

# **NOTICE OF PRIVACY PRACTICES (HEALTH PLAN & HRA)**

**The Arc of Warren County Group Health Plan & Health Reimbursement Arrangement (HRA)  
Effective Date: February 16, 2026**

**THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH PLAN INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by federal law (HIPAA) and applicable New Jersey laws to maintain the privacy and security of your Protected Health Information (“PHI”) and to follow the terms of this Notice. We will not use or disclose your PHI except as described in this Notice unless you authorize it in writing. You may revoke such authorization at any time in writing, except to the extent actions have already been taken in reliance on it.

This Notice applies solely to our **self-funded Group Health Plan and Health Reimbursement Arrangement (HRA)** (collectively, “the Health Plan”).

## 1. Our Commitment to Your Privacy

The Arc of Warren County operates a **self-funded Group Health Plan and Health Reimbursement Arrangement (HRA)** for employees. Therefore, we are a “Covered Entity”

We limit all uses and disclosures of PHI to the **minimum necessary**.

We are required by law to:

- Maintain the privacy and security of PHI.
- Follow the terms of this Notice.
- Notify you without unreasonable delay, and no later than **60 days**, if a breach compromises the privacy or security of your PHI.

## 2. Your Rights

You have the right to:

### Access Records

Inspect or obtain a paper or electronic copy of your health plan records and HRA claims records. We normally respond within **30 days**.

### Request Amendments

You may ask us to correct records you believe are incomplete or incorrect.

### Confidential Communications

You may request to be contacted in a specific way (e.g., at a different address or phone number).

### Request Restrictions

You may ask us not to use or disclose information for treatment, payment, or operations. If you pay for a service **in full and out-of-pocket**, we **must** honor your request not to disclose that information to the Health Plan.

### Accounting of Disclosures

You may request a list of certain disclosures made in the past **six years**.

### Right to Opt-Out of Fundraising

If we use PHI for fundraising, you may opt out.

### Right to Paper Copy

You may request a paper copy of this Notice at any time.

### File a Complaint

You may file a complaint with:

- **Our HIPAA Compliance Officer**
- **U.S. Department of Health and Human Services, Office for Civil Rights**

**We will not retaliate against you for filing a complaint.**

### **3. How the Health Plan Uses and Discloses PHI**

We may use or disclose your PHI without written authorization for:

#### **Treatment**

Coordinating care with health providers or pharmacies.

#### **Payment**

Processing claims, determining eligibility, HRA processing, or coordinating benefits.

#### **Health Care Operations**

Quality improvement, audits, fraud detection, and plan administration.

#### **TPA & Business Associates**

Our Third-Party Administrator (TPA) and other vendors are contractually required to safeguard PHI.

#### **Plan Sponsor**

The Plan may disclose summary PHI to **The Arc of Warren County** as the Plan Sponsor for administrative purposes only.

**The Plan Sponsor will not use PHI for employment-related decisions.**

### **4. Special Confidentiality Protections**

#### **SUD / Part 2 Records**

Although the Health Plan does not operate a Substance Use Disorder (SUD) program, we may **receive** SUD-related information from outside providers. We will protect such information consistent with **42 CFR Part 2**, including the prohibition on its use in legal or administrative proceedings unless:

- You provide written consent, or
- A court order permits disclosure.

#### **Genetic Information (GINA)**

We will **not** use or disclose genetic information for underwriting.

#### **Psychotherapy Notes**

Most uses or disclosures of psychotherapy notes require your written authorization.

## 5. Other Permitted Disclosures

We may disclose PHI without authorization for:

- Public health and safety activities
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes
- Coroners, medical examiners, funeral directors
- Organ/tissue **donation**
- **Workers' compensation**
- **Averting a serious and imminent threat to health or safety**

## 6. Breach Notification & Redisclosure

We will notify you of any breach of unsecured PHI within **60 days**.

Information disclosed may be subject to **redisclosure** by the recipient and may no longer be protected by HIPAA.

## 7. Changes to This Notice

We reserve the right to change this Notice.

We will provide the Notice at enrollment, post it on our website, and notify participants of its availability at least once every three years.

## HIPAA Officer Contact

**HIPAA Privacy Officer:** Phil Giordano, Director of Compliance

**Contact:** 908-689-7525 x 226 | [pgiordano@arcwarren.org](mailto:pgiordano@arcwarren.org)

**HIPAA Security Officer:** Stephen Schauble, IT Coordinator

**Contact:** 908-689-7525 | [steph@arcwarren.org](mailto:steph@arcwarren.org)

**Agency:** The Arc of Warren County

**Address:** 319 West Washington Ave. PO Box 389 Washington, NJ 07882