



**COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY  
POLICY AND PROCEDURES FOR THE PROTECTION OF  
MEMBER PRIVACY RIGHTS**

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**PURPOSE:**

The Health Connector is committed to safeguarding the privacy of individuals who receive insurance through the Health Connector (“Members”) by maintaining the confidentiality, integrity and accuracy of Members’ personal information obtained and used by the Health Connector, in compliance with applicable privacy requirements, including the Exchange Final Rule at 45 CFR § 155.260. This Privacy Policy is designed to guide Health Connector personnel in implementing the mechanisms to provide Members with the ability to (1) access, (2) correct, and (3) make decisions about the collection, use, and disclosure of their personally identifiable information (PII) that is obtained or used by the Health Connector and/or its business associates.

**APPLICABILITY:**

This Policy applies to all Health Connector employees and third-party contractors involved in the use of Members’ PII. The Policy covers all Members’ PII collected, stored, used, shared, transmitted, disposed of, or otherwise handled by the Health Connector or its business associates. The requirements provided within this Policy cover all Health Connector functions.

**POLICY:**

**Access.** Members have the ability to access and review electronic information about them, which is maintained in the Health Connector’s electronic eligibility determination, enrollment and premium billing systems. Additionally, members have the right to request in writing that they be allowed to inspect and copy their PII maintained by the Health Connector and its business associates except under certain limited circumstances explained in this policy, in which case the Health Connector may deny access to records.

**Correction.** Members have the ability to review and change electronic information about them, which is maintained in the Health Connector’s eligibility determination system, provided that their changed information may be subject to verification. Additionally, the Health Connector will maintain a process for Members to request corrections to their PII in the Health Connector’s control. The Health Connector will provide a timely written response to all such requests. When such a request is allowed, the Health Connector will take steps to make the correction. When such a request is denied, the Health Connector will so notify the Member and permit the Member to submit a statement of disagreement with the denial.



**Decisions About Collection, Use and Disclosure.** The Health Connector maintains a process to assure that Members may request restrictions as to how the Health Connector will collect, use, or disclose their PII. The Health Connector may refuse to agree to Members' requested restrictions on the disclosure of PII. When such a request is denied, the Health Connector will so notify the Member and permit the Member to submit a statement of disagreement with the denial.

#### **DEFINITIONS:**

**Personally Identifiable Information (PII)** means information that can be used to distinguish or trace an individual's identity, such as name, social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

**Reviewer:** "Reviewer" is defined as the Health Connector's Privacy Officer or such Officer's designee who is required to review requests submitted by Members in accordance with this Policy. Any other Health Connector personnel that get such a request should refer the request to the Privacy Officer for review.

#### **PROCEDURES:**

##### **I. General Procedures for Written Member Requests**

**Request in Writing.** Requests made by Members under this Policy must be in writing using the appropriate Health Connector forms. Copies of the forms will be provided upon request and may be made available on the Health Connector's website. Copies of the forms are attached hereto as Exhibits A(1), B(1), and C(1).

**Verifying the Requester's Identity.** The Reviewer will take reasonable steps to verify the identity of the Requester, who must be either the Member who is the subject of the PII, the Member's legal representative, or the executor or administrator of the Member's estate. (For purposes of this Policy, references to a request by a Member or Requester will be interpreted to include requests made by a Member's legal representative or the executor or administrator of the Member's estate.) The Reviewer may ask for identification or other documentation of the individual's identity, including signatures, photographic identification, or copies of court appointments.



Time to Respond to Request. The Health Connector will respond to the requests within 30 days of receipt of the request. If the Health Connector cannot respond to the request within 30 days, it will extend the deadline an additional 30 days, and it will give written notice and explanation for the extension to the Requester within the original 30-day timeframe.

Responses. All responses to requests will be in writing using the appropriate form, a copy of which is attached hereto as Exhibits A(2), B(2), and C(2). The response will state the reasons for the decision in plain language. The decision of the Reviewer to approve or deny a request is final.

