The Pennsylvania Judiciary

NOTICE OF PRIVACY PRACTICES

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.

This notice is required by law to tell you how the Judiciary protects the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's healthcare history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone number, social security number, date of birth and medical benefit cost information. Records maintained by the Judiciary are generally limited to your health care enrollment forms and payment for our fringe benefit plans. The Judiciary receives, uses and discloses your PHI to administer your benefit plan; as permitted or required by law; and to assist you in claim resolution.

Any third party that assists in the administration of the Judiciary benefit plan will follow the legally required privacy practices. If you are covered by one of the fully insured health plan options offered by the Judiciary, you will receive a notice from the insurance company regarding the policies and procedures they will follow to use or disclose your PHI.

The Administrative Office of the Pennsylvania Courts maintains medical benefit files which are confidential and separate from personnel files. Stored in a secured location, these files are accessible only to Human Resources personnel who have been trained in the importance of privacy practices. We generally do not have any information regarding your health care treatment unless you have authorized us to have it in relation to assisting you with a claim issue (this authorization may be verbal or implied, if you provided us with the information).

Permitted Uses and Disclosure of Your PHI

We are permitted to use or disclose your PHI without your prior authorization for the following purposes: disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims and premiums, and other health care operations. We may disclose PHI to third parties that perform services for the Judiciary in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI.

In most cases we will try to talk with you directly prior to releasing your PHI to anyone who is not employed by one of our insurers or third party administrators. However, we may release information to someone who calls us on your behalf if, in the exercise of professional judgment, we believe the disclosure is in your best interest and we are reasonably satisfied the individual is involved in your care or payment.

Example: Your spouse/son/daughter/secretary calls us on your behalf to request benefit information.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers compensation purposes, and for use in creating summary information that can no longer be traced to you.

(Please See Reverse)

The Pennsylvania Judiciary

NOTICE OF PRIVACY PRACTICES

Your Rights Regarding PHI

- **You have the right to request an inspection of and obtain a copy of your PHI.** You have the right to request an opportunity to inspect and copy your PHI at the Administrative Office of the PA Courts. If we deny you access to your PHI, we will provide you with a written denial, which will include the reason for the denial along with other relevant information.
- **You have the right to request a restriction of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. Your request must be made in writing and clearly describe the information you want to limit and to whom you want the limitation applied (for example, your spouse). If we agree to the limitations, we will abide by them except in emergency situations. You may not limit the uses and disclosures we are legally required or allowed to make.
- **You have the right to correct or update your PHI.** If you feel the PHI maintained by the Judiciary is inaccurate or incomplete, you have the right to request that we correct it. Your request must be in writing and include the reason for the requested change, as well as the specific change requested. We may deny your request if the information at issue was not created by the Judiciary (you will be referred to the creating entity), or if the information is accurate and complete. If we deny your request, you may provide us with a statement of disagreement which will be kept with the PHI in question.
- **You have the right to request confidential communications from us** by alternative means or at a different address, if disclosure of your information to another person could endanger you. This request must be made in writing and must clearly state that disclosure of all or part of your PHI at the method of contact we have on record could endanger you. You are required to provide a reasonable alternate address or other method of contact for the confidential communications. We may exclude certain communications that are commonly provided to all Enrollees (such as benefit booklets and newsletters) from confidential communications.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This would not include those disclosures made in connection with claims payment or our healthcare operations, or disclosures made to you or at your request or prior to April 14, 2003.
- **You have the right to get this notice by e-mail or paper copy.** Please request your copy from the AOPC Office of Human Resources.

Complaints

You may complain to us or to the U.S. Secretary of Health and Human Services if you believe the Judiciary has violated your privacy rights. You may file a complaint with us by notifying the privacy officer as noted below. Your complaint must be in writing. We will not retaliate against you for filing a complaint.

Privacy Officer

Beth A. Schneider, Benefits Administrator
AOPC – HR
601 Commonwealth Ave, Ste 1500
PO Box 61260
Harrisburg, PA 17106-1260

U.S. Dept of Health and Human Services

Region III, Office for Civil Rights
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111

If you have questions, need additional information, or would like a more detailed version of our Privacy Notice please contact the Privacy Officer at 717-231-3309 or human.resources@pacourts.us.

This notice is effective April 14, 2003. Updated October 2025.