

[This sample HIPAA Privacy Practices Notice is offered for the convenience of the clients of Paragon Benefits, Inc. It does not constitute legal advice and is provided for illustrative purposes only. This form is based on current federal law and is subject to change based on changes in federal law or subsequent interpretative guidance. Its posting on this or any other website should not be construed as an indication that it has been updated to conform to any such guidance. It should be adapted as necessary to reflect actual Plan practice.]

[PLAN SPONSOR NAME]
[PLAN NAME]
Notice of Privacy Practices
Effective: _____, 2013

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

The Plan has always maintained very high standards in protecting confidentiality of medical information under the Plan in accordance with all legal requirements. The Plan is required by law to maintain the privacy of protected health information, to provide covered individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals if there is a breach of unsecured protected health information. However, the Plan is permitted to use and disclose this information under the circumstances described in this notice.

The Plan is required to abide by the terms of this notice until it is amended. The Plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. All covered employees and any individuals covered under COBRA continuation coverage Plan will receive a revised notice within 60 days of a material revision to the notice.

The Plan must use and disclose protected health information for administrative purposes and to pay claims. In order for the Plan to pay for your covered medical expenses, the Plan and those administering the Plan must create or receive certain medical information about you. By enrolling in the Plan, you have agreed to allow the Plan and its administrators to create or use your medical information in order to perform these duties without your express authorization. This information may be used or disclosed for:

- **payment activities** such as billing and collection activities, eligibility determinations, adjudication of claims, precertification and utilization review, and coordination of benefits. The Plan may also disclose this medical information about you without your consent to the Plan's service providers, such as the claims administrator who pays the claims or other professionals who perform services on behalf of the Plan.

- **health care operation activities** such as claims audits, case management, subrogation or business management and general administrative activities. The Plan is prohibited from using or disclosing genetic information for underwriting purposes. The Plan may need to disclose medical information (other than genetic information) to Plan service providers, such as actuaries who price the cost of coverage or insurance agents who help obtain the Plan's insurance coverage. The Plan may contact you about treatment information or other health-related benefits and services offered by the Plan.
- **treatment activities** by your health care provider, such as providing information about other treatments you have received.

These disclosures will be made only to the appropriate persons, which may include employees of the Company who are directly involved in claims payment and Plan administration. All disclosures made by the Plan of medical information for purposes of payment or health care operation activities shall be the minimum necessary to accomplish the intended purpose of the disclosure, and any service provider who receives the information must agree to keep it confidential. In addition, if any state law provides additional protection, the Plan will comply with that law.

The Plan may also be permitted or required to disclose your medical information, without your authorization, for the reasons listed below. If a disclosure is made for one of these reasons, it will be done in accordance with the federal requirements and with any applicable state law that provides greater protection:

The Plan may be required to make available to the Department of Health and Human Services all books and records regarding the health information of covered persons if this information is requested for audit purposes.

The law requires the Plan to make certain disclosures. These include disclosures:

- as necessary to comply with workers compensation or other similar programs. For example, the Plan may be required to disclose information about a pre-existing condition if it is related to a subsequent worker's compensation claim.
- as necessary to comply with a valid court order, subpoena or similar legal process. This might be required, for example, if medical records were at issue in a case of a domestic dispute.
- as necessary for law enforcement agencies. Disclosures to a law enforcement agency may occur if required by law (such as the occurrence of certain types of wounds) or if required by a court order or other legal process. The Plan may also disclose medical information: for the purpose of identifying or locating a suspect, witness, fugitive or missing person; about a crime victim, if the victim agrees or emergency circumstances require disclosure without consent; about a person who has died if the

nature of the death suggests that it may be the result of criminal conduct; or if there is evidence to suggest that a crime occurred on the premises. For example, the Plan may be required to respond to a grand jury subpoena if medical claims are relevant to determining a person's use of illegal drugs.

- as necessary for public health research, reporting and disclosure, including reporting of communicable diseases to the applicable authorities (who may contact exposed individuals) and workforce medical investigations under OSHA or similar laws.
- as necessary to a health oversight agency for oversight activities authorized by law. However, this will generally not include an investigation of a particular individual unless it involves receipt of health care, public health benefits or public benefits contingent on the individual's health. For example, it may be necessary to provide enrollment or coverage information to Medicare.
- as necessary if disclosure is required by another law.

The Plan may also be permitted or required to disclose medical information without your authorization under the following circumstances:

- if authorized by law, to the proper governmental authorities for purposes of reporting child abuse, neglect or domestic violence. Subject to certain restrictions, the Plan must also generally inform the victim of the abuse that it is making the disclosure.
- to people working under the jurisdiction of the Food and Drug Administration. These disclosures may be necessary: to report adverse events with respect to food or dietary supplements, product defects (including use or labeling defects), or biological product deviations; for product tracking; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.
- upon your death, to a coroner, funeral director or to tissue or organ services, as necessary to permit them to perform their functions. The Plan may need to disclose information about coverage of donor expense in connection with a transplant, for example.
- under certain circumstances, for research purposes.
- to prevent or lessen a serious threat to the health or safety of a person or the public. This disclosure may be made only to a person in a position to prevent or lessen the threat. Under limited circumstances, disclosures may also be made to law enforcement authorities to identify or arrest an individual.
- if authorized by law, in connection with military matters or matters of national security and intelligence.

You must authorize any other disclosures. Any use or disclosure of protected health information that (1) consists of psychotherapy notes, (2) is to be used for marketing purposes, or (3) is to be sold for financial remuneration, will be made only if you specifically authorize it. In addition, any other use or disclosure of your medical information not described in this Notice will be made only with your written authorization and you may revoke the authorization at any time, upon written request.

You have individual rights to your own health information. Under the law, you have the right:

- To request restrictions on certain uses and disclosures of your medical information. The Plan does not have to agree with a requested restriction, but if the Plan does agree, then the Plan will abide by that restriction.
- To receive your own confidential health information by alternative means or at alternative locations, if receipt of the information in the usual manner could endanger you. You should contact [NAME] request the alternative delivery. You must include a statement that disclosure of the information in the usual manner could endanger you. Contact information for [NAME] is included on page 4.
- To inspect and copy your own health information, but exceptions apply to certain types of information. If you request to see or copy your own health information from [NAME] and one of these exceptions apply, you will be given more information at that time, including the circumstances under which you may challenge the exception.
- To request that the Plan amend your own health information when that information is incorrect. The Plan must either make the amendment and inform appropriate parties of the changes, or provide you with written notice about why the request is being denied.
- To obtain an accounting of any disclosure of your confidential health information, other than disclosures for purposes of payment, health care operations or treatment, disclosures made to you, or disclosures made in accordance with your written authorization. Certain other exceptions may also apply.
- To obtain a paper copy of this notice upon request [if this version is provided electronically.]

In each case, you must make your request to [NAME], in writing. Depending upon the nature of the request, you will be given more information at that time, including any exceptions to the rules that may apply to your case.

If you have concerns about the Plan's privacy practices: Individuals may complain to the Plan Sponsor and/or to the Secretary of Health and Human Services if they believe their privacy rights have been violated. If you wish to file such a complaint, please contact [NAME], [TITLE], at [PHONE NUMBER], and you will be given information on how to proceed. You may also write to [NAME] at [MAILING ADDRESS]. You will not be retaliated against by the Plan or Plan Sponsor for the complaint. The Department of Health and Human Services may be contacted in Washington, DC or listings may be found in local telephone directories.

For further information about the Plan's privacy practices, contact [NAME], [TITLE] at the address and telephone number shown above.