

# HealthTrust Notice of Privacy Practices

**HealthTrust, Inc.**

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## Protecting Your Health Information is Important to Us.

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.**

The federal Health Insurance Portability and Accountability Act (HIPAA) requires that HealthTrust inform you of our privacy practices regarding your protected health information (PHI). We are fulfilling that requirement with this Notice, which applies to our medical and dental plans, as well as services provided for healthcare flexible spending accounts and health reimbursement arrangements. This Notice does not apply to our short-term disability, long-term disability, and life coverages, however protecting all personal information is important to us.

### Your Rights

This section describes your rights regarding the protected health information we maintain.

**Inspect and Copy** • You can ask to inspect or copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies.

**Amend** • If you think your records are incorrect, you can ask us to amend them. We are not required to honor this request, but must respond within 60 days.

**Confidential Communication** • You can request we contact you in a specific way or send mail to a different address.  
• We will consider all reasonable requests.

**Restrictions** • You can request we not share certain PHI for treatment, payment, or healthcare operations; however, we have the right to say no to the request.

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## Your Rights *continued*

<b>Accounting of Disclosures</b>	<ul style="list-style-type: none"><li>• You can request a list of disclosures of your PHI made for reasons other than treatment, payment, healthcare operations, or made to you or with your authorization.</li></ul>
<b>Copy of this Notice</b>	<ul style="list-style-type: none"><li>• You can ask for a paper copy of this Notice at any time.</li></ul>
<b>Personal Representative</b>	<ul style="list-style-type: none"><li>• If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights on your behalf.</li></ul>
<b>File a Complaint</b>	<ul style="list-style-type: none"><li>• If you believe that we have violated your privacy rights, you may file a complaint in writing with the HealthTrust Privacy Officer.</li><li>• You may also submit a complaint with the Office for Civil Rights of the US Department of Health and Human Services.</li><li>• We will not retaliate against you for filing a complaint.</li></ul>

## Our Uses and Disclosures

This section describes how we typically use or disclose your protected health information (PHI).

<b>For Payment Activities</b>	<ul style="list-style-type: none"><li>• We may use or disclose your PHI for billing and payment</li></ul>	<p><b>Example:</b> <i>By providing an invoice or information to your participating employer group to collect premiums or confirm coverage for those billed on the invoice</i></p>
<b>For Treatment</b>	<ul style="list-style-type: none"><li>• While HealthTrust does not provide treatment, we may use or disclose your PHI for the coordination of your healthcare coverage</li></ul>	<p><b>Example:</b> <i>By confirming your coverage with a treating physician</i></p>
<b>For Healthcare Operations</b>	<ul style="list-style-type: none"><li>• We may use or disclose your PHI for the administration of your health plan coverage or quality improvement initiatives.</li></ul>	<p><b>Example:</b> <i>We may share enrollment information or summary information related to the creation, renewal, or replacement of your health benefits with your participating employer group. Enrollment information may include information you would be asked to provide to your participating employer group upon enrollment and any updates to that information. Further, in administering HealthTrust medical and dental plans, HealthTrust will not disclose information to an employer about individual claims or diagnosis unless permitted by a written authorization or otherwise required or permitted by law.</i></p>

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## Our Uses and Disclosures *continued*

<b>To Business Associates</b>	<ul style="list-style-type: none"><li>• We may disclose your PHI to our Business Associates, who assist with our operations and have provided written assurance that they will safeguard your information.</li></ul>	<b>Example:</b> <i>By sharing eligibility information with the claims administrator</i>
<b>To Other HIPAA Covered Entities</b>	<ul style="list-style-type: none"><li>• We may disclose your PHI to other HIPAA covered entities that have a relationship with you.</li></ul>	<b>Example:</b> <i>To a medical provider who is treating you</i>
<b>For Plan Administration</b>	<ul style="list-style-type: none"><li>• We may disclose certain information to the Plan Sponsor provided they have agreed to safeguard PHI.</li></ul>	<b>Example:</b> <i>If your employer group contracts with us to assist in administering its healthcare flexible spending account plan, we may share your information with them for administration of that plan.</i>
<b>As Required by Law or Authorized for Oversight Activities</b>	<ul style="list-style-type: none"><li>• We may use or disclose your PHI when required by law or authorized by law for public health and public benefit oversight.</li></ul>	<b>Examples</b> <i>may include to comply with a court order, to avert an imminent threat to health and safety, for regulatory oversight by federal or state authorities, for research purposes, or as authorized by workers' compensation laws.</i>
<b>Upon Your Authorization</b>	<ul style="list-style-type: none"><li>• We will not use or disclose your PHI other than described here, or as permitted under applicable laws, unless you provide written notice authorizing the use or disclosure. You may revoke the authorization at any time. In certain situations, you can also tell us your preference about disclosure of certain information.</li></ul>	<b>Example:</b> <i>Sharing information with family or friends involved in payment for your care or sharing information in a disaster relief situation or medical emergency. However, if you are not able to tell us your preference, for example if you are unconscious, we may 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.</i>

## Our Responsibilities

This section describes our responsibilities related to your protected health information.

<b>Safeguard Your Information</b>	<ul style="list-style-type: none"><li>• We are required by law to protect your health information, and will follow the duties and privacy practices described in this Notice.</li></ul>
<b>Notification</b>	<ul style="list-style-type: none"><li>• We will alert you promptly if a breach occurs that may have compromised the privacy or security of your PHI.</li></ul>
<b>Minimum Necessary</b>	<ul style="list-style-type: none"><li>• When using or disclosing your PHI we will make reasonable efforts to use or disclose the minimum amount of information needed to accomplish the intended purpose. Some disclosures such as those made to you, the US Department of Health and Human Services, or as required by law are not held to the minimum necessary standard.</li></ul>

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## Our Responsibilities *continued*

<b>Marketing, Sales, and Fundraising</b>	• We do <u>not</u> use, disclose or sell your PHI for any marketing, sales, or fundraising activity, nor would we do so without your written authorization or as permitted by applicable law.
<b>Genetic Information</b>	• We do <u>not</u> use or disclose genetic information for underwriting purposes.
<b>Psychotherapy Notes</b>	• We do <u>not</u> maintain any psychotherapy notes. If our Business Associates have these notes, they will <u>not</u> disclose them without your written authorization.

## SUD Treatment Information

If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

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If you have any questions, need further information regarding this Notice, or if you wish to receive another copy, please contact:

**Privacy Officer**  
HealthTrust, Inc.  
PO Box 617  
Concord, NH 03302-0617  
800.527.5001 (Toll-Free) 603.226.2861 (Local)  
**[privacyofficer@healthtrustnh.org](mailto:privacyofficer@healthtrustnh.org)**

HealthTrust can change the terms of this Notice, and the changes will apply to all protected health information we have about you. The current version of the Notice is available on our website at **[www.healthtrustnh.org](http://www.healthtrustnh.org)**. This Notice is effective as of October 30, 2025 and replaces HealthTrust’s previous Notice dated July 1, 2019.

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