

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 Plans Covered by this Notice

This notice describes the practices of the following Health Plans (the “Plan”) and will apply to you to the extent you participate in the plan: Medical Flexible Spending Accounts and Health Care Reimbursement Arrangements.

- medical care benefit
- dental care benefit
- alternative medical care benefit

The Plan and Your Personal Health Information

The Plan creates, receives and maintains enrollment information, records of health care claims reimbursed under the Plan and other personal health information related to the Plan. This notice explains how the Plan uses and discloses your personal health information and the rights that you have with respect to accessing that information and keeping it private. “Personal health information” means information that individually identifies you, and relates to payment for your health care, your health or condition, or health care you receive.

The Plan is required by law to maintain the privacy of your personal health information and to provide you with this notice. This notice explains the Plan’s legal duties and privacy practices, and your rights regarding your personal health information. The Plan is committed to protecting the privacy of your personal health information by complying with all applicable federal and state laws. More stringent state laws relating to privacy of health information may impose higher

standards than described in this notice, to the extent such laws apply to the Plan.

The Plan must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date shown at the top of this form, and will remain in effect until it is replaced. The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. The Plan reserves the right to make such changes effective for all personal health information that the Plan maintains, including information created or received before the changes were made.

You may request a copy of the Plan’s notice at any time. For more information about the Plan’s privacy practices, or for additional copies of this notice, please contact the Plan using the information listed at the end of this notice.

Uses and Disclosures of your Personal Health Information

The following categories describe the different ways that the plan may use and disclose your personal health information. Not every use or disclosure within a category is listed, but all uses and disclosures fall into one of the following categories.

Payment: The Plan may use and disclose personal health information about you for payment purposes, such as determining your eligibility for Plan benefits, facilitating payment for treatment and health care services you receive, determining benefit responsibility under the Plan, coordinating benefits with other Plans, determining medical necessity and so on. For example, the Plan may share personal health information with third party administrators hired to provide claims services and other administrative services to the Plan.

Health Care Operations: The Plan may use and disclose personal health information about you for health care operations. These uses and disclosures are necessary to operate the Plan. For example, the Plan may use and disclose personal health information to conduct quality assessment and improvement activities, and for cost management and business management purposes.

Treatment: The Plan may use or disclose personal health information for treatment purposes, including facilitating medical services or treatment by your health care providers. For example, the Plan may disclose your personal health information to a hospital that asks the Plan for information needed for your treatment in an emergency.

Disclosures to the Plan Sponsor: The Plan may disclose your personal health information to the Plan Sponsor to perform Plan administration functions. These disclosures may be made only to the Human Resources Department and will be strictly limited to disclosures necessary for Plan administration purposes.

Disclosures to Other Plans: The Plan may disclose personal health information to another health plan sponsored by Plan Sponsor to facilitate payment under that plan and certain health care operations of that plan.

Uses and Disclosures You Specifically Authorize: You may give the Plan written authorization to use your personal health information or to disclose it to anyone for any purpose. If you give the Plan an authorization, you may revoke it in writing at any time. If you revoke your permission, the Plan will stop using or disclosing your personal health information in accordance with that authorization, except to the extent that Plan has already relied on it. Without your written authorization, the Plan may not use or disclose your personal health information for any reason except those described in this notice.

Individuals Involved in Your Care or Payment of Your Care: In general, the plan will communicate directly with you about claims and other Plan-related matters that involve your personal health information. In some cases, however, it may be appropriate to communicate about matters with other individuals involved in your health care or payment for that care, such as your family, relatives, or close personal friends (or anyone else, if you choose to designate them). You will be given an opportunity to agree or object, and if you do not object, the Plan may disclose to these persons protected health information about you that is directly relevant to their involvement. The Plan may also use or disclose your information to notify these persons of your location, general conditions or death.

If you are present, you will have the opportunity to object before the Plan discloses your protected health information to these persons. The Plan may also exercise professional judgment in concluding that you do not object. If you are not present, are incapacitated, or in an emergency, the Plan may disclose protected health information to these persons if it is determined that the disclosure is in your best interest.

Although you are not required by law in these circumstances, the Plan may ask you to sign an authorization approving these communications.

