IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

NOTICE OF PRIVACY PRACTICES

Effective November 1, 2025

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.

EmblemHealth, Inc. is the parent organization of the following companies that provide health benefit plans: EmblemHealth Plan, Inc., Health Insurance Plan of Greater New York (HIP), and EmblemHealth Insurance Company. All of these entities receive administrative and other services from EmblemHealth Services Company, LLC, which is also an EmblemHealth, Inc. company.

This notice describes the privacy practices of EmblemHealth companies, including EmblemHealth Plan, Inc., HIP, and EmblemHealth Insurance Company (**collectively "the Plan"**).

We respect the confidentiality of your health information. We are required by federal and state laws to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

We use security safeguards and techniques designed to protect your health information that we collect, use, or disclose orally, in writing, and electronically.

We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their job responsibilities. We do not sell information about our customers or former customers.

How we use or share information

We may use or share health information about you for purposes of payment, treatment, and health care operations, including with our business associates. For example:

- **Payment:** We may use your health information to process and pay claims submitted to us by you or your doctors, hospitals, and other health care professionals in connection with medical services provided to you.
- **Treatment:** We may share your information with your doctors, hospitals, or other health care professionals to help them provide medical care to you. For example, if you are in the hospital, we may give the hospital access to any medical records sent to us by your doctor.
- **Health care operations:** We may use and share your information in connection with our health care operations. These include, but are not limited to:
  - Sending you a reminder about appointments with your doctor or recommended health screenings.
  - Giving you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about stopping smoking or weight loss programs.
  - Performing coordination of care and case management.
  - Conducting activities to improve the health or reduce the health care costs of our members. For example, we may use or share your information with others to help manage your health care. We may also talk to your doctor to suggest a disease management or wellness program that could help improve your health.

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  - Managing our business and performing general administrative activities, such as customer service and resolving internal grievances and appeals.
  - Conducting medical reviews, audits, fraud and abuse detection, and compliance and legal services.
  - Conducting business planning and development, rating our risk, and determining our premium rates. However, we will not use or disclose any of your genetic information for underwriting purposes.
  - Reviewing the competence, qualifications, or performance of our network health care professionals, and conducting training programs, accreditation, certification, licensing, credentialing, and other quality assessment and improvement activities.
- **Business associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

Other ways we use or share information

We may also use and share your information for the following other purposes:

- We may use or share your information with the employer or other health-plan sponsor through which you receive your health benefits. We will not share individually identifiable health information with your benefits plan unless they promise to keep it protected and use it only for purposes relating to the administration of your health benefits.
- We may share your information with a health plan, health care professional, or health care clearinghouse that participates with us in an organized health care arrangement. We will only share your information for health care operations activities associated with that arrangement.
- We may share your information for payment purposes with another health plan that provides or has provided coverage to you. We may also share your information with another health plan, health care professional, or health care clearinghouse that has or had a relationship with you for the purpose of quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
- We may share your information with a family member, friend, or other person who is assisting you with your health care or payment for your health care. We may also share information about your location, general condition, or death to notify or help notify (including identifying and locating) a person involved with your care or to help with disaster-relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.
- We may de-identify your information as permitted by law, which means that we have removed certain unique identifiers from the information about you, your employer, and your household members so that it no longer reasonably identifies you. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to, research studies, use or development of artificial intelligence tools and other advanced technologies, and health care operations improvement activities. De-identified information is not subject to this notice.
- We may participate in one or more health information exchanges (HIEs) that permit health care professionals, payers, and other health care entities participating in the HIE to share your information for treatment, payment, and other purposes permitted by law. You may opt out of HIE participation by calling Customer Service. If you opt out of participating in these HIEs, your information will no longer be provided to other entities through the HIE. However, your decision does not affect information that was exchanged prior to the time you opted out of participation.