## **II. Procedures for Providing Member Access**

Electronic Access. Members have the ability to access the information about them that is maintained in the Health Connector's electronic eligibility determination, enrollment and premium billing systems. Members may access this information through the Health Connector's website (<https://mahealthconnector.optum.com/individual/>) by using their account identification information (user name and password) to log on to their account and review the information contained there. Information includes the application information provided by the Member, the eligibility determinations made in response to the application information, the enrollment of the Members in Health Connector plans, and current account information about premium billing and payments.

Written Request. If a member believes that there is PII about them that is not available through the electronic access described above, that Member may submit a written request for Access to PII on the *Request to Inspect or Receive a Copy of PII* form (Exhibit A(1)).

Reviewer's Obligations. When a Member requests access to that Member's PII, the request will be reviewed by the Reviewer as follows:

- (i) The Reviewer will determine if the request was made by the Member.
- (ii) The Reviewer will determine whether the Health Connector or one of its business associates maintains the information requested by the Member in connection with the provision of insurance to that Member. If the Health Connector or its business associate does not maintain the PII, but the Reviewer knows where it is maintained (e.g., the member's health plan), the Reviewer shall inform the requester where to redirect the request.
- (iii) The Reviewer may ask the Requester to clarify scope, applicable time period, etc. of a request if necessary.
- (iv) The Reviewer will determine whether the request should be allowed or denied, based on the standards stated below.



After completing the above review, the Reviewer will respond to the request using the Health Connector *Response to Request for Access to PII* form (Exhibit A(2)).

Standards for Review. Generally, a Member has the right to have access to his or her PII. The Health Connector may deny a request for access to PII in the following circumstances, all of which are extremely unlikely or impossible:

- (i) The requested PII consists of individual psychotherapy notes (It is not likely that the Health Connector would have individual psychotherapy notes for an individual because the Health Connector does not collect medical records.);
- (ii) The PII was created or obtained in the course of research that includes treatment, for as long as the research is in progress, provided that the Requester has agreed to the denial of access when consenting to participate in the research that includes treatment, and the Health Connector has informed the Requester that the right of access will be reinstated upon completion of the research;
- (iii) The PII was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information; or
- (iv) The PII was compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding.

A denial for any of the foregoing grounds will not be subject to review.

Additionally, the Health Connector may deny a request for PII in the following very unlikely circumstances:

- (i) A licensed health professional has determined that access to the PII is reasonably likely to endanger the life or physical safety of the individual or another person;
- (ii) The PII makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined in the exercise of professional judgment that the access requested is reasonably likely to cause substantial harm to such other person; or
- (iii) The request for access is made by a Member's personal representative and a licensed health care professional has determined that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

The foregoing three grounds typically involve providers that maintain sensitive medical records-based PII. Thus, it is unlikely that the Health Connector will have occasion to deny access to PII on such grounds because the Health Connector does not collect records from health care providers, facilities, institutions or insurers. However, should such a situation occur, the denial shall clearly state the grounds relied upon and further that the Member whose request is being



denied has a right to further review. If the Member exercises the right of further review, the Privacy Officer will arrange to have the matter reviewed by a licensed health professional not involved in the initial decision to deny the request and will promptly provide written notice to the Member about the determination of that review and will take other action required to carry out the determination.

Responses. If access is granted, the Health Connector will notify the Requester in writing that access is granted, and of the means by which access will be provided. The Health Connector will provide access to the information in electronic format if it is able. The Health Connector will use its best efforts to provide records in the format requested, or in the absence of a requested format, in a machine-readable format. The Requester may designate an entity or person to whom the PII should be sent, and the Health Connector should send the information to that person or entity, so long as that choice is clear, conspicuous, and specific.

The Health Connector may provide the Requester with a summary of the PII requested, in lieu of providing access, or may provide an explanation of the information to which access has been provided, if the Requester agrees in advance to such a summary or explanation and to the fees imposed, if any, for such summary or explanation.

If access is denied in whole or in part, the Health Connector will notify the Requester in writing, in plain language, stating the reason for the denial. The Health Connector will make available any requested information that is not covered by the denial. If the Requester has a right to ask for review of the denial, the response shall state how such a review may be requested.

