NOTICE OF PRIVACY PRACTICES

Effective: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

City of Alexandria (the "City") is required by law to take steps to ensure and maintain the privacy of your personally identifiable health information and to provide you with this Notice of Privacy Practices ("Privacy Notice"). This Privacy Notice is provided to you as a covered person under the City of Alexandria Health Plan (medical, dental, vision, prescription drug, and medical flexible spending account benefits only), which is referred to in this Privacy Notice as the "Health Plan."

If you are enrolled in a health benefit that is fully-insured with an insurance company, you should receive a Privacy Notice from the insurance company with respect to the privacy practices of those entities.

A federal law, known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), requires the Health Plan to maintain the privacy of your protected health information ("PHI"). PHI encompasses substantially all "individually identifiable health information" that is transmitted or maintained by the Health Plan, regardless of its form. PHI includes medical information relating to your physical or mental health or condition, the provision of health care to you, or the payment for health care provided to you.

PHI does not include all health information that may be maintained by the City or the Health Plan. For example, PHI does not include health information maintained by the City in its capacity as an employer, such as drug testing results, sick leave requests and related physician notes and medical information used for processing Family Medical Leave Act (FMLA) requests. Further, PHI does not include health information that is used or maintained by the City's non-health benefit plans, such as workers' compensation, life insurance, accidental death and dismemberment (AD&D) and short and long term disability benefits. If health information is not PHI, then the health information is not protected by HIPAA and is not covered by this Privacy Notice.

The City and the Health Plan understand that your PHI is personal and private, and both are committed to maintaining the privacy of your PHI. This Privacy Notice summarizes the Health Plan's legal duties and privacy practices with respect to PHI. In particular, this Privacy Notice describes the ways in which the Health Plan may use or disclose your PHI. It also describes the Health Plan's obligations to you and your individual rights regarding the use and disclosure of your PHI. HIPAA requires the Health Plan to provide this Privacy Notice to you and to comply with its terms currently in effect.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe different ways that the Health Plan may use and disclose your health information without your authorization. For each category, the Privacy Notice will outline the uses or disclosures included in the category, but it does not list every use or disclosure within a category.

For Treatment. The Health Plan may use and disclose your PHI to provide, coordinate or manage your health care treatment and any related services provided to you by health care providers. This includes the coordination or management of your health care by a health care provider.

Example: The Health Plan may use and disclose your PHI in order to describe or recommend treatment alternatives to you or to provide information about health-related benefits and services that may be of interest to you.

For Payment. The Health Plan may use and disclose your PHI to make coverage determinations and provide payment for health care services you have received. These activities may include determining your eligibility for benefits or coverage under the Health Plan (including coordination of benefits or the determination of cost sharing amounts); processing your claims for benefits under the Health Plan; resolving subrogation rights under the Health Plan; billing, claims management and collection activities; obtaining payment under stop-loss and excess loss insurance policies; reviewing health care services you receive for Health Plan coverage, medical necessity and appropriateness; and conducting utilization review activities (including precertification, preauthorization, concurrent review and retrospective review activities).

Example: The Health Plan may disclose your health information to a third party (for instance, a medical reviewer) when necessary to resolve the payment of a claim for health care services that have been provided to you.

For Health Care Operations. The Health Plan may use and disclose your PHI for administration and operations, including quality assessment and quality improvement activities; underwriting, enrollment, premium rating and other activities related to the creation, renewal, or replacement of a health insurance or health benefits contract or a stop-loss or excess loss insurance contract; conducting or arranging for medical assessments, legal services and auditing functions (including fraud and abuse detection and compliance programs), population-based activities relating to improving health or reducing health care costs, business planning and development, and other business management and general administrative activities such as customer service and HIPAA compliance. The Health Plan will not use genetic information for underwriting purposes as prohibited by the Genetic Information Nondiscrimination Act (GINA).

Example: The Health Plan may disclose your health information to potential health insurance carriers in order to obtain a premium bid from the carrier.

Each of the Health Plans which are subject to this Privacy Notice may share health information between them to carry out Treatment, Payment or Health Care Operations.

Note: The Health Plan does not use or disclose PHI that is genetic information for underwriting purposes. Underwriting purposes means: (1) rules for, or determination of, eligibility (including enrollment and continued eligibility) for, or determination of, benefits under the plan (including changes in deductibles or other cost-sharing mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program); (2) the computation of premium or contribution amounts under the plan (including discounts, rebates, payments in kind, or other premium differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program); (3) the application of any pre-existing condition exclusion under the plan, coverage, or policy; and (4) other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. However, underwriting purposes does not include determinations of medical appropriateness where an individual seeks a benefit under the plan.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN SPECIAL SITUATIONS

Outlined below are situations in which the Health Plan may use and disclose your PHI without your authorization.

Disclosure to the City, as Plan Sponsor. The Health Plan, or an insurer of benefits provided under the Health Plan, may disclose your PHI without your written authorization to the City, as plan sponsor, for plan administration purposes. The City agrees not to use or disclose your health

information other than as permitted or required by the plan documents for the Health Plan and by applicable law. In particular, your health information will not be used for employment decisions.

The Health Plan also may provide summary health information to the City, as plan sponsor, so that the City may obtain premium bids or may modify, amend, or terminate the Health Plan. Summary health information does not directly identify you, but summarizes claims history, claims expenses, or types of claims experienced. Finally, the Health Plan may disclose your enrollment and disenrollment information to the City, as plan sponsor.

Disclosure to You or Your Personal Representative. The Health Plan may disclose your PHI to you or your personal representative.

Disclosure to the Health Plan's Business Associates. A Business Associate is a person or entity (such as a third-party administrator) that provides certain services to or on behalf of the Health Plan, and such services involve the use and disclosure of PHI. The Health Plan may disclose PHI to a Business Associate, for such Business Associate's use or disclosure permitted or required by the business associate contract or as required by law.

Public Health Activities. The Health Plan may use or disclose your PHI for public health activities. Permitted disclosures include:

- Disclosure to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") in connection with activities related to the quality, safety or effectiveness of FDA-regulated products or activities.

- Disclosure to report births and deaths.

- Disclosure to report reactions to medications, problems with health related products or to notify a person of recalls of medications or products the person may be using.

- Disclosure to a public health authority for the purpose of preventing or controlling disease, injury, or disability, or to report child abuse or neglect.

- Disclosure, if authorized by law, to a person who may have been exposed to or be at risk of contracting or spreading a communicable disease.

Abuse or Neglect. The Health Plan may disclose your PHI to an appropriate government authority that is authorized by law to receive reports of child abuse, neglect or domestic violence, including a social services or protective services agency, if the Health Plan reasonably believes you to be a victim of abuse, neglect or domestic violence. However, the Health Plan will only disclose your PHI in these situations, if (1) the disclosure is required by law; (2) you agree to the disclosure; or (3) the disclosure is expressly authorized by statute or regulation and the Health Plan reasonably believes that the disclosure is necessary to prevent serious harm to you or other potential victims. The Health Plan will notify you of a disclosure for abuse or neglect purposes if doing so will not place you at further risk of serious harm.

Health Oversight Activities. The Health Plan may disclose your PHI to a health oversight agency for certain activities authorized by law including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions, or other activities necessary for appropriate oversight of the health care system.

Judicial and Administrative Proceedings. In certain limited situations, the Health Plan may disclose your PHI in response to a valid court or administrative order. The Health Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if the Health Plan receives satisfactory assurances that the party seeking the information has tried

to inform you of the request or to obtain a qualified protective order to safeguard the information requested.

Required by Law. The Health Plan will use or disclose your PHI to the extent required by federal, state or local law, and the use or disclosure complies with the law and is limited to the relevant requirements of such law. The Health Plan may also disclose your PHI to the Department of Health and Human Services ("HHS") regarding HIPAA compliance matters.

Coroners, Medical Examiners and Funeral Directors. The Health Plan may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Health Plan may also disclose PHI to a funeral director, as necessary to allow the funeral director to carry out his or her duties consistent with applicable law.

Organ and Tissue Donation. If you are an organ donor, the Health Plan may disclose your PHI as necessary to facilitate organ or tissue donation, including transplantation.

Research. The Health Plan may disclose your PHI to researchers without your authorization if an alteration to or waiver of the individual authorization requirement has been approved by either an Institutional Review Board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI and the researchers have provided certain necessary representations regarding the research.

Serious Threat to Health or Safety. The Health Plan may use or disclose your PHI, consistent with applicable law and standards of ethical conduct, if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or, in certain cases, when the information is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply and if you are a member of the Armed Forces, the Health Plan may disclose your PHI (1) for activities deemed necessary by appropriate military command authorities, or (2) to a foreign military authority if you are a member of that foreign military service. The Health Plan may also disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and national security activities. The Health Plan may also disclose PHI to authorized Federal officials for the provision of protective services to the President or others that are authorized by law.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, the Health Plan may disclose your PHI to the institution or official if the information is necessary for (1) the provision of health care to you, (2) your health and safety or the health and safety of other inmates, the officers, employees, or others at the correctional institution, (3) law enforcement on the premises of the correctional institution, or (4) the safety and security of the correctional institution.

Workers' Compensation. The Health Plan may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally established programs that provide benefits for work-related injuries or illness without regard to fault.

Law Enforcement Purposes. The Health Plan may disclose your PHI, in certain situations, to law enforcement officials, including: (1) when directed by a court order, subpoena, warrant, summons or similar process or administrative request; (2) if necessary to identify or locate a suspect, fugitive, material witness or missing person; (3) as required by law; and (4) certain information about a victim of a crime.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

For Involvement In, and Notification Of, Your Care. The Health Plan may use or disclose to your family member, other relative, your close personal friend, or other person you identify, PHI directly relevant to such person's involvement in your health care or payment related to your care. The Health Plan may use or disclose your PHI to notify a family member, your personal representative, or another person responsible for your care, about your location, condition, or death. In these situations, when you are present and not incapacitated, the Health Plan will either (1) obtain your agreement; (2) provide you with an opportunity to disagree to the use or disclosure; or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present, or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Health Plan may use professional judgment to determine that the disclosure is in your best interests and disclose PHI relevant to such person's involvement in your care, payment related to your health care, or notification purposes. If you are deceased, the Health Plan may disclose to such individuals involved in your care or payment for your health care prior to your death that PHI which is relevant to the individual's involvement, unless you have previously instructed the Health Plan otherwise.

In order to use or disclose your PHI for any reason other than those described in this Privacy Notice, the Health Plan must obtain your written authorization. Your written authorization is also required for:

- Most uses or disclosures of psychotherapy notes (where appropriate);
- Uses or disclosures of your PHI for marketing purposes. Marketing does not include communications, involving no financial remuneration, for certain treatment or health care operations purposes, such as communications about entities that participate in a health plan network, health plan enhancements or replacements, case management or care coordination, or contacting individuals about treatment alternatives; and
- Disclosures of PHI that are considered a sale of PHI under the HIPAA Privacy Rule.

If you sign an authorization form, you may revoke your authorization by submitting a request in writing to the Privacy Coordinator. If you revoke your authorization, the Health Plan will no longer use or disclose your PHI for the reasons covered by the authorization. However, the Health Plan is unable to retract or invalidate any uses or disclosures that were already made with your permission prior to your revocation of the authorization.

Substance Use Disorder Treatment Records. Substance use disorder treatment records received from programs subject to 42 CFR part 2, 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 in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the Plan would use or disclose the record. The Health Plan will comply with the most current federal regulations governing substance use disorder records.

REQUIRED NOTICE OF BREACH OF UNSECURED PHI

You must be notified in the event of a breach of unsecured PHI. A "breach" is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the protected health information. A breach is presumed to have occurred unless the Health Plan demonstrates, through a documented risk assessment, that there is a low probability that the PHI has been compromised, based on the factors required by applicable law. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have several important rights with regard to your PHI, which are summarized below. Please contact the Privacy Coordinator at the address and phone number shown on the last page of this Privacy Notice if you need additional information or to exercise any of these rights.

Right to Inspect and Copy. With certain exceptions described below, you have the right to inspect and copy your PHI if it is part of a "Designated Record Set" or "DRS." The DRS is the group of records maintained by or on behalf of the Health Plan and contained in the enrollment, payment, claims adjudication, and case or medical management record systems of the Health Plan, and any other records which are used by the Health Plan to make decisions about individuals. This right to request access does not extend to psychotherapy notes, information gathered for certain civil, criminal or administrative proceedings, and information maintained by The City that duplicates information maintained by a Health Plan third-party administrator in its DRS. To inspect and obtain a copy of your PHI that is part of a DRS, you must submit your request in writing to the contact person identified in the "Contact Information" section below. In most cases, you must use a specific form, which you can request directly from the Privacy Coordinator.

If you exercise your right to access your PHI, the Health Plan will respond to your request within 30 days after receipt of the request. If the Health Plan is unable to respond within this time period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

If your request for access is granted, then the Health Plan will provide you with access to PHI in the form and format you requested, if it is readily producible in such form or format; if it is not readily producible, then access will be provided in a mutually agreed upon form and format. If your PHI is maintained in an electronic DRS and if you request an electronic copy of your PHI, then the Health Plan will provide access in the electronic form and format you requested, if it is readily producible in that form and format; if it is not readily producible, then access will be provided in a readable electronic form and format that is mutually agreed upon.

You may request that the Health Plan provide a copy of your PHI to another person that you designate. Your request must be in writing, be signed by you, and clearly identify the designated person and where to send the PHI copy.

The Health Plan may deny your request to inspect and copy your PHI in certain limited situations. If you are denied access to your PHI, you will be notified in writing. The notice of denial will include the basis for the denial, and a description of any appeal rights you may have and the right to file a complaint with the Health Plan or with HHS. If the Health Plan does not maintain the PHI that you are seeking but knows where it is maintained, the Health Plan will notify you of where to direct your request.

If you request a copy of your PHI contained in a DRS, the Health Plan may charge you a reasonable, cost-based fee that includes the costs of labor for copying, mailing and/or other supplies associated with your request.

Right to Amend. If you believe that your PHI in a DRS is incorrect or incomplete, you may request that the Health Plan amend the PHI. You have the right to request amendment of your PHI or a record about you in a DRS for as long as the PHI is maintained in the DRS. Any such request must be made in writing to the contact person identified in the "Contact Information" section below, and must include a reason that supports your requested amendment. In most cases, you must use a specific form, which you can request directly from the Privacy Coordinator. The Health Plan must respond to your request within 60 days. If the Health Plan is not able to

respond within this 60-day period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

In limited situations, the Health Plan may deny your request to amend your PHI. For example, the Health Plan may deny your request if (1) the PHI was not created by the Health Plan (unless the person who created the information is no longer available to make the amendment); (2) the Health Plan determines the information to be accurate or complete; (3) the information is not part of the DRS; or (4) the information is not part of the information which you would be permitted to inspect and copy, such as psychotherapy notes. If your request is denied, you will be notified in writing. The notice of denial will include the basis for the denial, and a description of your right to submit a written statement of disagreement and the right to file a complaint with the Health Plan or with HHS.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain types of disclosures of your PHI made by the Health Plan during a specified period of time. You do not have the right to request an accounting of all disclosures of your PHI. For example, you do not have the right to receive an accounting of (1) disclosures for purposes of Treatment, Payment or Health Care Operations; (2) disclosures to you or your personal representative regarding your own PHI; (3) disclosures pursuant to an authorization; (4) disclosures incident to a use or disclosure otherwise permitted or required by the HIPAA Privacy Rule; (5) disclosures for national security or intelligence purposes, or to correctional institutions or law enforcement officials; (6) disclosures as part of a limited data set; or (7) disclosures prior to April 14, 2004.

Your request must be made in writing to the contact person identified in the “Contact Information” section below, and must indicate the time period for which you are seeking the accounting, such as a single month, six months or two calendar years. This time period may not be longer than six (6) years prior to the date of the request and may not include any disclosures of PHI made before April 14, 2004. The Health Plan must respond to your request within 60 days. If the Health Plan is not able to respond within this 60-day period, it may have a one-time 30-day extension by providing you with a written explanation for the delay and the date by which it will respond to your request.

