

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 REVIEW IT CAREFULLY.

Health Alliance for Nonprofits (HANP) PLAN COMMITMENT TO PRIVACY

The Health Alliance for Nonprofits Plan (the “Plan”) is committed to protecting the privacy of your protected health information (“health information”). Health information is information that identifies you and relates to your physical or mental health, or to the provision or payment of health services for you. In accordance with applicable law, you have certain rights, as described herein, related to your health information.

This Notice is intended to inform you of the Plan’s legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the related regulations (“federal health privacy law”):

- to maintain the privacy of your health information;
- to provide you with this Notice describing the Plan’s legal duties and privacy practices with respect to your information; and
- to abide by the terms of this Notice.

This Notice also informs you how the Plan uses and discloses your health information and explains the rights that you have with regard to the health information the Plan maintains about you. For purposes of this Notice, “you” or “your” refers to Plan participants (such as employees that participate in the Plan and dependants (such as children of employees) who are eligible for benefits under the Plan.

INFORMATION SUBJECT TO THIS NOTICE

The Plan maintains limited health information about you. The health information is necessary to provide benefits to you, as well as fulfill legal and regulatory requirements. The Plan obtains your health information from enrollment applications and other forms that you complete related to receiving health care benefits through the Plan, through conversations you may have with the Plan administrative staff regarding those benefits, and from reports and data provided by the Plan by insurers, HMOs, and other employee benefit plans. This is the health information that is subject to the privacy practices described in this Notice. The health information the Plan maintains includes your name, address, phone number, birth date, social security number, and employment information. The Plan may also have access to medical and health claims information through insurers, HMOs, and others who provide administrative services on behalf of the Plan.

SUMMARY OF THE PLAN'S PRIVACY PRACTICES

The Plan's Uses and Disclosures of Your Health Information

The Plan, either itself or through third parties such as brokers, insurers, HMO's, and other third party administrators, **uses** your health information to determine your eligibility for benefits, to process and pay your health benefits claims, and to operate the Plan. The Plan **discloses** your health information to brokers, insurers, HMOs, and other third party administrators, and, potentially, health care providers and the Plan Sponsor, for treatment, payment and health care operation purposes. The Plan may also disclose your health information to government and law enforcement agencies, the Plan will only use or disclose your health information pursuant to your written authorization. In other cases, your authorization is not needed. The details of the Plan's uses and disclosures of your health information are described below.

Your Rights Related to Your Health Information

The federal health privacy law provides you with certain rights related to your health information that the Plan, or others acting on its behalf, maintain. Specifically, you have the right to:

- Inspect and/or copy your health information that is maintained in a designated record set;
- Request that certain health information be amended;
- Request an accounting of certain disclosures of your health information;
- Request certain restrictions related to the use and disclosure of your health information;
- Request to receive your health information through confidential communications;
- File a complaint with the Plan administrative personnel or the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated; and
- Receive a paper copy of this notice

These rights and how you may exercise them are detailed below.

Change's in the Plan's Privacy Practices

The Plan reserves its right to change its privacy practices and revise this Notice as described below.

Contact Information

If you have any questions of concerns about the Plan's privacy practices, or about this Notice, or if you wish to obtain additional information about the Plan's privacy practices, please contact:

Jessica Galardini-Privacy Officer
JRG Advisors
7000 Stonewood Dr.
Suite 251
Wexford, PA 15090
412-456-7231

DETAILED NOTICE OF THE PLAN'S PRIVACY POLICIES

THE PLAN'S USES AND DISCLOSURES

Except as described in this section, as provided by the federal privacy law, or as you have otherwise authorized, the Plan only uses and discloses your health information for administration and processing of your health claims.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

1. **For Treatment.** While the Plan does not anticipate making disclosures of your health information “for treatment,” if necessary and to the extent that the Plan might have information necessary for treatment, the Plan may make such disclosures without your authorization. For example, the Plan may disclose your health information to a healthcare provider in treating you in an emergency situation.
2. **For Payment.** The Plan may use and disclose your health information so that claims for health care treatment, services, and supplies that you receive from health care providers can be paid according to the Plan’s terms. For example, the Plan may share your enrollment, eligibility, and claims information with its third party administrators so that they may process your claims. The Plan may also use or disclose your health information to health care providers to notify them as to whether certain medical treatment or other health benefits are covered under the Plan. Moreover, the Plan’s third party administrators may disclose your health information to other insurers or benefit plans to coordinate payment of your health care claims with others that may be responsible for certain costs. The third party administrators may also disclose your health information to claims auditors to review billing practices of health care providers, and to verify the appropriateness of claims payment.
3. **For Health Care Operations.** The Plan may use and disclose your health information to enable it to operate efficiently and in the best interest of its participants. For example, the Plan may disclose your health information to actuaries and accountants for business planning purpose, or to attorneys who are providing legal services for the Plan.

