

OFFICE OF THE STATE
COMPTROLLER

HEALTHCARE COST
CONTAINMENT COMMITTEE



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The State of Connecticut Health Plans Notice of Privacy Practices

Section 1: Purpose of this Notice and Effective Date

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: February 5, 2026

This Notice is required by a federal law called the Health Insurance Portability and Accountability Act, commonly known as HIPAA.

This Notice applies to all group health plans maintained by the Office of the State Comptroller, State of Connecticut, that are subject to HIPAA, collectively referred to herein as the "Plans."

The Plans are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plans' uses and disclosures of Protected Health Information (PHI).
2. Your rights to privacy with respect to your PHI.
3. The Plans' duties with respect to your PHI.
4. Your right to file a complaint with the Plans and with the US Department of Health and Human Services.
5. The person to contact for further information about the Plans' privacy practices.

This Notice applies to your PHI used or disclosed by the Plans as well as entities designated as Business Associates of the Plans.

You may also receive a separate Notice of Privacy Practices from your health care providers.

Please share this Notice with your family members covered by the Plans, as their PHI is also protected under federal law.

Section 2: Your Protected Health Information

Protected Health Information (PHI) defined

The phrase “Protected Health Information” (PHI) includes all individually identifiable health information related to your past, present, or future physical or mental health condition(s) and to payment(s) for health care. PHI includes information maintained by the Plans in oral, written, or electronic form.

Section 3: Use or Disclosure of PHI Not Requiring Your Authorization or Consent

When the Plans may use or disclose your PHI

Under the federal law called HIPAA, the Plans may disclose your PHI without your authorization or consent, and without the opportunity to agree or object to such use or disclosure, in the following cases:

- At your request. The Plans are required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The US Department of Health and Human Services (HHS) may require the disclosure of your PHI to investigate or determine the Plans' compliance with federal privacy regulations.
- For treatment, payment or health care operations. The Plans and third parties known as “Business Associates” will use PHI to carry out treatment, payment, or health care operations.

Treatment is the provision, coordination, or management of health care and related services. For example, the Plans may disclose PHI to a physician who is treating you.

Payment includes but is not limited to actions to make coverage determinations and payment. For example, the Plans may use PHI to pay claims submitted by your health care provider. If the Plans contract with a third-party claims administrator, the Plans will also disclose information to them to conduct these activities on behalf of the Plans. These third parties are known as “Business Associates.”

Health care operations includes but is not limited to quality assessment and improvement, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plans or their third-party administrators may use information about your claims to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

The Plans will not use your genetic information for underwriting purposes.

Disclosure to the Plans' sponsor

The Plans will also disclose PHI to certain individuals who work for the State of Connecticut (the Plans' sponsor) for purposes related to treatment, payment, and health care operations. The Plans have amended the Plan Documents to permit this use and disclosure as required by federal law. For example, the Plans may disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts, or audit the accuracy of health care payments.

In addition, the Plans may use or disclose "summary health information" for the purpose of obtaining premium bids or modifying, amending or terminating the group health Plans. Summary health information summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom the Plans have provided health benefits.

Other permitted uses or disclosures of your PHI

The Plans are allowed under federal law to use and disclose your PHI without your authorization or consent under the following circumstances:

1. When required by applicable law.
2. Public health purposes. To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. Domestic violence or abuse situations. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plans will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. Health oversight activities. To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example to the Department of Labor).
5. Legal proceedings. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a valid court order.
6. Law enforcement health purposes. When required for law enforcement purposes (for example, to report certain types of wounds).
7. Law enforcement emergency purposes. For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness, or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.

8. Determining cause of death and organ donation. When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death, or other authorized duties. The Plans may also disclose PHI for cadaveric organ, eye, or tissue donation purposes.
9. Funereal purposes. When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For academic research, subject to certain conditions.
11. Health or safety threats. When consistent with applicable law and standards of ethical conduct, the Plans in good faith believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person who is reasonably able to prevent or lessen the threat, including the target of the threat.
12. Workers' compensation programs. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. Specialized Government Functions. When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization or consent, which you have the right to revoke.

Other uses or disclosures

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

Additional restrictions on use and disclosure

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted infections. In such cases, the Plans will follow the more stringent or protective law, to the extent that it applies.

Note, information disclosed by the Plans in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

Section 4: Use or Disclosure of PHI Requiring Your Authorization or Consent

When the Plans obtain or receive valid authorization for use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized the Plans to use or disclose your PHI for a purpose that requires authorization, you may

revoke your authorization in writing at any time. If you revoke your authorization, the Plans will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plans will be unable to take back any disclosures already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the HIPAA Privacy Official identified in Section 7.

