

HIPAA PRIVACY NOTICE

Effective June 1, 2013

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.

This notice describes how your protected health information, or PHI, may be used or disclosed under the privacy and security rules of the Health Insurance Portability and Accountability Act (“HIPAA”).

Your Employer sponsored HRA and/or FSA plan (the “Plan”) may use or disclose your PHI for the purposes of routine treatment, payment, or health care operations related to the Plan. For example, the Plan may use your PHI for management activities related to the Plan, including auditing, fraud and abuse detection, and customer service. The Plan also may use or disclose your PHI in order to pay your claims for benefits. For example, the Plan may use your information to make eligibility determinations and for billing and claims management purposes. Note that the Genetic Information Nondiscrimination Act (“GINA”) prohibits using PHI that is genetic information for underwriting purposes. In addition, the Plan may disclose your PHI to the Plan Sponsor so that the Plan Sponsor can perform administrative functions on behalf of the Plan, such as facilitating claims or appeals.

The Plan also may use or disclose your PHI where required or permitted by law. Federal law, under HIPAA, generally permits health plans to use or disclose PHI for the following purposes:

- where required by law;
- for public health activities;
- to report child or domestic abuse;
- for governmental oversight activities;
- pursuant to judicial or administrative proceedings;
- for certain law enforcement purposes;
- for a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- for organ, eye, or tissue donation purposes;
- for certain government-approved research activities;
- to avert a serious threat to an individual’s or the public’s health or safety;
- for certain government functions, such as related to military service or national security;
- to comply with Workers’ Compensation laws;
- to a family member or close friend that you have identified and who is directly involved in your care or payment for your care; or
- to notify a family member of other individual involved in your care of your location, general condition, or death or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

In addition, the Plan may disclose medical information to MidAmerica Administrative & Retirement Solutions, Inc. (“MidAmerica”), which is a business associate of the Plan, so that MidAmerica can perform administrative functions on behalf of the Plan.

For any other uses and disclosures of your PHI, the Plan will obtain your written authorization. The Plan will obtain your written authorization to use or disclose PHI for marketing purposes where the Plan receives financial remuneration, for the sale of PHI, or with respect to psychotherapy notes, except for limited health care operations purposes. You may revoke this authorization in writing at any time, provided the Plan has not yet taken action in reliance on your authorization.

Stricter State Privacy Laws - Under the HIPAA privacy and security rules, the Plan is required to comply with State laws, if any, that also are applicable and are not contrary to HIPAA (for example, where state laws may be stricter). The Plan maintains a policy to ensure compliance with these laws.

Your Rights With Respect To Your Health Information

You have several rights with respect to your PHI, which are described below. Please call the privacy contact listed below if you have questions about your rights.

- ❑ You have the right to request restrictions on how your PHI may be used or disclosed. The Plan generally is not required to agree to your requested restriction, except in limited circumstances, such as where you have paid out of pocket in full for services.
- ❑ You have the right to receive your PHI confidentially, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- ❑ You have the right to inspect and copy your PHI that is maintained by the Plan in a designated record set or to request an electronic copy provided such request is made in writing. The Plan may charge a reasonable, cost-based fee for such copies. The Plan may decide to deny you access to your PHI.
- ❑ You have the right to request an amendment to your PHI that the Plan maintains in a designated record set. The Plan may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than the Plan.
- ❑ You have a right to request an accounting of disclosures the Plan has made of your PHI for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations of the Plan.
- ❑ You have a right to request a paper copy of this notice, even if you have agreed to receive this notice electronically.

Our Duties With Respect to Your Individually Identifiable Health Information

The Plan is required by law to maintain the privacy of your PHI and to provide you with a notice of its legal duties and privacy practices with respect to your PHI. The Plan is required to abide by the terms of this notice. The Plan is required to notify you if there is a breach of your unsecured PHI. The Plan reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this notice, the Plan will distribute a revised privacy notice.

Questions?

If you have questions or would like more information about the Plan's privacy policies, you may contact Bridget Magee, HRA/FSA Administration Department Supervisor, at 800.430.7999, ext. 139.

If you believe your privacy rights have been violated, or if you have any questions regarding this notice, you may contact Kim Conner at 800.430.7999, ext. 290, or e-mail at kim.conner@midamerica.biz to register your concern or file a complaint. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.