Fees. The Health Connector will assess a reasonable fee for providing copies of PII or producing a summary/explanation of the information. Costs will include the cost of supplies and the labor for preparing a summary/explanation and copying. Postage may be charged to the member if the information is mailed. Fees associated with provision of information in electronic form, or a summary or explanation of such information, will not be greater than the Health Connector's labor costs in responding to the request. The Requester will be informed of any applicable fees in advance through the response form.



### III. Procedures for Requests for Correction

Electronic Access. A Member may review electronic information about them that is maintained in the Health Connector’s eligibility determination, enrollment and premium billing systems. The information contained in the eligibility determination system has generally been provided by the Member subject to verification against external databases. If a Member believes information in the eligibility determination system is incorrect or is no longer accurate due to a change in circumstances, the Member may correct that information themselves in one of two ways:

- (i) By logging into their account ([www.mahealthconnector.optum.com/individual](http://www.mahealthconnector.optum.com/individual)) through the Health Connector’s website and make the change.
- (ii) If the Member is unable or unwilling to do that electronically, the Member may seek the assistance of a customer service representative to make the change by calling 1-877-MA-ENROLL (1-877-623-6765).

Any new information that the Member provides will be subject to verification in accordance with federal requirements. A Member may not change enrollment or premium billing information electronically. However, if a Member believes that information in those areas is incorrect or outdated, the Member may contact the customer service center to request a correction by calling 1-877-MA-ENROLL (1-877-623-6765).

Request in Writing. If a Member wishes to correct PII that they believe cannot be corrected through the self-service options described above, they may make a request to correct in writing on the *Request to Correct PII* form (Form B(1)). The form requires the Member to state the PII in question; the correction that he or she seeks to make; the reason to support that request; and, if applicable, the identification of persons other than the individual with whom the corrected information needs to be shared.

Review Process. All requests to correct will be referred to the Reviewer, who will make a decision according to the following standards.

Standards for Review. The Health Connector may deny the request if it determines that the PII that is the subject of the request:

- (i) Was not created by the Health Connector, unless the Requester has provided a reasonable basis to believe that the originator of the PII is no longer available to act on the requested amendment;
- (ii) Is not in the Health Connector’s control;
- (iii) Is not available for inspection under the provisions of this Policy regarding access to PII; or



- (iv) Is accurate and complete.

Procedure for Allowing the Correction. If based on the foregoing procedure, the Health Connector agrees to allow the correction, in whole or in part, it must:

- (i) Identify where the PII is located.
- (ii) If the PII is in paper form, attach a separate paper containing the correction in the file.
- (iii) If the PII or record is in electronic form, correct the electronic record, when possible, or provide a link to a correction or a note in the electronic record describing the correction.
- (iv) Notify the Requester that the correction is accepted, using the *Response to Request to Correct PII* form (Exhibit B(2))
- (v) Make reasonable efforts to inform and provide the correction within a reasonable time to:
  - a. Persons identified by the individual in the *Request to Correct PII* form as having received the PII and needing the correction.
  - b. Persons, including the Health Connector's business associates, that the Health Connector knows have the PII that is the subject of the amendment, and that may have relied, or could foreseeably rely, on such information to the detriment of the Member.

Procedure for Denial. If the Health Connector determines to deny the request, it will:

- (i) Provide the Member who made the request with a timely, written denial (using the *Response to Request to Correct* form) that states the basis for the denial and informs the Member of his or her right to submit a written statement disagreeing with the denial and the procedure for submitting such a statement.
- (ii) If the Health Connector considers it necessary, prepare a written rebuttal to the statement of disagreement, and provide a copy of that rebuttal to the Member.
- (iii) If the PII is in paper form, attach a copy of the request for correction, the Health Connector's denial, and the statement of disagreement and rebuttal, if any, to that paper record.
- (iv) If the PII is in electronic form, take technologically feasible steps to provide a link to the request for amendment, the Health Connector's denial, and any statement of disagreement or rebuttal.
- (v) Include the request for correction, the Health Connector's denial, and any statement of disagreement or rebuttal, or, an accurate summary of such information, in any future disclosure of the PII or, if not technologically feasible, separately transmit the material.