The following situations require your authorization:

1. Use of psychotherapy notes. The Plans do not routinely obtain notes from psychotherapy treatment. However, if it is necessary to use or disclose them, the Plans must obtain your written authorization. The Plans may use and disclose such notes when needed by the Plans to defend against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health provider during counseling sessions. The notes do not include summary health information about your mental health treatment.
2. Marketing of PHI. The Plans do not engage in the marketing of your PHI. In any event, before the Plans could market your PHI, they would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note, face-to-face communications made by the Plans to you and promotional gifts of nominal value provided by the Plans to you are not considered marketing.
3. Substance use disorder treatment records (SUD Records). SUD Records received from a program covered by 42 CFR Part 2 (a “Part 2 Program”), or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure of SUD Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD Record is used or disclosed.

If the Plans receive SUD Records about you from a Part 2 Program pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD records for all future purposes of treatment, payment or health care operations, the Plans may use and disclose your SUD Records for the purposes of treatment, payment or health care operations, as described above, consistent with such consent until the Plans receives notification that you have revoked such consent in writing. When disclosed to the Plans for treatment, payment, and health care operations activities, the Plans may further disclose those SUD Records in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

Section 5: Your individual privacy rights

All requests under this section with respect to information about the Plans should be addressed to the Privacy Official identified in Section 7. If a form is required, it will be available from the Privacy Official and on the Plans website.

You may request restrictions on PHI uses and disclosures

You may request the Plans to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations.
2. Restrict uses and disclosures to family members, relatives, friends or other individuals you identify as involved in your health care.

The Plans, however, are not required to agree to your request if the Plan Administrator or Privacy Official determines the request to be unreasonable.

You may request confidential communications

You have the right to ask the Plans to communicate with you using an alternative means or at an alternative location. The Plans will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on use and disclosures of your PHI.

You may inspect and copy your PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plans maintains the PHI.

The Plans must provide you the requested information within thirty (30) days if the information is maintained onsite or within sixty (60) days if the information is maintained offsite. A single thirty-day extension is allowed if the Plans are unable to comply with the deadline.

You or your personal representative will be required to complete a form to request to access PHI in your designated record set. A reasonable fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights, and a description of how you may complain to the Plans and HHS.

Designated Record Set includes enrollment, payment, claims adjudication, and other information used to make decisions about payment for health care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

You have the right to amend your PHI

You have the right to request that the Plans amend your PHI or a record about you in a Designated Record Set for as long as the PHI is maintained in the Designated Record Set subject to certain exceptions.

The Plans have sixty (60) days after receiving your request to act on it. The Plans are allowed a single thirty-day extension if the Plans are unable to comply with the sixty-day deadline. If the Plans deny your request in whole or part, the Plans must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI.

You have the right to receive an accounting of the Plans' PHI disclosures

At your request, the Plans will also provide you with an accounting of certain disclosures by the Plans of your PHI. The Plans do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plans have sixty (60) days to provide the accounting. The Plans are allowed a single thirty (30) day extension if the Plans give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a twelve-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

You have the right to receive a paper copy of this Notice

You have the right to obtain a paper copy of this Notice upon request. Please contact the Privacy Official identified in Section 7.

You have the right to name a personal representative

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved "Appointment of Personal Representative" form or other form acceptable under state or federal law.

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse, violence, or neglect.

You may opt to disclose your PHI to family members or others

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

- The information is directly relevant to the chosen family member or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Section 6: The Plans' duties

The Plans are required by law to maintain the privacy of your PHI and to maintain the privacy of Protected Health Information, to provide individuals with notice of the Plans' legal duties and privacy practices, and to notify affected individuals following a breach of unsecured PHI.

The Plans are required to abide by the terms of the Notice currently in effect.

The Plans reserve the right to change the terms of the Notice and to apply the changes to any PHI received or maintained by the Plans prior to that date. If this Notice is changed, a revised version of this Notice will be provided to you.

Section 7: Your right to file a complaint with the Plans or HHS

Complaint to the Plans

If you believe that your privacy rights have been violated, you may obtain additional information or file a complaint with the Plans in care of the following person:

HIPAA Privacy Official – Legal Counsel, Healthcare Policy & Benefit Services Division

HIPAA Privacy Official
Healthcare Policy & Benefit Services Division
Office of the State Comptroller
165 Capitol Avenue
Hartford, CT 06106

OSC.HIPAA@ct.gov

Complaint to HHS

You may also file a complaint with the US Department of Health and Human Services (HHS). Please visit the HHS website at www.hhs.gov or contact the Privacy Official for more information about how to file a complaint.

The Plans will not retaliate against you for filing a complaint.

Section 8: If you need more information

If you have any questions regarding this Notice or the topics addressed in it, please contact the Privacy Official listed in Section 7.

Section 9: Conclusion

PHI use and disclosure by the Plans is regulated by a federal law called the Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 CFR Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations.