

**OFFICE OF THE COUNTY EXECUTIVE  
ALL-EMPLOYEES MEMORANDUM**

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**DATE: FEBRUARY 6, 2026**

**EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)**

**Health Insurance Portability and Accountability Act, commonly known as  
HIPAA**

***Effective Date: February 1, 2026***

This Notice is required by a federal law called the Health Insurance Portability and Accountability Act, commonly known as HIPAA. The Employee Medical Health Plan of Suffolk County (“EMHP” or “Plan”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plan’s uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Plan’s duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan’s privacy practices.

This Notice applies to your PHI used or disclosed by the Plan as well as entities designated as “business associates” of the Plan. You will receive a separate Privacy Notice from the insurer or HMO that you have selected for your health coverage. Please share these Notices with your covered family members, as their PHI is also protected under federal law.

**Your Protected Health Information**

**Protected Health Information (PHI) Defined**

The term “Protected Health Information” (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to

payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

### **Use or Disclosure for Which Your Authorization or Consent is Not Required**

#### **When the Plan May Use or Disclose your PHI**

Under the law, the Plan may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- At your request. If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- For treatment, payment or health care operations. The Plan and its business associates will use PHI in order 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 Plan may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment** includes but is not limited to actions to make coverage determinations and payment. For example, the Plan may use PHI to pay claims from your health care provider. If we contract with third parties to help us with payment operations, such as a third-party claim's administrator, we will also disclose information to them, and they may conduct these activities on our behalf. These third parties are known as "business associates."

**Health care operations** include 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 Plan or its 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.

**Note:** At no time will the EMHP disclose information to the County for employment-related actions or decisions or use your genetic information for underwriting purposes.

#### **Disclosure to the Plan Sponsor**

The Plan will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, we 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 Plan may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan has provided health benefits.

**Other Use or Disclosure of your PHI for Which Consent, Authorization or Opportunity to Object is Not Required**

The Plan is allowed under federal law to use and disclose your PHI without your consent or authorization 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 Plan 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 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. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
9. Coroners, Medical Examiners and Funeral purposes. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For research, subject to certain conditions. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the

same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be

included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

11. Health or safety threats. When consistent with applicable law and standards of ethical conduct, the Plan in good faith believes 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, which you have the right to revoke.

### **Other Uses or Disclosures**

The Plan 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 diseases. In such case, the Plan will follow the more stringent or protective law, to the extent that it applies.

**Note:** Information that is disclosed by the Plan in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer protected by the Privacy Rule.

### **Use or Disclosure for Which Your Authorization or Consent is Required**

When the Plan obtains or receives a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized us 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 Plan will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plan will be unable to take back any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer. The following situations require your authorization:

**Use of Psychotherapy Notes**

The Plan does not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. The Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

**Marketing of PHI**

The Plan does not engage in the marketing of your PHI. In any event, before the Plan could market your PHI, it 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 Plan to you and promotional gifts of nominal value provided by the Plan are not considered as marketing.

**Sale of PHI**

The Plan does not sell your PHI. In any event, before the Plan could sell your PHI, it would have to obtain your authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plan where the Plan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.

**Substance Use Disorder Treatment Records**

Substance use disorder treatment 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 must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD Record is used or disclosed.

If the Plan receives 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 Plan 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 Plan receives notification that you have revoked such consent in writing. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan 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.

**Fundraising**

The Plan will not use or disclose your PHI (including, but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plan, or for or on behalf of others. In any event, before the Plan could use your PHI for fundraising, it would have to obtain your written authorization for such use or disclosure, and with respect to SUD Records, give you the opportunity to elect not to receive any fundraising communications.

## **Your Individual Privacy Rights**

All requests with respect to information about the Plan should be addressed to the Privacy Officer identified below. If a form is required, it will be available from the Privacy Officer.

### **You May Request Restrictions on PHI Uses and Disclosures**

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable.