Actions on Notices of Correction. If the Health Connector is informed by another covered entity that a Member with PII held by that entity and by the Health Connector has requested that the other covered entity amend the Member’s PII, and if that other covered entity has granted the Member’s request, the Health Connector will follow the steps listed in this Procedure with respect to making corrections for the relevant member.

**IV. Procedures Regarding Member Decisions About Collection, Use and Disclosure**

Right to Request Restrictions to Use Of PII. Members may request restrictions on how the Health Connector collects, uses, and discloses their PII, including situations in which the Health Connector uses a Member’s PII without individual authorization for treatment, payment, and health care operations; and situations in which the Health Connector discloses the information to family members or others involved in their care. The Health Connector does not have to agree to such requests. Requests will be reviewed on a case by case basis.

Request in Writing. Requests for restrictions will be made in writing, using the *Request to Restrict Collection, Use, or Disclosure of Personal Information* form (Exhibit C(1)).

Review. Requests for restrictions will be reviewed by the Reviewer in accordance with the following standards.

Standards for Granting Request for Restrictions. The Health Connector’s decision to accommodate the Member’s request for restrictions will be made by the Reviewer based on the feasibility and business implications of the requested restriction and any applicable legal requirements. The Health Connector may decide not to agree with the requested restrictions. Restrictions are not permitted for collection, use, or disclosure of PII that is:

- (i) Required by law;
- (ii) Required by a court order;
- (iii) Disclosed to a health oversight agency for oversight purposes;
- (iv) For certain law enforcement purposes and certain specialized government functions; or
- (v) For certain research purposes.

Requests to restrict the disclosure of PII will generally be granted if the disclosure is for the purpose of carrying out payment or health care operations and the PII pertains solely to a health care item or service for which the covered entity has been paid in full.

Response. The Reviewer will notify the Marketplace member in writing of the decision through the *Response to Restriction Request* form (Exhibit C(2)). If the Health Connector agrees to a request for restriction, then the collection, use, or disclosure of the PII will be restricted as





agreed. The restriction applies to applicable PII that the Health Connector has at the time the request is granted and to PII created or received while the restriction is in place. If applicable, the Health Connector will communicate this restriction to any business associates who have PII affected by the restriction and will take steps to ensure that the business associate will implement the restriction.

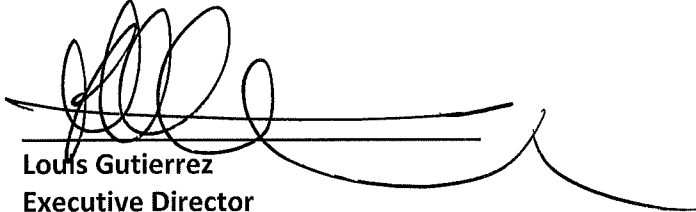
Revoking a Restriction. The Health Connector may revoke its agreement to a restriction if:

- (i) The Member agrees to, or requests the revocation either orally or in writing (any oral agreement will be documented); or
- (ii) The Health Connector informs the Member that it is revoking its agreement to a restriction; except that the Health Connector may not, without authorization from the Member, revoke a restriction on the use or disclosure of PII if the PII is to be disclosed for the purpose of carrying out payment or health care operations and the PII pertains solely to a health care item or service for which the covered entity has been paid in full.

This revocation will only be effective for PII created after the Health Connector informs the enrollee affected by the termination.

Documentation. A copy of the restriction request, the disposition of the request, and any revocation requests will be kept in the Health Connector's files for at least ten years from the date the restriction was last in effect.

**APPROVAL:**



\_\_\_\_\_  
Louis Gutierrez  
Executive Director

Dated: 11/15/2021

**This policy is reviewable annually.**



## Exhibit A(1)

### Commonwealth Health Insurance Connector Authority

#### Request Form to Inspect or Receive a Copy of PII

I understand that I have the right to inspect or receive a copy of my personally identifiable information (PII). I understand that there may be a fee for copies, preparation, or postage, and that I will be informed of an estimated fee in advance. I understand that my request to access my records may be subject to some limitations. I also understand that the Health Connector will respond to this request within 30 days unless I receive notification in writing that it will take longer to process my request. I understand that I may designate another person or entity to receive the information I request.

