
SUMMARY NOTICE OF PRIVACY PRACTICES

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed by the _____ group health plan (the “Plan”) or others in the administration of your claims, and certain rights that you have. For a complete, detailed description of all privacy practices, as well as your legal rights, please refer to the accompanying Notice of Privacy Practices.

Our Pledge Regarding Medical Information

We are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

How We May Use and Disclose Medical Information About You

We may use and disclose your personal health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We will disclose your medical information to employees of the Company for plan administration functions; but those employees may not share your information for employment-related purposes. We may also use and disclose your personal health information without your permission, as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Medical Information

You have the right to inspect and copy your medical information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communications about your medical information be made in different ways or at different locations.

How to File Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

Effective Date: _____

GROUP HEALTH PLAN
NOTICE OF PRIVACY PRACTICES

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

This notice outlines the ways in which the _____ group health plan (the "Plan") may use and disclose Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by [describe how Plan will provide individuals with a revised notice – e.g., by mail to their last-known address on file].

The HIPAA Privacy Rule protects only certain medical information known as "Protected Health Information". Protected Health Information is health information by which you could reasonably be identified which is collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of the Plan, that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

This Notice outlines the Plan's obligations and your rights regarding the use and disclosure of Protected Health Information. The Plan is required by law to maintain the privacy of your Protected Health Information, to provide you with this Notice of the Plan's legal duties and privacy practices with respect to Protected Health Information about you, and to comply with the terms of the Notice that is currently in effect.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

The following describe different ways in which we may use and disclose Protected Health Information about you without your individual consent. The examples of use and disclosures described in these categories do not necessarily constitute current

uses of your Protected Health Information, nor do they describe every specific use and disclosure that may be made. However, all of the ways we are permitted to use and disclose Protected Health Information about you will fall within one of the categories described below.

For Payment. We may use and disclose Protected Health Information about you to determine or fulfill the Plan's responsibility for providing benefits under the Plan, to determine eligibility for benefits under the Plan, to facilitate or obtain payment for the treatment and services you receive from health care providers, or to coordinate Plan coverage. For example, we may share Protected Health Information about you with a utilization review or authorization service provider. We also may share such information about you with another entity to assist with the adjudication or subrogation of health benefit claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose Protected Health Information about you for operations and management of the Plan. For example, we may use such information in connection with: conducting quality assessment and improvement activities; reviewing the competency, qualifications or performance of healthcare professionals and providers; underwriting, premium rating, bill review and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; required workers' compensation disclosures; and other administrative activities. We will not use or disclose genetic information about you for underwriting purposes.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose Protected Health Information about you when required to do so by federal, state or local law. For example, we may disclose such when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may disclose such about you in a proceeding regarding revocation of the licensure of a physician involved with your medical plan.

Disclosure to Another Health Plan. Information may be disclosed to another health plan maintained by the Company for purposes of facilitating claims payments under that plan and shared between the constituent health plans comprising the Plan “organized health care arrangement” for health care operations and the management and operation of the arrangement.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Public Health Risks. We may disclose Protected Health Information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make such a disclosure when required or authorized by law.

Law Enforcement. We may release Protected Health Information about you if asked to do so by a law enforcement official such as: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the individual's agreement; about an individual who has died, whose death we suspect may be the result of criminal conduct, about criminal conduct occurring on the premises of the Company, and in emergency circumstances to report a crime, the location of the crime or victims or respecting the identity, description or location of the person who committed the crime.

Health Oversight Activities. We may disclose Protected Health Information about you to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We also may disclose such information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made by the party seeking the information to notify you about the request or to obtain an order protecting the information requested.

Organ and Tissue Donation. If you are an organ donor, we may release Protected Health Information about you to organ procurement organizations or other entities,

engaged in the procurement, banking and transportation of organs, eyes or tissue to facilitate organs, eyes or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We also may release such health information about foreign military service to the appropriate foreign military authority.

Workers' Compensation. We may release Protected Health Information about you as authorized by workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Coroners, Medical Examiners and Funeral Directors. We may release Protected Health Information about you to a coroner or medical examiner to identify a deceased person, determine a cause of death, or for other such duties as authorized by law.

National Security and Intelligence Activities. We may release Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. We may release Protected Health Information about you to a correctional institution or law enforcement official having lawful custody, as necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

SPECIFIC USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

The following uses or disclosures of Protected Health Information require your written authorization: use or disclosure of psychotherapy notes; use or disclosure for marketing purposes; or disclosure that constitutes a sale.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose Protected Health Information about you, you may revoke that authorization (also in writing), at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, any disclosures we make prior to revocation of your permission cannot be reversed. Unless use of your medical information in assisting you with a claim is clearly defined as related to "health care operations", we will not use or disclose your Protected Health Information in this context before receiving your individual authorization.

UNAUTHORIZED USE OR DISCLOSURE

We will notify you if unsecured Protected Health Information about you is accessed, used or disclosed in a manner not permitted under HIPAA and such use or disclosure compromises the privacy or security of the Protected Health Information.

YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION

You have the following rights regarding Protected Health Information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of Protected Health Information about you that may be used to make decisions about your Plan benefits. To inspect and copy Protected Health Information that may be used to make such decisions about you, you must submit your request in writing to the Privacy Official. If you request an electronic copy, we will provide it to you if the Protected Health Information is maintained electronically and is readily producible or, if it is not readily producible, we will provide it in a mutually-agreed, readable, electronic form and format. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to Protected Health Information, you may make a written request that the denial be reviewed, addressed to the Privacy Official.

Right to Amend. You have the right to request an amendment of Protected Health Information about you for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Official. In the written request, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reasonable basis for the request. In addition, we may deny your request if you ask us to amend information that: is not part of the Protected Health Information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete in our judgment.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of Protected Health Information about you, excluding disclosures: made to carry out payment or health care operations; incident to a use or disclosure otherwise permitted or required; authorized by you or made to you; for national security or intelligence purposes; to correctional institutions or law enforcement officials under applicable law; or as part of a "limited data set" as authorized by law.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for payment or health care operations. You also have the right to request a limitation on the Protected Health Information we disclose about you to someone who is involved

in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Privacy Official. In your request, you must tell us, specifically: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We will attempt to honor such request if, in our sole discretion, the request is reasonable.

Right to Request Confidential Communications. You have the right to request that we communicate with you about Protected Health Information about you by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, _____.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. The Notice will contain on the first page, at the top, the effective date.

COMPLAINTS

If you believe your privacy rights as described in this Notice have been violated, you may file a complaint with the Plan or with the Office for Civil Rights. To file a complaint with the Plan, contact _____. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint.

QUESTIONS

If you have any questions about this Notice, please contact the _____.