Uses and Disclosures to Business Associates

The Plan shares health information about you with its “business associates,” who are third parties that assist the Plan in its operations. The Plan may disclose information, without your authorization, to its business associates for payment and health care operations purposes. For example, the Plan may share your health information with brokers so that they may help you resolve claims disputes with insurers. The Plan may also disclose your health information to auditors, actuaries, accountants, and attorneys as described above. In addition, if you are a non-English speaking participant who has questions about a claim, the plan may disclose your health information to a translator. The Plan enters into agreements with its business associates to ensure that the privacy of your health information is protected.

Uses and Disclosures to the Plan Sponsor

The Plan may also disclose your health information to the Plan Sponsor, without your authorization for Plan administration purposes. Plan administrative purposes include such things

as performing quality assurance functions regarding the Plan. The Plan also may disclose your health information to the Plan Sponsor for purposes of hearing and deciding your claims appeals. Before any health information is disclosed to the Plan Sponsor, the Plan Sponsor will certify to the Plan that it will protect your health information and that it has amended the Plan documents to reflect its obligation to protect the privacy of your health information.

Other Uses and Disclosures That May Be Made Without Your Authorization

The federal health privacy law authorizes the Plan, and/or its business associates, to use and/or disclose your health information without your authorization in the following instances and for the following purposes:

1. **When Required by Law.** For example:
 - For judicial and administrative proceedings pursuant to court or administrative order or other legal process and authority.
 - To report information related to victims of abuse, neglect, or domestic violence.
 - To assist law enforcement officials in their law enforcement duties.

2. **For Health and Safety Purposes.** For example, to avert a serious threat to the health or safety of you or any other person; and to perform public health activities, such as preventing or controlling disease, injury, or disability, and to meet the reporting and tracking requirements of governmental agencies, such as the Food and Drug Administration.

3. **For Government Functions.** For specialized government functions, such as intelligence, national security activities, security clearance activities and protection of public officials; and to health oversight agencies for audits, investigations, licensure, and other oversight activities.

4. **For Active Members of the Military and Veterans.** For example, to comply with laws and regulations governing military service or veteran's affairs.

5. **For Workers' Compensation Purposes.** For example, to comply with laws and regulations related to Workers' Compensation benefits.

6. **In Emergency Situations.** To a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster.

7. **To Others Involved In Your Care.** Under limited circumstances, to a family member, close personal friend, or others who the Plan has verified are directly involved in your care (for example, if you are seriously injured and unable to discuss your case with the Plan); upon request, the Plan's third party administrators may advise a family member or close personal friend about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request these disclosures be restricted as outlined later in this Notice.

8. **To Personal Representatives.** To people you have authorized to act on your behalf, or people who have a legal right to act on your half, such as parents for un-emancipated minors and individuals who have Power of Attorney for adults.
9. **For Treatment and Health-Related Benefits Information Purposes.** To provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services and medication.
10. **For Research Purposes.** But only to the extent that the procedures required by law to protect the privacy of research data is followed.
11. **For Organ, Eye, and Tissue Donation.** If you are an organ donor, to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.
12. **Regarding Deceased Individuals.** To coroners, medical examiners, and funeral directors, so that those professionals can perform their duties.

Uses and Disclosures for Fundraising and Marketing Purposes

The Plan and its business associates do not use your health information for fundraising or marketing purposes.

Any Other Uses and Disclosures Require Your Express Authorization

Uses and disclosures of health care information the Plan maintains about you *other than* those described above will be made only with your express written authorization. You may revoke your authorization to use or disclose your health information in writing. If you do so, the Plan will not use or disclose your health information as authorized by the revoked authorization except to the extent that the Plan already has relied on your authorization. Once your health information has been disclosed pursuant to your authorization, the federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that the Plan creates, collects and maintains. If you are required to submit a written request related to these rights, as described below, you should address such requests to:

Jessica Galardini-Privacy Officer
JRG Advisors
7000 Stonewood Dr.
Suite 251
Wexford, PA 15090
412-456-7231

Right to Inspect and Copy Health Information

You have the right to inspect and obtain a copy of your health information that the Plan or its business associates maintain in a designated record set. Your health record includes, among other things, health information about your plan eligibility, plan coverage, claim records, and billing records. The Plan maintains some of this information, such as your enrollment record; business associates maintain the remainder of the information on behalf of the Plan.

