



## NOTICE OF PRIVACY PRACTICES

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### **Your Information. Your Rights. Our Responsibilities.**

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**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 NFL Player Care Foundation (the "Foundation," "we," "our," or "us") is a nonprofit corporation that is operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. In furtherance of its charitable mission, the Foundation assists eligible former players in the National Football League and their qualifying dependents (collectively "you" or "your") with certain needs.

The Foundation provides relief to the disadvantaged and distressed, with preference to former players in the NFL. Such relief includes, but is not limited to, support, funding, and promotion of improvements in the quality of an individual's life, and the funding of medical research projects related to improving the well-being of former players. In furtherance of its mission, the Foundation provides grants to qualifying former NFL players who are in need of joint replacement surgeries and other medical care, and to the spouses, widows, and children of former NFL players who would otherwise be eligible to receive support from the Foundation. The Foundation is not an employee welfare benefits plan and does not have a plan sponsor, does not engage a third-party administrator to provide services, and does not underwrite insurance.

The Health Insurance Portability and Accountability Act of 1996, as amended and supplemented by the Health Information Technology for Economic and Clinical Health Act of 2009 (together with their implementing final rules, "HIPAA"), calls for the protection of individually identifiable health information by certain entities. As a best practice, we take steps to implement HIPAA-compliant controls to protect health information we create or receive in connection with our grant-making activities ("protected health information"), and are providing this Notice of Privacy Practices (this "Notice").

The Foundation is committed to protecting your privacy and understands the importance of safeguarding your protected health information.

## **Your Rights**

**When it comes to your protected health information, you have certain rights.** This section explains these rights and describes some of our responsibilities to help you. You may exercise the rights described in this Notice by submitting a written request to our Privacy Officer (contact information below).

### **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 protected health information we have about you. 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.
- There may be situations where we decide to deny your request for access. For example, we may deny your request if we believe the disclosure will endanger your life or health, or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed.

### **Ask us to correct health and claims records**

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

### **Request confidential communications that include protected health information**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” to a reasonable request if you tell us you would be in danger if we do not.

### **Ask us to limit what protected health information we use or share**

- You can ask us not to use or share certain protected health information for treatment, payment, or our operations. Your request must state in writing the specific restriction you are requesting, and to whom you want the restriction to apply.
- We are not required to agree to your request, and we may say “no.”
- If we do agree, we will abide by your restriction unless we need to use your protected health information to provide emergency treatment. We may elect to terminate the restriction at any time.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we have shared information**

- You can ask for a list (accounting) of the times we have shared your protected health information for up to six years prior to the date you ask, who we shared it with, and why.
- This list does not include routine disclosures like those about treatment, payment, and health care operations, or certain other disclosures (such as any you asked us to make). We will provide one accounting per 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 you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.
- We will take all reasonable steps to 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 may file a complaint if you feel we have violated your rights by contacting our Privacy Officer by mail at: Privacy and Security Officer, NFL Player Care Foundation, PO Box 4746, New York, NY 10163; or by phone at (212) 450-2258.
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**You can make certain choices about how we use and share your protected health information.** Sometimes all you will need to do is talk to us to express a preference. Other times you will need to provide us with written permission.

### **Opportunity to agree or object**

We may use and disclose your protected health information as needed to notify (or assist in notification of) your family or other individuals responsible for your care of your location, your general medical condition, or your death.

If a family member, other relative, close friend, or other person you identify is directly involved with your health care (or payment related to your health care), we may disclose your protected health information to that person, to the extent it is directly relevant to their involvement with your care (or payment for your care).

In these situations, if you are present, we will use or share your information if:

- We obtain your agreement,
- We provide you with an opportunity to object to the disclosure, and you do not express an objection, or
- We reasonably infer from the circumstances that you do not object.

If you are in an emergency situation, you are not present, or you are incapacitated (for example, you are unconscious), we may use professional judgment to decide whether disclosing your protected health information to a family member or other individual involved in your care (or payment for your care) is in your best interest. If we do disclose your protected health information in such a situation, we would only disclose protected health information that is directly relevant to such person's involvement with your treatment, or payment for treatment, or for notification purposes.

We may also use or disclose your protected health information in disaster relief situations.

### **Written permission needed**

In the following cases we may not share your protected health information unless you give us written permission:

- Marketing purposes
- Sale of your protected health information
- Most sharing of psychotherapy notes

### **Opt out from fundraising communications**

At some point in the future, we may contact you to raise funds to support the Foundation's charitable mission. If we ever do this, you can tell us not to contact you again.

## **Our Uses and Disclosures**

**How do we typically use or share your protected health information?** We use or share your protected health information for treatment, payment, and health care operations in the following ways. While this list is not meant to be exhaustive, it should give you an idea of the everyday uses and disclosures that are essential to paying for the care you receive.

### **Help manage the health care treatment you receive**

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

*For example,* we may share or otherwise use your protected health information in communications with various health care providers and practitioners to arrange your treatment at a facility that provides post-surgical rehabilitative services or to assist you in obtaining certain health screening services.

