable health information from the Plan. In most cases, you should direct your requests to PayFlex or your medical or dental plan service representative.

### *Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse*

You have the right to request a restriction or limitation on the Plan's use or disclosure of your health information. For example, you have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends or other persons you identify as being involved in your care or payment for your care.

Because the Plan only uses your health information to administer the Plan and to comply with the law, it may not be possible to agree to your request. The law does not require the Plan to agree to your request for restriction. However, if the Plan agrees, the Plan will comply with the restriction unless the information is needed to provide emergency treatment to you.

### *Right to receive confidential communications of your health information*

You have the right to request that the Plan communicate with you about your health information at an alternative address or by alternative means if you think that communication through normal processes could endanger you in some way. For example, you may request that the Plan only contact you at work and not at home.

### *Right to inspect and copy your health information*

You have the right to inspect or obtain a copy of your health information contained in records that the Plan maintains for enrollment, payment, claims determination, or that the Plan uses to make enrollment, coverage, or payment decisions. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

### *Right to amend your health information that is inaccurate or incomplete*

With certain exceptions, you have a right to request that the Plan amend your health information if you believe that the information the Plan has about you is incomplete or incorrect. You must include a statement to support the requested amendment. The Plan will notify you of its decision to grant or deny your request.

### *Right to receive an accounting of disclosures*

You have the right to a list of certain disclosures of your health information. The accounting will not include: (1) disclosures made for purposes of treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purpose; and (6) disclosures incident to other permissible disclosures.

You may receive information about disclosures of your health information going back for six years from the date of your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

#### *Right to access electronic records*

You may request access to electronic copies of your PHI, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

#### *How to exercise your rights in this notice*

To exercise your rights listed in this notice, you should contact PayFlex who is responsible for the administration of the benefit that is the subject of your inquiry. If your issue is not specific to PayFlex then please contact the Booz Allen Hamilton Benefits Team at [assistme.bah.com](mailto:assistme.bah.com) or 877-927-8278.

#### *Additional information*

If you have questions regarding this notice or the subjects addressed in it, you may contact the Booz Allen Hamilton Benefits Team at [assistme.bah.com](mailto:assistme.bah.com) or 877-927-8278.

#### *Suspicious Activity*

If you notice any suspicious account activity you can either call us using the number on the back of your PayFlex debit card or our fraud line at 1-855-542-5988 (TTY:711). Or you can email us at [accountsecurity@payflex.com](mailto:accountsecurity@payflex.com).

You may also file a complaint with the regional Office for Civil Rights of the United States Department of Health and Human Services. Information on how to file a complaint is available on the Department of Health and Human Services website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

You will not be retaliated against for filing a complaint.