

## SUMMARY NOTICE OF PRIVACY PRACTICES

### NAME OF PLAN:

**THIS SUMMARY NOTICE OUTLINES HOW MEDICAL INFORMATION ABOUT *YOU* MAY BE USED AND DISCLOSED AND HOW *YOU* CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS SUMMARY NOTICE CAREFULLY. A MORE DETAILED NOTICE OF PRIVACY PRACTICES IS ALSO PROVIDED FOR YOUR REVIEW**

This Notice of Privacy Practices ("Notice") is made in compliance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") set forth by the U.S. Department of Health and Human Services ("HHS") pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended.

The group healthcare plan collects the following types *of* information in order *to* provide benefits:

- Information that you provide to the plan to enroll in the plan, including personal information such as your address, telephone number, date of birth, and Social Security number.
- Plan contributions and account balance information.
- The fact that you are or have been enrolled in the plans.
- Health-related Information received from any of your physicians *or* other healthcare providers.
- Information regarding your health status, including diagnosis and claims payment Information.
- Changes in plan enrollment (e.g., adding or dropping a participant or a benefit)
- Payment *of* plan benefits.
- Claims adjudication
- Case *or* medical management.
- Other information about you that is necessary for us to provide you with health benefits.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination on and test results, diagnoses, treatment, and a plan for future care or treatment This Information, often *referred* to as your medical record, serves as a:

- Basis for planning your care and treatment.
- Means *of* communication among the many health professionals who contribute to your care.
- Legal document describing the care you receive.
- Means by which you *or* a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source *of* data for medical research.
- Source of Information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which the plan sponsor can assess and continually work to improve the benefits offered by the group health care plan.

### **Understanding what is In your record and how your health information Is used helps you to:**

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more Informed decisions when authorizing disclosure to other

## **Your Health Information Rights**

Although your health record is the physical property of the plan, the healthcare practitioner, *or* the facility that compiled the information, it belongs to you. You have the right to:

- Request a restriction on otherwise permitted uses and disclosures of your information for treatment, payment, and healthcare operations purposes and disclosures to family members for care purposes.
- Obtain a paper copy of this notice *of* information practices upon request, even if you agreed to receive the notice electronically.
- Inspect and obtain a copy *of* your health records by making a written request to the plan privacy officer.
- Amend your health record by making a written request to the plan privacy officer that Includes a reason to support the request.
- Obtain an accounting *of* disclosures of your health Information made during the previous six years by making a written request to the plan privacy officer.
- Request communications *of* your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health Information except to the extent that action has already been taken.

## **Group Health Plan Responsibilities**

The group healthcare plan is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to the plan's legal duties and privacy practices with respect to information that is collected and maintained about you.
- Abide by the terms of this notice.
- Notify you if the plan is unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health Information by alternative means or at alternative locations.

The plan will restrict access to personal information about you only to those Individuals who need to know that information to manage the plan and its benefits. The plan will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal Information. According to the privacy standards. Individuals with access to plan Information are required to:

- Safeguard and secure the confidential personal financial information and health Information as required by law. The plan will only use or disclose your confidential health information without your authorization for purposes of treatment, payment, or healthcare operations. The plan will only disclose your confidential health information to the plan sponsor for plan administration purposes.
- Limit the collection, disclosure, and use of participant's healthcare Information to the minimum necessary to administer the plan.
- Permit only trained, authorized individuals to have access to confidential information.

Individuals who violate this policy will be subject to the company's established disciplinary process.

The group health plan will use PHI for **treatment, payment and health care operations**, as allowed in the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") set forth by the U.S. Department of Health and Human Services ("HHS"). The Plan also will use or disclose PHI as indicated below:

**Communication with family.** Under the plan provisions, the company may disclose to an employee's family member, guardian, or any other person *you* identify, health information relevant to that person's involvement in your obtaining healthcare benefits or payment related to your healthcare benefits.

**Notification.** The plan may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, plan benefits, or plan enrollment.

**Business Associates** There are some services provided to the plan through business associates. Examples include accountants, attorneys, actuaries, medical consultants, and financial consultants, as well as those who provide managed care, quality assurance, claims processing, claims auditing, claims monitoring, rehabilitation, and copy services. When these services are contracted, it may be necessary to disclose your health information to our business associates in order for them to perform the job we have asked them to do. To protect employees' health information, however, the company will require the business associate to appropriately safeguard this information.

**Benefit Coordination.** The plan may disclose health information to the extent authorized by and to the extent necessary to comply with plan benefit coordination.

**Workers' Compensation.** The plan may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Law Enforcement.** The plan may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Sale of Business.** If the plan sponsor's business is being sold, then medical information may be disclosed.

The plan reserves the right to change its practices and to make the new provisions effective for all protected health information it maintains. Should the company's information practices change, it will mail a revised notice to the address supplied by each employee. The plan will not use or disclose employees' health information without their authorization, except as described in this notice.

For More Information or to Report a Problem, please see the more detailed Privacy Notice.

If you believe that your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to: *SEE PRIVACY OFFICER REFERENCED IN SECTION 2.1 OF THE MORE DETAILED PRIVACY NOTICE.*

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services, by writing to him at the following address:

Office of Civil Rights  
U.S. Department of Health and Human Services  
233 North Michigan Avenue  
Chicago, Illinois 60601  
Phone: (312) 886-2359  
Fax: (312) 886-1807  
TDD: (312) 353.5693

The Plan will not retaliate against you for filing a complaint.

This represents a summary notice of our privacy practices. Please see the more detailed NOTICE OF PRIVACY PRACTICES also provided to you.