State and federal laws allow us to share information

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

- We may report or share information with state and federal agencies that regulate the health care or health insurance system such as the U.S. Department of Health and Human Services, the New York State Department of Financial Services, and the New York State Department of Health.
- We may share information for public health and safety purposes. For example, we may report information to the extent necessary to avert an imminent threat to your safety or the health or safety of others. We may report information to the appropriate authorities if we have reasonable belief that you might be a victim of abuse, neglect, domestic violence, or other crimes.
- We may provide information to a court or administrative agency (for example, in response to a court order, search warrant, or subpoena).
- We may report information for certain law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking, or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others, and to correctional institutions and in other law enforcement custodial situations.
- We may report information on job-related injuries because of requirements of your state workers' compensation laws.
- Under certain circumstances, we may share information for purposes of research.

Sensitive information

Certain types of sensitive health information, such as HIV-related, mental health, and substance use disorder treatment records, are subject to heightened protection under the law. If any state or federal law or regulation governing this type of sensitive information restricts us from using or sharing your information in any manner otherwise permitted under this notice, we will follow the more restrictive law or regulation.

For information that is covered by the federal regulations governing substance use disorder records at 42 CFR Part 2 (Part 2 Records), we will obtain your written consent to use and disclose such records unless we are permitted to use and disclose them without your written consent. We will not disclose any Part 2 Records for use in any civil, administrative, criminal, or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order.

Your authorization

Except as described in this Notice of Privacy Practices, and as permitted or required by applicable state or federal law, we will not use or disclose your health information without your prior written authorization. We will also not disclose your health information for the purposes described below without your specific prior written authorization:

- Your signed authorization is required for the use or disclosure of your health information for marketing purposes, except when there is a face-to-face marketing communication or when we use your health information to provide you with a promotional gift of nominal value.
- Your signed authorization is required for the use or disclosure of your health information in the event that we receive remuneration for such use or disclosure, except under certain circumstances as allowed by applicable federal or state law.

If you give us written authorization and change your mind, you may revoke your written authorization at any time, except to the extent we have already acted in reliance on your authorization. Once you give us

authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not re-disclose the information.

We have an authorization form that describes the purpose for which the information is to be used, the time period during which the authorization form will be in effect, and your right to revoke authorization at any time. The authorization form must be completed and signed by you or your duly authorized representative and returned to us before we will disclose any of your health information. You can obtain a copy of this form by calling the Customer Service phone number on your member ID card.

Your rights

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us by calling the telephone number shown on your member ID card.

Restricting your information

You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request, we are not required to agree to these restrictions.

Confidential communications for your information

You have the right to ask us to receive confidential communications of information if you believe that you would be endangered if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence). If you are a minor and have received health care services based on your own consent or in certain other circumstances, you also may have the right to request to receive confidential communications in certain circumstances, if permitted by state law. You can ask us to send the information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing, and you specify the alternative means or location, as well as the reason for your request. We will accommodate reasonable requests. Please be aware that the explanation of benefits statement(s) that the Plan issues to the contract holder or certificate holder may contain sufficient information to reveal that you obtained health care for which the Plan paid, even though you have asked that we communicate with you about your health care in confidence.

Inspecting your information

You have the right to inspect and obtain a copy of information that we maintain about you in your designated record set. A "designated record set" is the group of records used by or for us to make benefit decisions about you. This can include enrollment, payment, claims, and case or medical management records. We may require that your request be in writing. We may charge a fee for copying information or preparing a summary or explanation of the information, and in certain situations we may deny your request to inspect or obtain a copy of your information. If this information is in electronic format, you have the right to obtain an electronic copy of your health information maintained in our electronic record.

Amending your information

You have the right to ask us to amend information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We may deny your request for an amendment if we did not create the information that you want amended and the originator remains available or for certain other reasons. If we deny your request, you may file a written statement of disagreement.