Member name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member ID No.: \_\_\_\_\_

Date: \_\_\_\_\_

1. Identify what type of information you wish to see. **(Please note that the Health Connector maintains your enrollment information and any appeals or complaint correspondence sent by you or on your behalf. Contact your plan or provider for any claims or other health information.)**  
 \_\_\_\_\_  
 \_\_\_\_\_

2. I would like the information to be provided as follows:  
 Electronic copy sent to the email address above.  
 Copy to be mailed to my address.  
 Other: Please specify:  
 \_\_\_\_\_



3. **Optional:** I would like the information to be sent  
 To another person or entity as well as to me  
 Only to another person or entity

Contact information for other person or entity to receive the requested information:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail to:** Privacy Officer  
 Commonwealth Health Insurance  
 Connector Authority  
 P.O. Box 960484  
 Boston, MA 02196

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THE FOLLOWING INFORMATION IS NEEDED IF THE REQUESTER IS A PERSONAL REPRESENTATIVE

Print Name: \_\_\_\_\_

Type of authority (e.g., court-appointed) \_\_\_\_\_

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Health Connector Office Use Only:

Date Request Received by the Connector \_\_\_\_\_

Request Denied  Approved as Requested

Requester Informed via Response Form: Yes

Date \_\_\_\_\_



**Exhibit A(2)**

**Commonwealth Health Insurance Connector Authority**

**Response to Request for Access to PII**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Need for Extension of Time***

\_\_\_\_\_ The Health Connector received your request to access health information on \_\_\_\_\_. The Health Connector has evaluated your request to access health information. A delay in providing the information is necessary for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

The Health Connector will respond to your request by \_\_\_\_\_ [no later than 60 days from the date of the request].

***Denial***

Your request is denied for the following reason:

\_\_\_\_\_ You requested claims or other health information, which the Health Connector does *not* have except in cases of appeals or certain types of complaints. The Health Connector has determined that it does not have such claims or health information about you. **Please contact your provider(s) and/or your health plan to request access to this information.**

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



You may request further review regarding this decision with the Health Connector Privacy Officer in writing by mailing it to:

Privacy Officer  
Commonwealth Health Insurance  
Connector Authority  
P.O. Box 960484  
Boston, MA 02196

**Grant**

Your request for access to your protected health information has been granted.

\_\_\_\_\_ A copy of your protected health information held by the Health Connector is enclosed.

\_\_\_\_\_ A copy of your protected health information will be provided by the following means:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ We will provide you with a copy of your protected health information but there is a copying and compiling fee of \$\_\_\_\_\_ for the records. Please send a check or money order payable to the Commonwealth Health Insurance Connector Authority, P.O. Box 960484, Boston MA 02196. Upon receipt we will provide you with the copy of your information.

If you have any questions, please call 617-933-3095. Thank you for letting us be your connection to good health.

Sincerely,

PRIVACY OFFICER

Dated:



**EXHIBIT B(1)**

**Commonwealth Health Insurance Connector Authority**

**REQUEST TO CORRECT PII**

I request that the Health Connector correct my personally identifiable information (PII) as follows:

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My reason for the request is:

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If the correction request is approved, I want the Health Connector to provide the corrected information to the following people. (Please include addresses and contact information for these people.)

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I understand that the Health Connector will make reasonable efforts to inform these individuals and other persons that the Health Connector knows may have relied on or could rely on the information of the amendment within a reasonable time.

I understand that if the protected health information was not created by the Health Connector, the Health Connector is not required to allow my request.

Signature: \_\_\_\_\_
Member name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_
Email Address: \_\_\_\_\_
Member ID No.: \_\_\_\_\_
Date: \_\_\_\_\_

Mail to: Privacy Officer
Commonwealth Health Insurance
Connector Authority
P.O. Box 960484
Boston, MA 02196

Health Connector Office Use Only:

Date Request Received by the Connector \_\_\_\_\_

\_\_\_ Request Denied \_\_\_ Approved as Requested

Requester Informed via Response Form: Yes \_\_\_ Date \_\_\_\_\_



**Exhibit B(2)**

**Commonwealth Health Insurance Connector Authority**

**Response to Request to Correct PII**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Health Connector received your request to correct PII on \_\_\_\_\_.