The Health Plan will provide the first accounting you request in any 12-month period free of charge. The Health Plan may impose a reasonable, cost-based fee for each subsequent accounting request within the 12-month period. The Health Plan will notify you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI that the Health Plan uses or discloses about you in certain situations. For example, you can request that the Health Plan restrict the PHI that the Health Plan uses or discloses about you for Treatment, Payment or Health Care Operations, or for disaster relief and other notification purposes and for involvement in your care. However, the Health Plan is not required to agree to your request.

If you wish to make a request for a restriction, please make a request in writing to the contact person identified in the “Contact Information” section below. Your request should include the following: (1) what uses and/or disclosures you want to limit; and (2) to whom you want the restriction to apply (for example, disclosures to your spouse).

Because restrictions may interfere with benefit claim administration, the Health Plan will approve restriction requests only in special and compelling circumstances.

Right to Request Confidential Communications. You have the right to request that the Health Plan communicate with you about health matters in a specific manner or specific location. To request confidential communications, please make your request to the contact person identified in the “Contact Information” section below. You must make your request in writing and must specify

how and/or where you wish to be contacted, for example, by mailings to a post office box, and your request must state that disclosure of all or part of the information to which the request pertains could endanger you. In most cases, you must use a specific form, which you can request directly from the Privacy Coordinator. The Health Plan will accommodate all reasonable requests.

Right to a Paper Copy of this Notice. You have the right to request a paper copy of this Privacy Notice, even if you previously agreed to receive this Privacy Notice electronically. Any such request should be submitted to the Privacy Coordinator. You may also view this Privacy Notice on the City's intranet website at AlexConnect → Benefits → Health Insurance.

Personal Representatives. You may exercise your rights though a personal representative. The representative must produce appropriate evidence of his or her authority to act on your behalf. Examples of acceptable authority include (1) a power of attorney, notarized by a notary public, (2) a court order of appointment as conservator or guardian, and (3) a parent of an unemancipated minor. The Health Plan may deny access to PHI to a personal representative, including a parent of an unemancipated minor, if the denial is in the best interest of the individual; the Health Plan may also deny access to PHI to a parent of an unemancipated minor if prohibited by state or other law.

CHANGES TO THIS PRIVACY NOTICE

The Health Plan reserves the right to change, at any time, its privacy practices and this Privacy Notice. The revised Privacy Notice will be effective for all PHI that the Health Plan maintains at the time of the revision, as well as PHI the Health Plan receives in the future. If this Privacy Notice is materially revised, a revised copy of the Privacy Notice will be posted on the website and the revised Notice, or information about the material change and how to obtain a copy of the Notice, will be provided to you in the plan's next annual mailing.

Nothing in this Notice limits the City's obligations under the Virginia Freedom of Information Act, except to the extent such information is exempt from disclosure under applicable law.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint to the Health Plan or the Secretary of HHS. To submit a complaint to the Health Plan, you must submit the complaint in writing to the Privacy Coordinator at the address shown below. Information about how to submit a complaint to HHS is available on the website for the Office for Civil Rights of HHS at www.hhs.gov/ocr/hipaa/.

The City will not retaliate against you for filing a complaint with the Health Plan or with HHS.

CONTACT INFORMATION

In some cases, your PHI may be held internally at the City by The City workforce members who perform functions on behalf of the Health Plan. In most cases, however, your PHI will be held by privacy contacts, such as a health insurer or Health Plan third-party administrator who pays claims on behalf of the Health Plan.

Contact your health insurer or Health Plan third-party administrator:
If you have a question, concern, complaint, or individual rights request regarding your PHI held by a health insurer or Health Plan third-party administrator, contact your health insurer or Health Plan third-party administrator. Contact information for your health insurer or Health Plan third-party administrator can be found in the City of Alexandria Health Plan Summary Plan Description.

Contact the City's Privacy Coordinator
If you have any questions about this Privacy Notice or would like to exercise any of your rights concerning your health information (such as your right to request access to your health information) related to your PHI held internally at the City, please contact the Privacy Coordinator, using the contact information listed below:

Holly Schumann
Deputy Director
Department of Human Resources
703.746.3777
DHR.Benefits@alexandriava.gov