Accounting of disclosures

You have the right to receive an accounting of certain disclosures of your information made by us for purposes other than treatment, payment, or health care operations during the six years prior to your request. We may require that your request be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

Please note that we are not required to provide an accounting of the following:

- Information disclosed or used for treatment, payment, and health care operations purposes.
- Information disclosed to you or following your authorization.
- Information that is incidental to a use or disclosure otherwise permitted.
- Information disclosed to persons involved in your care or other notification purposes.
- Information disclosed for national security or intelligence purposes.
- Information disclosed to correctional institutions or law enforcement officials.
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

Collecting, sharing, and safeguarding your financial information

In addition to health information, the plan may collect and share other types of information about you. We may collect and share the following types of personal information:

- Name, address, telephone number, and/or email address.
- Names, addresses, telephone numbers, and/or email addresses of your spouse and dependents.
- Your Social Security number, age, gender and marital status.
- Social Security numbers, age, gender, and marital status of your spouse and dependents.
- Any information that we receive about you and your family from your applications or when we administer your policy, claim, or account.
- If you purchase a group policy for your business, information to verify the existence, nature, location, and size of your business.
- We also collect income and asset information from Medicaid, Child Health Plus, Healthy NY, Essential Plan, and Exchange subscribers. We may also collect this information from Medicare subscribers to determine eligibility for government-subsidized programs.

We may share this information with our affiliates and with business associates that perform services on our behalf. For example, we may share such information with vendors that print and mail member materials to you on our behalf and with entities that perform claims processing, medical review, and other services on our behalf. These business associates must maintain the confidentiality of the information. We may also share such information when necessary to process transactions at your request and for certain other purposes permitted by law.

To the extent that such information may be or become part of your medical records, claims history, or other health information, the information will be treated like health information as described in this notice.

As with health information, we use security safeguards and techniques designed to protect your personal information that we collect, use, or disclose in writing, orally, and electronically. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our customers or former customers.

Exercising your rights; complaints and questions

- **You have the right to receive a paper copy of this notice upon request at any time.** You can also view a copy of this notice at **emblemhealth.com/privacy**. See information on the next page. We must abide by the terms of this notice.
- **If you have any questions** or would like further information about this notice or about how we use or share information, you may write to the Corporate Compliance department or call Customer Service. Please see the contact information at the end of this notice.
- **If you believe that we may have violated your privacy rights, you may file a complaint.**

We will take no action against you for filing a complaint. Call Customer Service at the telephone number and during the hours of operation noted at the end of this notice. You can also file a complaint by mail to the Corporate Compliance Department at the address noted at the end of this notice. You may also notify the Secretary of the U.S. Department of Health and Human Services.

We will notify you in the event of a breach of your unsecured protected health information. We will provide this notice as soon as reasonably possible, but no later than 60 days after our discovery of the breach, or as otherwise required by applicable laws, regulations, or contract.

Contact information

Please check your member ID card to call us or use the following contact information for your plan. Read carefully to select the correct Customer Service number.

Personal information after you are no longer enrolled

Even after you are no longer enrolled in any plan, we may maintain your personal information as required by law or as necessary to carry out plan administration activities on your behalf. Our policies and procedures that safeguard that information against inappropriate use and disclosure still apply if you are no longer enrolled in an EmblemHealth plan.

Changes to this notice

We are required to abide by the terms of this Notice of Privacy Practices as currently in effect. We reserve the right to change the terms of the notice and to make the new notice effective for all the protected health information that we maintain. Prior to implementing any material changes to our privacy practices, we will promptly revise and communicate any changes to our notice to our customers. In addition, for the convenience of our members, the revised privacy notice will also be posted at **emblemhealth.com/privacy**.

Write to:

EmblemHealth Corporate Compliance Dept.,
P.O. Box 2878, New York, NY 10116-2878

Call:

For more information about this notice, call the number on your member ID card. Don't have your ID card? Call us at one of the numbers below:

EmblemHealth Members
800-447-8255 (TTY: **711**)
8 a.m. to 6 p.m., Monday through Friday

Medicare Members
877-344-7364 (TTY: **711**)
Oct. 1 through March 31, 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30, 8 a.m. to 8 p.m., Monday through Saturday

Medicaid, Health and Recovery Plan (HARP), and Child Health Plus Members
855-283-2146 (TTY: **711**)
8 a.m. to 6 p.m., Monday through Friday