

## SUMMARY PRIVACY NOTICE

**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.**

As a general rule, your Employer's Plan (the "Plan") treats your medical information as confidential. However, the Plan may use and disclose medical information to others for payment and health care operations.

The Plan is, as a general rule, required to disclose health information to you and to the Secretary of Health and Human Services to determine that the Plan is complying with the law. The Plan also is permitted to disclose information when permitted by law, for public health activities, about victims of abuse, neglect or domestic violence, for health oversight activities, for judicial and administrative proceedings, for law enforcement, about decedents, for organ and tissue transplantation, for research to avert serious threat to health or safety, for specialized government functions, for worker's compensation, incident to a permitted or required use or disclosure and where direct identifiers have been removed.

For uses and disclosures not permitted or required (e.g. use of psychotherapy notes) the Plan will ask for your written authorization. You may, as a general proposition, revoke your authorization.

You have the following rights with respect to your protected health information: (i) to request restrictions on certain uses and disclosures but the Plan is not required to honor your request (ii) to receive communication in an alternative format (including electronically) or location (iii) to inspect and copy the information (iv) to ask that the information be amended or corrected v) to receive an accounting of certain uses and disclosures of the information and (vi) to be notified in the event of a breach of your unencrypted electronic protected health information.

The Plan must (i) maintain the privacy of your protected health information (ii) comply with the Plan's Privacy Policy and (iii) notify you, in writing, of any changes to the Plan's Privacy Policy which may impact your protected health information.

You may file a complaint if you believe your privacy rights have been violated or if you believe a breach of your electronic protected health information has occurred. The complaint may be filed at:

Office of Civil Rights  
U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite 240  
Chicago, Illinois 60601