

PRIVACY NOTICE

Employee Benefit Plan

The following summary is for informational purposes only. For details, please refer to the FULL NOTICE which follows the summary.

SUMMARY

The Plan named above (herein the "Plan") is required to maintain the privacy of "protected health information," which includes any identifiable information that is obtained from you or others that relates to your health, your health care, or payment for your health care.

USES OF PROTECTED HEALTH INFORMATION

- The Plan can use or disclose your protected health information for purposes of health care treatment, health care payment and health care operations, as described in the FULL NOTICE, below.
- The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services.
- The Plan may disclose your protected health information to your family or friends or any other individuals identified by you. However, the Plan will only disclose the protected health information directly relevant to their involvement in your care or payment.
- Other than for exceptional situations, the Plan will not use or disclose your protected health information for any other purposes unless you provide written authorization. You have the right to revoke that authorization at any time.

YOUR RIGHTS

- You have the right to request restrictions on the uses and disclosures of protected health information, but the Plan isn't required to agree to your request.
- You have the right to request to receive communications of protected health information by alternative means or at alternative locations.
- With some exceptions (described in the FULL NOTICE), you have the right to inspect and copy the protected health information contained in the Plan's records.
- You may request a correction to your protected health information but the Plan may deny your request.
- You have the right to receive an accounting of disclosures of protected health information made by the Plan.
- You have the right to receive a paper copy of this Privacy Notice.

FILING A COMPLAINT

If you believe that your privacy rights have been violated, you should immediately contact our privacy officer.

CONTACT PERSON

If you have any questions or would like further information about this Privacy Notice, please contact our privacy officer.

FULL NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Plan is required by law to maintain the privacy of protected health information. "Protected health information" includes any identifiable information that is obtained from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this Privacy Notice provides you with information about your rights and the Plan's legal duties and privacy practices with respect to the privacy of protected health information. The notice also discusses the uses and disclosures the Plan will make of your protected health information.

The Plan reserves the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information that is maintained. You can always request a copy of the most current privacy notice from the Plan Sponsor or Employer.

PERMITTED USES AND DISCLOSURES

The Plan can use or disclose your protected health information for purposes of treatment, payment and healthcare operations.

- "Treatment" means the provision, coordination or management of your health care, including referrals for health care from one health care provider to another. For example a provider may need health care information in Plan files that might assist in treatment.
- "Payment" means activities to obtain and provide reimbursement of the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, the information on accompanying health care bills sent to the Plan may include information that identifies you, as well as your diagnosis, procedure, and supplies used. As another example, prior to your receiving health care services, the Plan may need information from a provider about your medical condition to determine whether the proposed course of treatment will be covered. Also, when the Plan receives a bill from the provider, the Plan can obtain information regarding your care if necessary to provide payment.
- "Health care operations" means the support functions related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, the Plan may use your medical information to evaluate the performance of providers used in the Plan. The Plan may also combine medical information about many patients to decide how to better provide needed benefits under the Plan.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- The Plan may disclose your protected health information to your family or friends or any other individuals identified by you when they are involved in your care or the payment for your care. However, the Plan will only disclose the protected health information directly relevant to their involvement in your care or payment.

The Plan may use or disclose your protected health information to notify, or assist in the notification of, certain persons of your location, general condition or death. Such persons may include a family member, a personal representative, or another person responsible for your care.

If you are available, the Plan will give you an opportunity to object to these disclosures and the Plan will not make them. If you are not available, the Plan will determine whether a disclosure to your family or friends is in your best interest and the Plan will disclose only the protected health information that is directly relevant to their involvement in your care.

- When permitted by law, the Plan may coordinate the uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

Except for the situations set forth below, the Plan will not use or disclose your protected health information for any other purposes, unless you provide written authorization. Except to the extent that the Plan has already taken action in reliance on your authorization, you have the right to revoke an authorization at any time. Any revocation must be made in writing.

EXCEPTIONAL SITUATIONS

The Plan may use or disclose your protected health information in the following situations without your authorization:

Coroners, Medical Examiners and Funeral Directors - Medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Medical information may also be released about patients to funeral directors as necessary to carry out their duties.

Health Oversight Activities - Medical information may be disclosed to federal or state agencies that oversee plan activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Protected health information may be disclosed to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-market surveillance.

Inmates - If you become an inmate of a correctional institution or fall under the custody of a law enforcement official, the Plan may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Law Enforcement - The Plan may release medical information in the following situations:

- if asked to do so by a law enforcement official 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 the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement;
- about a death that may be the result of criminal conduct;
- about criminal conduct on Plan premises; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, the Plan may disclose medical information about you in response to a court or administrative order. The Plan may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military and Veterans - If you are a member of the armed forces, the Plan may release medical information about you as required by military command authorities. Medical information may also be released to the appropriate foreign military authority about foreign military personnel.

National Security and Intelligence Activities - The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

Organ and Tissue Donation - If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Protective Services for the President and Others - Medical information about you may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Public Health Risk - Medical Information about you may be disclosed 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 product recalls, repairs or replacements;
- to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if it is believed that a person has been the victim of abuse, neglect or domestic violence. This disclosure will only be made, however, if you agree or when required or authorized by law.

Serious Threats - As permitted by applicable law and standards of ethical conduct, protected health information may be used or disclosed if the Plan, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Worker's Compensation - Medical information about you may be released for programs that provide benefits for work-related injuries or illness.

YOUR RIGHTS

- You have the right to request restrictions to the Plan's uses and disclosures of protected health information for treatment, payment and health care operations. However, the Plan is not required to agree to your request.
- You have the right to make a reasonable request to receive communications of protected health information by alternative means or at alternative locations.
- Subject to payment of a reasonable copying charges (if you cannot afford to pay for copies, you will not be denied access), you have the right to inspect and copy the protected health information contained in the Plan's records, except for:
 - psychotherapy notes;
 - information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and
 - protected health information that is subject to law that prohibits such access.

Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

- You have the right to request a correction to your protected health information, but the Plan may deny your request for correction. Any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

- You have the right to receive an accounting of disclosures of protected health information made by the Plan to individuals or entities other than yourself, except for disclosures:
 - to carry out treatment, payment and health care operations as provided above;
 - to persons involved in your care or for other notification purposes as provided by law;
 - for national security or intelligence purposes as provided by law;
 - to correctional institutions or law enforcement officials as provided by law; or
 - that occurred prior to the date the Plan must comply with the Privacy Rule.
- You have the right to request and receive a paper copy of this notice. See "Contact Person" below.

FILING A COMPLAINT

If you believe that your privacy rights have been violated, you should immediately contact the Plan Sponsor's privacy officer. The Plan will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this Privacy Notice, please contact:

EFFECTIVE DATE

This notice is effective: _____