



Self-Funded Plan Notice of Privacy Practices

Effective Date: September 1, 2026

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

Syracuse Regional Airport Authority ("Plan Sponsor") is part of an organized health care arrangement with the Onondaga County Employee Benefits Agreement (OCEBA), and sponsors several self-funded plans ("Plans"). These plans are managed for SRAA by third party administrators who interact with the healthcare providers and handle members' claims (as further defined below). This Healthcare Notification of Privacy Practices applies to all such Plans.

The privacy protections described in this notice reflect the requirements of the federal regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). This notice describes how HIPAA protected health information or PHI may be used and disclosed and how you can get access to this information. The Plan Sponsor reserves the right to change the terms of this Notice of Privacy and to make any new Notice provisions effective for all Protected Health Information (PHI). The Plan Sponsor will inform all participants of changes to this Notice and provide a new and updated Notice of Privacy each time a change in content occurs.

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

PLAN SPONSOR RESPONSIBILITIES

- Follow the terms of this notice that are currently in effect.
- Maintain the privacy and security of your protected health information (PHI).
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Give you this notice of the Self-Funded Plan's legal duties and privacy practices with respect to your PHI and ensure it is followed.
- Not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

HOW THE SELF-FUNDED PLAN WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following sections describe different ways that the Self Funded Plan may use and disclose your PHI. Not every use or disclosure will be listed. All of the ways that the Self-Funded Plan is permitted to use and disclose PHI, however, will fall within one of the categories. Use and disclosure of some PHI, such as certain drug and alcohol, HIV, genetic, and mental health information, is further restricted.

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law



Self-Funded Plan Notice of Privacy Practices

Effective Date: September 1, 2026

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena. Prior to the use or disclosure of any substance use disorder records for fundraising purposes, we will let you know and give you the opportunity to opt out.

REQUIRED DISCLOSURES

The Self-Funded Plan may be required to disclose your PHI to the U.S. Department of Health and Human Services (HHS) if the Secretary of HHS is conducting a compliance audit.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

YOUR RIGHTS

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- For your convenience, we recommend you use the patient portal to see your health information. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.

- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- We will not retaliate against you for filing a complaint.



Self-Funded Plan Notice of Privacy Practices

Effective Date: September 1, 2026

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety



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Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Other Instructions for Notice

In addition to the Federal rules regarding privacy, we will follow New York State laws regarding health care privacy. We will obtain appropriate consents before we share information concerning your genetic information, HIV status, substance abuse and certain mental health information. We also will obtain your consent for other uses and disclosures of your health information when required by New York law to do so.

Questions

If you have any questions or for further information regarding this privacy notice, please contact Debi Marshall, Director of Human Resources, at MarshallD@syrairport.org or HR@syrairport.org, and 315-455-3636.