***Need for Extension of Time***

***Denial***

Your request for correction was denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may submit a written statement disagreeing with the denial by sending a letter to Privacy Officer, Commonwealth Health Insurance Connector Authority, P.O. Box 960484, Boston, MA 02196.

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***Grant***

Your request for correction was allowed.

Sincerely,

PRIVACY OFFICER

Dated:





## EXHIBIT C(1)

### COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY

#### REQUEST TO RESTRICT COLLECTION, USE, OR DISCLOSURE OF PERSONAL INFORMATION

I request that the Health Connector restrict the collection, use and disclosure of my personally identifiable information (PII) as mentioned below. I understand that the Health Connector is not required to agree to my request for restriction, and in some cases the restriction may not be permitted under law. I understand that if the request is agreed to, the Health Connector will be bound by the agreement unless the information is needed to provide me with emergency treatment or to comply with the law.

**Please complete all of the following questions. If the question is not applicable, mark N/A on the answer line.**

(1) I request the following information be restricted [description of information]:

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(2) I request that collection, use and disclosure of the above described information be restricted in the following manner [description of restriction]:

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(3) I request that my PII not be disclosed to the following individuals or entities [list of individuals or entities to which information would not be disclosed]:

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#### **Health Connector Required to Grant Certain Requests**

The Health Connector must grant my request to restrict PII collection/use/disclosure if

- The PII pertains solely to a health care item or service for which the Health Connector has been paid in full.

#### **Health Connector Not Otherwise Required to Agree**

I understand that the Health Connector is not required to agree to this request for restriction of collection/use/disclosure, including such collection/use/disclosure that is:

- Required by law;
- Required by a court order;
- Disclosed to a health oversight agency for oversight purposes;



- For certain law enforcement purposes and certain specialized government functions;
- Required for certain research purposes; or
- Required to give me emergency treatment.

**Termination of Restriction**

I understand that if the Health Connector agrees to this restriction, either the Health Connector or I may terminate this restriction at any time, unless such restriction is of the kind the Health Connector must grant, in which case only I may terminate it. Any termination of the restriction is only effective for **future** uses and disclosures.

Signature of Enrollee/Personal Representative \_\_\_\_\_

Date \_\_\_\_\_ Print Name: \_\_\_\_\_

**Personal representatives:**

I am authorized to make medical decisions for the enrollee based upon court order \_\_\_\_\_

Custodial parent \_\_\_\_\_ Other \_\_\_\_\_ :

**Mail to:** Privacy Officer  
 Commonwealth Health Insurance  
 Connector Authority  
 P.O. Box 960484  
 Boston, MA 02196

Health Connector Office Use Only:

Date Request Received by the Connector \_\_\_\_\_

\_\_\_ Request Denied \_\_\_ Approved as Requested

Requester Informed via Response Form: Yes \_\_\_ Date \_\_\_\_\_



**EXHIBIT C(2)**

**Commonwealth Health Insurance Connector Authority**

**Response to Restriction Request**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Health Connector has received your request to restrict use and/or disclosure of your Personally Identifiable Information (PII).**

\_\_\_ Your request is approved. Please refer to the request form for a list of circumstances when the Health Connector may have to use/or disclose your PII despite the restriction.

\_\_\_ Your request is partially granted.  
Specifically: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Your request is denied for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This decision is final and not subject to further review.

Sincerely,

PRIVACY OFFICER

Dated:



## Policy Change Management:

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Date Created	Author	Content Updated
8/31/18	E. DeAngelo	General review and update
8/31/18	C. Fame	Review and edits
10/15/19	B. Algar	Updated policy locations and contact information. Added information classification to the footer. Also made general edits.
10/16/19	A. Egan	Review and minor edits
8/2/20	B. Algar	Reviewed. No updates necessary.
9/21/21	B. Algar	Reviewed. No updates necessary.