

# Notice of Privacy Practices

---

This notice describes how PHI about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: September 23, 2013

This Notice of Privacy Practices (“Notice”) describes the legal obligations of the Plan and your rights regarding your protected health information (“PHI”) held by the HTC America, Inc. Flexible Spending Arrangement Plan (the “Plan”). PHI is defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). PHI generally means information that is created or received by the Plan and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe that the information can be used to identify the individual. PHI includes information of persons living or deceased.

This Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes permitted or required by law.

We are required by law to:

- maintain the privacy of your PHI;
- provide you with the notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the Notice that is currently in effect.

Your PHI will be disclosed to certain employees of HTC who assist in administration of the Plan. These individuals may only use your PHI for Plan administration functions including those described below, provided they do not violate the provisions set forth herein. Any employee of HTC who violates the rules for handling PHI established herein will be subject to adverse disciplinary action. HTC will establish a mechanism for resolving privacy issues and will take prompt corrective action to cure any violations.

HTC may not use or disclose your PHI other than as summarized herein or as required by law. Your PHI may not be used by HTC for any employment-related actions or decisions or in connection with any other benefit or employee benefit plan of HTC. HTC must report to the Plan any uses or disclosures of your PHI of which the HTC becomes aware that are inconsistent with the provisions set forth herein.

## HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose PHI for purposes of Plan administration. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Payment** (as described in applicable regulations) - We may use and disclose PHI about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

**For Health Care Operations** (as described in applicable regulations) - We may use and disclose PHI about you for other Plan operations. These uses and disclosures are necessary to administer the Plan.

**To Business Associates, Subcontractors, Brokers, and Agents** - We may contract with entities known as Business Associates to perform various functions on the Plan’s 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, transmit, use, and/or disclose your PHI, but only after they agree in writing to implement appropriate safeguards regarding your PHI in a Business Associate Agreement. Our Business Associates shall also require each of its subcontractors or agents to agree in writing to provisions that impose at least the same obligations to protect PHI as are imposed on Business Associate by the Business Associate Agreement or by HIPAA.

As Required By Law We will disclose PHI about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose PHI 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. Any disclosure, however, would only be to someone able to help prevent the threat.



# Notice of Privacy Practices (Continued)

---

**Disclosure to Health Plan Sponsor** - Information may be disclosed to another health plan maintained by HTC for purposes of facilitating claims payments under that plan. In addition, PHI may be disclosed to HTC personnel solely for purposes of administering benefits under the Plan.

## SPECIAL SITUATIONS

**Organ and Tissue Donation** - If you are an organ donor, we may release PHI 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.

**Military and Veterans** - If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

**Workers' Compensation** - We may release PHI about you for workers' compensation or similar programs.

**Public Health Risks** - We may disclose PHI about you for public health activities (e.g., to prevent or control disease, injury, or disability).

**Health Oversight Activities** - We may disclose PHI to a health oversight agency for activities authorized by law.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI 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.

**Law Enforcement** - We may release PHI if asked to do so by a law enforcement official for law enforcement purposes.

**Coroners, Medical Examiners and Funeral Directors** - We may release PHI to a coroner or medical examiner. We may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

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

**Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official.

**Research** - We may disclose your PHI for research if the individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

## REQUIRED DISCLOSURES

**Government Audits** - We are required to disclose your PHI to HHS in the event of an audit in order to determine our compliance with HIPAA.

**Disclosures to you** - We are required to disclose your PHI to you. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for treatment, payment, or health care operations, and if the PHI was not disclosed pursuant to your authorization.

## YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

**Right to Inspect and Copy** - You have the right to inspect and copy PHI that may be used to make decisions about your Plan benefits. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to your Human Resources Department. If the information you request is in electronic copy, and you request an electronic copy, we will provide a copy in electronic format unless the information cannot be readily produced in that format then we will work with you to come to an agreement on a different format. If we cannot agree, we will provide you with a paper copy.

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.

In certain very limited circumstances, we may deny your request to inspect and copy. If you are denied access to PHI, you may request that the denial be reviewed by your Human Resources Department.

**Right to Amend** - If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.



## Notice of Privacy Practices (Continued)

---

To request an amendment, your request must be made in writing and submitted to your Talent Management Department. In addition, 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 reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the PHI 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.

**Right to Receive Notice of Breach** - You have a right to be notified upon a breach of your unsecured PHI.

**Right to an Accounting of Disclosures** - You have the right to request an “accounting of disclosures” of PHI made in the six years prior to the date on which the accounting is requested, except for disclosures:

- To carry out treatment, payment and health care operations as provided in §164.506;
- To individuals of PHI about them as provided in §164.502;
- Incident to a use or disclosure otherwise permitted;
- Pursuant to an authorization as provided in §164.508; to persons involved in the individual’s care or other notification purposes as provided in §164.510;
- For national security or intelligence purposes as provided in §164.512(k)(2);
- To correctional institutions or law enforcement officials as provided in §164.512(k)(5);
- As part of a limited data set in accordance with §164.514(e); or
- That occurred prior to the compliance date for the Plan.

Please submit a written request of an accounting of disclosures to your Human Resources Department.

HTC must act on your request for an accounting of the disclosures of your PHI no later than 60 days after receipt of the request. HTC may extend the time for providing you an accounting by no more than 30 days, but it must provide you a written explanation for the delay. You may request one accounting in any 12-month period free of charge. HTC will impose a fee for each subsequent request within the 12-month period.

**Right to Request Restrictions** - You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular claim with your spouse. To request a restriction, you must make your request, in writing, to your Human Resources Department. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid the health care provider “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI a certain way or at a certain location. 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 your Human Resources Department. We will not ask you the reason for your request. We will accommodate all requests we deem reasonable. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy** - You have a right to a paper copy of this Notice. You may ask for a copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. Contact the Human Resources Department for a paper copy of this Notice.



# Notice of Privacy Practices (Continued)

---

## **CHANGES TO THIS SUMMARY AND THE SEPARATE PRIVACY NOTICE**

We reserve the right to change this Notice of Privacy Practices that may be provided to you. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. The Notice will indicate the effective date on the front page.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact your Human Resources Department. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

## **OTHER USES OF PHI**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with an authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

**Authorizations for Psychiatric Notes, Genetic Information, Marketing, & Sale** - In general, and subject to specific conditions, we will not use or disclose psychiatric notes without your authorization; we will not use or disclose PHI that is genetic information for underwriting purposes; we will not sell your PHI, i.e. receive direct or indirect payment in exchange for your PHI, without your authorization; we will not use your PHI for marketing purposes without your authorization; and we will not use or disclose your PHI for fundraising purposes unless we disclose that activity in this Notice.

**Personal Representatives** - We may disclose your PHI to individuals authorized by you, or an individual designated as your personal representative, provided that we have received your authorization or some other Notice or documentation demonstrating the legal right of that individual to receive such information. Under HIPAA we do not have to disclose PHI to a personal representative if we have a reasonable belief that:

- 1) you have been or may be subjected to domestic violence, abuse, or neglect by such person; or
- 2) treating such person as your personal representative could endanger you; and
- 3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and other Family Members** - With only limited exceptions, we will send all mail to the employee. This may include information regarding a spouse or dependents also covered under the Plan. Information includes, but is not limited to, Plan statements, benefit denials, and benefit debit cards and accompanying information.