Communication about Benefits, Products and Services: The Plan may use and disclose personal health information to tell you about or recommend possible treatment options or alternatives, or to tell you about health-related products or services (or payment of coverage for such products or services) that may be of interest to you. The Plan may use your personal health information to contact you with information about benefits under the Plan, including certain communications about health plan networks, health plan changes, and value-added health plan-related products or services. The plan may communicate with you face-to-face regarding any products or services. The Plan may use or disclose personal health information to distribute small promotional items.

Special Situations involving Public Health or Legal Requirements: The Plan may use and disclose protected health information:

- If required by law.
- For disaster relief efforts.
- For public health related activities
- For government healthcare oversight activities
- In response to a court order or similar legal processes.
- For law enforcement purposes
- For research studies that meet all state and federal privacy law requirements.
- To avoid a serious and imminent threat to health or safety.
- procurement organizations, in regard to a deceased person.
- For armed forces personnel, to military authorities.
- To authorized federal officials, for national security activities.
- For worker's compensation and similar programs for work-related injuries or illness.

Your Rights

Access: You have the right to look at or get copies of personal health information maintained by the Plan that may be used to make decisions about your Plan eligibility and benefits, with limited exceptions. The Plan reserves the right to require you

to make this request in writing. If you request copies, you may be charged a fee to cover the costs of copying, mailing, and other supplies.

The Plan may deny your request in very limited circumstances. If the Plan denies your request, you may be entitled to a review of that denial. You will be told how to obtain a review. The Plan will abide by the outcome of that review.

To request access and/or more information, refer to the contact information at the end of this Notice.

Amendment: If you feel that your personal health information is incorrect or incomplete, you have the right to request that the Plan amend it. The Plan reserves the right to require this request be in writing, including a reason to support your request.

The Plan may deny your request if the Plan did not create the information you want amended or for certain other reasons. If the Plan denies your request, the Plan will provide you a written explanation and the process to be followed for any additional action.

To request an amendment and/or more information, refer to the contact information at the end of this Notice.

Accounting of Disclosures: You have the right to receive a list of disclosures the Plan has made of your personal health information. This right does not apply to disclosures for treatment, payment, health care operations and certain other purposes. Your request for the accounting must be in writing and submitted using the contact information at the end of this Notice. You are entitled to such an accounting for the 6 years prior to your request, though not earlier than April 14, 2004. The Plan will provide you with the following information about disclosures that must be included in the accounting: the date of the disclosure, the recipient, a description of the personal health information disclosed, and the purpose of the disclosure.

If you request this list more than once in a 12-month period, the Plan may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction requests: You have the right to request that the Plan place additional restrictions on its use or disclosure of your personal health information for treatment, payment, or health care operations. The Plan is not required to agree to these restrictions, but if it does, the Plan will abide by its agreement (except in an emergency). Any such agreement by the Plan must be in writing signed by a person authorized to make such agreement on our behalf; without this written agreement, the Plan will not be bound by the requested restrictions. Please use the contact information at the end of this notice to get more information about how to make such a request.

Confidential Communication: You have the right to request that the Plan communicate with you in confidence about your personal health information by alternative means or to an alternative location, if you believe that the disclosure of all or part of the personal health information could endanger you. For example, you may ask that the Plan contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. The Plan will accommodate your request for confidential communications if the request is reasonable and clearly states that the disclosure of all or part of the personal health information could endanger you. Other requests may be denied. Please use the contact information at the end of this notice to get more information about how to make such a request.

Copy of this Notice: You are entitled to receive a printed (paper) copy of this notice at any time. To request a copy refer to the contact information at the end of this Notice.

Questions and Complaints

If you want more information about the Plan's privacy practices, have questions or concerns, or believe that the Plan may have violated your privacy rights, please contact the Plan using the following information:

Contact Office and Privacy Officer:

Ronald Page
CGI Employee Benefits Group
171 Londonderry Turnpike
Hooksett, NH 03106
603-232-9304
rpage@cgibenefitsgroup.com

You also may submit a written complaint to the U.S. Department of Health and Human Services. The Plan will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

The Plan supports your right to protect the privacy of your medical information. The Plan will not retaliate in any way if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.