### **Run our organization**

We can use and disclose your protected health information to conduct health care operations, which generally are the administrative activities that we undertake in order to carry out the Foundation's charitable activities.

*For example,* we may use or share your protected health information to develop better processes for providing charitable assistance to former players in need.

We can use and disclose your protected health information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will award you a grant or provide you with other support.

### **Pay for your health services**

We can use and disclose your protected health information in connection with paying for your health services.

*For example,* we may use or share your protected health information to:

- ascertain the cost to us of paying for a particular medical procedure, or
- evaluate and pay an invoice submitted by a health care provider or practitioner, such as a hospital or physician, where you received medical treatment.

### **Provide refill reminders**

We are also permitted to use and disclose your protected health information to provide you with prescription drug refill reminders.

**How else can we use or share your protected health information?** Under certain circumstances, we can use and share your protected health information for purposes unrelated to treatment, payment, or health care operations. Some examples of these circumstances are set forth below. In some situations, we may have to meet certain legal requirements before we use or share your protected health information.

## **Help with public health and safety issues**

We may use or share protected 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

## **Research**

We may use or share your protected health information with researchers when the research is being conducted under established protocols to ensure the privacy of your information, including approval by a board of privacy experts and implementation of a number of safeguards to protect against reuse or re-disclosure of the information.

We can use or disclose your protected health information to create de-identified data, which may then be used or disclosed for research purposes.

We can use or disclose your protected health information to create a limited data set. We can use or disclose a limited data set for research, public health, or health care operations purposes, pursuant to a data use agreement.

## **Comply with the law**

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

## **Respond to organ and tissue donation requests**

We may share protected health information about an individual with organ procurement organizations.

## **Address workers' compensation, law enforcement, corrections, and other government requests**

We may use or share protected health information:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official, such as providing information about the victim of a crime

- Under certain circumstances, we may disclose protected health information in our possession concerning beneficiaries who are inmates of a correctional institution
- 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 may use or share protected health information about you in response to a court or administrative order, or in response to a subpoena or other lawful process not accompanied by a court order.

### **Respond to a serious threat to health or safety**

Your protected health information may be disclosed if we believe it is necessary to prevent a serious and imminent threat to the health or safety of a person or the public, and such disclosure is to someone we reasonably believe is able to prevent or lessen the threat.

### **In the event of your death**

In the event of your death, we may disclose protected health information to a family member (or other individual involved in your care) that is relevant to such person's involvement, unless doing so is inconsistent with a preference you previously expressed that is known to us. We also may disclose protected health information to a coroner, medical examiner, or funeral director if it is needed to carry out their duties. We may use and disclose health information about you for any legal purpose once you have been deceased for more than 50 years.

### **Disclosures to other parties for conducting permitted or required activities**

We may conduct the activities described in this Notice ourselves, or we may use outside entities to perform these operations. If we use outside entities, your protected health information will be protected through a privacy agreement and applicable law.

### **Pursuant to your authorization**

We may use or disclose your protected health information pursuant to your written authorization.

*For example,* we may share your protected health information and other sensitive information with plans and programs that make assistance available to eligible former NFL participants, including the Gene Upshaw Player Assistance Trust Fund, the Professional Athletes Foundation, the NFL Players Association's The Trust, Players' Outreach USA (formerly known as the Gay Culverhouse Players' Outreach Program), the Gridiron Greats Assistance Fund, the NFL Alumni Association, the Pro Football Hall of Fame, the Pro Football Retired Players Association (PFRPA), and any charitable organizations founded by

individual NFL Clubs, as needed to enable the Foundation to evaluate, review, process, and act upon your grant application.

## **State Law and Other Restrictions on Uses and Disclosures of Protected Health Information**

Some states have laws that require additional privacy safeguards above and beyond the federal requirements. For example, some state laws require additional protection for records concerning mental health (especially psychotherapy notes), HIV/AIDS, sexually transmitted diseases, alcohol and drug abuse, and genetic testing. If an applicable state law is more restrictive regarding uses and disclosures of your protected health information, or provides you with greater rights with respect to your protected health information, we will comply with the state law. Some federal laws may also provide additional protections. For example, under federal law, we may not disclose certain substance abuse treatment records without your written authorization.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- If a breach occurs that compromised the privacy or security of your unsecured protected health information, we will notify you as required by, and in a manner consistent with, applicable law.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will obtain your specific written authorization for other uses and disclosures of your protected health information that are not described in this Notice, but for which an authorization is required by applicable law. If you give us an authorization to use or share your protected health information, you may change your mind at any time by letting us know in writing.

## **Terms of this Notice**

We must follow the terms of our Notice, and provide you with a copy of it. We can change the terms of this Notice, and the changes will apply to all information we have about you. If we make material changes to our Notice, we will post a copy of the revised Notice on our website. We will always mail you a copy upon request.



**For further information on anything covered by this Notice, you may contact:**

Belinda Lerner  
Privacy and Security Officer  
NFL Player Care Foundation  
PO Box 4746  
New York, NY 10163  
(212) 450-2258

This Notice is effective April 1, 2018.