

HIPAA Notice of Privacy Practices for Protected Health Information

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

Dear GSFR Plan Participant:

GSFR is the Plan Sponsor of your Group and Personal Health Plans (“Plans”), and the Plans are subject to the Health Insurance Portability and Accountability Act (“HIPAA”).

You have received this Notice because of your health coverage with GSFR. This Notice describes how the Plans protect the personal health information they have about you which relates to your health coverage (“Protected Health Information” or “PHI”) and how the Plans may use and disclose this information. PHI includes individually identifiable information which is created, received, maintained or transmitted by the Plans and which relates to your past, present or future health, treatment or payment for health care services. This Notice also describes your rights with respect to PHI and how you can exercise those rights. This Notice does not apply to PHI maintained in your employment records by your employer for employment or other non-health plan purposes.

Contact your Plan administrator to obtain the HIPAA contact information for GSFR.

NOTICE SUMMARY

The following is a brief summary of the topics covered in this Notice. Please refer to the full Notice below for details:

As allowed by law, the Plans may use and disclose PHI to:

- Make, receive or collect payments;
- Conduct health care operations;
- Business associates that provide a service or function for the Plans; or
- Provide your employer with summary health information.

In addition, the Plans may use or disclose PHI to:

- Help with public health and safety issues;
- Do research;
- Comply with the law;
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director;
- Address workers' compensation, law enforcement and other government requests;
- Respond to lawsuits and legal actions;
- Individuals involved in your care;
- Communicate to you about health-related benefits or services; or
- Provide other uses of PHI that require authorization.

You have the right to:

- Receive a copy of this Notice;
- Inspect and copy your PHI, or a right to access your PHI;
- Amend your PHI if you believe the information is incorrect;
- Obtain a list of disclosures the Plans made about you (except for treatment, payment or health care operations);
- Ask the Plans to restrict the information that they share for treatment, payment or health care operations;
- Request that the Plans communicate with you in a confidential manner and that your information is sent to an alternative location or by alternative means; and
- Complain to the HIPAA Privacy Contact or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

The Plans are required by law to:

- Maintain the privacy of PHI;
- Provide this Notice of the Plans' legal duties and privacy practices with respect to PHI;
- Notify affected individuals following a breach of PHI; and
- Follow the terms of this Notice.

NOTICE DETAILS

The Plans may use and disclose PHI to evaluate and process any requests for coverage and claims for benefits. The following describe these and other uses and disclosures:

- **Treatment:** The Plans may disclose PHI to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.
- **For payment:** The Plans may use and disclose your PHI for enrollment, to receive payment for coverage and to pay benefits. Payment activities include receiving claims or bills from your health care providers, processing payments, sending Explanations of Benefits ("EOBs") to you, reviewing the medical necessity of the services rendered, conducting claims appeals and coordinating the payment of benefits between multiple medical plans.
- **For health care operations:** The Plans may use and disclose your PHI for activities compatible with, and directly related to, treatment and payment. For example, the Plans may use or disclose your PHI for the Plans' administration activities, such as verification of enrollment, payment of costs of coverage, information systems controls, underwriting and actuarial evaluations, network development, selecting vendors, third-party liability, quality assessments, case management, disease-management programs and other Plan-related activities, including compliance and financial audits of claims. Subject to U.S.C. § 9802(f), the Plans may not use or disclose PHI that is genetic information for underwriting purposes.
- **To business associates:** The Plans may disclose PHI to business associates if providing a service to the Plans or performing a function on their behalf. In order to release PHI to a business associate, the Plans require a business associate agreement where the business associate agrees in writing to contract terms designed to appropriately safeguard your information.

- **To your employer:** The Plans may provide to your employer summary health information (as defined by HIPAA to be health information for which there is no reasonable basis to believe the information can be used to identify the individual) for (a) obtaining premium bids for providing health coverage under the group health plan or (b) modifying, amending or terminating the group health plan. The Plans may also tell your employer whether you are enrolled or disenrolled from the Plans. Under no circumstances will the Plans disclose your PHI to your employer for the purpose of employment-related actions or decisions.
- **Help with public health and safety issues:** The Plans may disclose PHI for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.
- **Do research:** The Plans may disclose PHI for health research.
- **Comply with the law:** The Plans may disclose PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director:** The Plans may disclose PHI with organ procurement organizations, a coroner, medical examiner or funeral director when an individual dies.
- **Address workers' compensation, law enforcement and other government requests:** The Plans may share PHI in response to a court or administrative order or in response to a subpoena.
- **Respond to lawsuits and legal actions:** The Plans may disclose PHI in response to a court or administrative order or in response to a subpoena.
- **To individuals involved in your care:** The Plans may disclose your PHI to a family member or other individual who is involved in your health care. For example, the Plans may disclose PHI to a covered family member whom you have authorized the Plans to contact regarding payment of a claim.
- **For health-related benefits or services:** The Plans may use your PHI to provide you with information about benefits available to you under your current coverage or policy

and, in limited situations, about health-related products or services that may be of interest to you. However, the Plans will not send marketing communications to you in exchange for financial remuneration from a third party without your authorization.

- **Other uses of PHI:** Other uses and disclosures of PHI not covered by this Notice and permitted by the laws that apply to the Plans will be made only with your written authorization or that of your legal representative. If the Plans are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization in writing at any time, except to the extent that the Plans have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your coverage. You should understand that the Plans will not be able to take back any disclosures they have already made with authorization.

Your Rights Regarding PHI that the Plans Maintain About You

The following are your rights under HIPAA concerning your PHI:

- **Right to accounting:** You have a right to an accounting of certain disclosures of your PHI that are for reasons other than for treatment, payment or health care operations in the six years prior to the date of the request.
- **Right to access:** You have a right to inspect and obtain a copy of the PHI in a designated record set. Generally, a designated record set contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. Access to psychotherapy notes and information compiled in reasonable anticipation of or for use in legal proceedings may be denied. A reasonable, cost-based fee may be imposed for copying and mailing the requested information.
- **Right to request amendment:** If you believe that your PHI is incorrect or incomplete, you have the right to request that we amend your PHI.
- **Right to request restrictions:** You have the right to request restrictions on how your PHI is used and/or disclosed 1) for treatment, payment or health care operations 2) to persons involved in your health care or payment for health care 3) to notify family members or others about your general condition, location or death. The Plans may agree

to your request if required by law.

- **Right to request confidential communications:** You have the right to request that the Plans communicate with you about PHI at alternative locations or by alternative means. For example, you may ask that we send all EOBs to your office rather than your home address. The Plans are not required to accommodate your request unless the request is reasonable and you state that the Plans' ordinary communication process could endanger you.
- **Right to request and obtain a paper copy of this Notice:** You have the right to request and obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
- **Right to receive notification in the event the Plans discover a breach:** You have a right to receive notification in the event the Plans discover a breach of your unsecured PHI and determine notification is required under HIPAA.
- **Right to file a complaint:** If you believe your privacy rights have been violated, you may file a written complaint with the HIPAA Privacy Contact or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

To exercise any of these rights, please obtain GSFR's HIPAA Privacy Contact information from your Plan administrator. The Plans are allowed to deny or limit your requests. You may have the right to object and obtain a review of the decision. The Plans will provide you with information about the decision.

Contact the Secretary of Health and Human Services:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

1-877-696-6775

Additional Information

Changes to this Notice: The Plans reserve the right to change the terms of this Notice and its information practices and to make the new provisions effective for all PHI it maintains. Any amended Notice will be made available on GSFR's website or by your employer.