### **You May Request Confidential Communications**

You have the right to ask us to communicate with you using an alternative means or at an alternative location. For example, you can ask that we only contact you by mail or at work. The Plan 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.

To request confidential communications, you must make your request, in writing, to:

Suffolk County Employee Benefits Unit  
c/o Privacy Officer  
725 Veterans Memorial Highway  
Bldg. 158, William J. Lindsay Complex  
P.O. Box 6100  
Hauppauge, NY 11788

### **You May Inspect and Copy 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 Plan maintains the PHI. Designated Record Set: includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

To inspect and copy your PHI, you must make your request, in writing, to:

Suffolk County Employee Benefits Unit  
c/o Privacy Officer  
725 Veterans Memorial Highway  
Bldg. 158, William J. Lindsay Complex  
P.O. Box 6100  
Hauppauge, NY 11788

The Plan must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. 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 Plan and Department of Health and Human Services (HHS).

### **You Have the Right to Amend your PHI**

If you feel that Health Information we have is incorrect or incomplete, you have the right to request that the Plan 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.

To request an amendment, you must make your request, in writing, to:

Suffolk County Employee Benefits Unit  
c/o Privacy Officer  
725 Veterans Memorial Highway  
Bldg. 158, William J. Lindsay Complex  
P.O. Box 6100  
Hauppauge, NY 11788

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan 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 Plan's PHI disclosures**

At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI. We 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 Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives 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 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

## **Receive a Paper Copy of this Notice**

You have the right to obtain a paper copy of this Notice upon request. You may obtain a copy of this notice at our web site, [www.emhp.org](http://www.emhp.org). To obtain a paper copy of this notice, contact Suffolk County Employee Benefits via phone at 631-853-4866 or via email at [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov).

## **Your 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 Plan retains 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.

## **Use or disclosure of your PHI to family members**

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 family 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.

## **The Plan's Duties**

The Plan is 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 its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

The Plan is required to abide by the terms of the Notice currently in effect.

The Plan reserves the right to change the terms of the Notice and to apply the changes to any PHI received or maintained by the Plan prior to that date. If this Notice is changed, a revised version of this Notice will be provided to you. We will post a copy of the current Notice on the website [www.emhp.org](http://www.emhp.org). The Notice will contain the effective date on the first page.

**Your Right to File a Complaint with the Plan or the HHS secretary**  
**Complaint to the Plan**

If you believe that your privacy rights have been violated, you may obtain additional information or file a complaint, in writing, to:

Margaret Brown, Privacy Officer  
Employee Medical Health Plan of Suffolk County  
725 Veterans Memorial Highway  
Bldg. 158, William J. Lindsay Complex  
P.O. Box 6100  
Hauppauge, NY 11788  
Telephone: 631-853-4866

**Note: The Plan will not retaliate against you for filing a complaint.**

**Complaint to HHS**

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (“HHS”). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at [www.hhs.gov](http://www.hhs.gov), or contact the Privacy Official for more information about how to file a complaint.

**Note: The Plan will not retaliate against you for filing a complaint.**

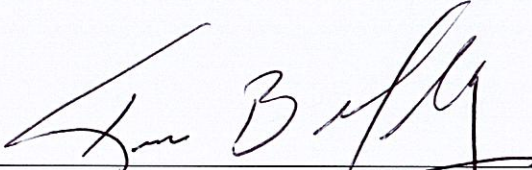
**If You Need More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Officer:

Margaret Brown, Privacy Officer  
Employee Medical Health Plan of Suffolk County  
725 Veterans Memorial Highway  
Bldg. 158, William J. Lindsay Complex  
P.O. Box 6100  
Hauppauge, NY 11788  
Telephone: 631-853-4866

**Conclusion**

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations 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.

  
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KEVIN B. MOLLOY  
CHIEF DEPUTY COUNTY EXECUTIVE

**DISTRIBUTION: ONE COPY PER EMPLOYEE/RETIRES**