To inspect and copy your health record, submit a written request to the HIPAA Privacy Officer at the address noted above specifying the information that you want to review and indicating whether you want to inspect it and/or copy it. Depending on what information you are requesting, the Plan will either provide information and/or direct its business associates to do so, to the extent that the information is maintained in a designated record set as specified by federal privacy regulations. The Plan, and/or the business associates at the direction of the Plan, will address your request and promptly contact you to set up a mutually convenient time for you to review the information. The Plan may charge a reasonable fee for copying and postage, if you request that the information be provided via mail.

In certain limited circumstances, the Plan may deny your request to inspect and copy your health record. If the Plan does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

Right to Request That Your Health Information be Amended

You have the right to request that your health information that the Plan or its business associates maintain in a designated record set be amended if you believe the information is incorrect or incomplete.

To request an amendment, submit a detailed written request to the HIPAA Privacy Officer. This request must provide the reason(s) that support of the request. The Plan may deny your request if it is not in writing, if it does not provide a reason in the support of the request, or if you have asked to amend information that:

- Was not created by or for the Plan, unless you provide the Plan with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information by or for the plan;
- Is not part of the health record information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Plan will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Plan denies your request, it will explain how you can continue to pursue the denied amendment.

Right to an Accounting of Disclosures

You have the right to receive a written accounting of disclosures of your health information. The accounting lists instances when the Plan or its business associates disclosed some portion of your health information to other and to whom that disclosure was made. The accounting does not include disclosures for treatment, payment, or health care operations, disclosures made to or authorized by you, and certain other disclosures. The accounting covers up to six years prior to

the date of your request, except, in accordance with applicable law, the accounting will not include disclosures made before April 14, 2004. If you want an accounting that covers a time period of less than six years, please state that in your written request for accounting.

To request an accounting of disclosures, submit a written request to the HIPAA Privacy Officer. The first accounting that you request within a twelve month period will be free. For additional accountings in a twelve-month period, you will be charged for the cost of providing the accounting, but the Plan will notify you of the cost involved before processing and accounting.

Right to Request Restrictions

You have the right to request restrictions on your health information that the Plan uses or discloses about you to carry out treatment, payment or healthcare operations. You also have the right to request restrictions on your health information that the Plan discloses of someone who is involved in your care or the payment for your care, such as a family member or friend. The Plan is not required to agree to your request for such restrictions, and the Plan may terminate its agreement to the restrictions you request.

To request restrictions, submit a written request to the HIPAA Privacy Officer that explains what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Plan will notify you in writing as to whether it agrees to your request for restrictions and when it terminates agreement to any restrictions.

Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location

You have the right to request that your health information be communication to you in confidence by alternative means or in an alternative location. For example, you can ask that you be contacted only at work, or by mail, or that you be provided with access to your health information at a specific location.

To request communications by alternative means or at an alternative location, submit a written request to the HIPAA Privacy Officer. Your written request should state the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of the information by non-confidential communications could endanger you. Reasonable requests will be accommodated to the extent possible and you will be notified appropriately.

Right to Complain

You have the right to complain to the Plan and to the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Plan, submit a written complaint to the HIPAA Privacy Officer listed above.

You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Plan, or with the Department of Health and Human Services.

Right to a Paper Copy of This Notice

This Notice is being provided to the Employer participating in the Plan for distribution to the employees that participate in the Plan in paper form. If you want to request an additional paper copy of the Notice, submit a written request to the HIPAA Privacy Officer listed above.

CHANGES IN THE PLAN'S PRIVACY POLICIES

The Plan reserves the right to change its privacy practices and make the new practices effective for all protected health information that it maintains, including protected health information that it created or received prior to the effective date of the change and the protected health information it may receive in the future. If the Plan materially changes any of its privacy practices, it will revise its Notice and provide you with the revised Notice, in either paper or e-mail form, within sixty days of the revision. In addition, copies of the revised Notice will be available to you upon request.

EFFECTIVE DATE

The policy and procedures as described herein are in effect as of April 14, 2003 and will remain in effect unless and until the Plan publishes a revised notice.