

SUMMARY OF IMPORTANT INFORMATION ABOUT YOUR HEALTH INFORMATION PLAN PRIVACY AND SECURITY

The Privacy Rules and Security Rules that are part of the Health Insurance Portability and Accountability Act (HIPAA), require that employees who elect to participate in a group health plan option receive a written notice of how an individual's health information may or may not be used without the individual's authorization and the security precautions used to protect any electronically transmitted health information.

Because the health benefits offered under the Plan include both fully insured plan options and a self-insured plan option(s), each plan option is required to provide you with a separate notice that indicates your rights and protections under the applicable health plan.

General Information Concerning Your Privacy and Security Rights under an Insured Health Plan

As indicated above, your insurance carrier will provide you with a notice that details their privacy and security policies and procedures but the following will give you some basic information.

Under the health care insurance carrier's privacy procedures, the Plan will generally only receive summary health information from the carrier. Summary health information includes, but is not limited to, information used to evaluate plan rates, pay monthly premiums, establish plan eligibility, evaluate the terms and conditions of the insurance contract, or information used for such activities as plan amendments, plan modifications, or plan terminations. In addition, enrollment information such as names, addresses, dates of birth, and dependent status, will be shared with the healthcare insurance carrier. The Security Rules relate to when this information is transmitted electronically.

If a Participant requests assistance with a claim issue(s), the Plan may be required to obtain written authorization from the Participant before any specific health claim information can be obtained from the health care insurance carrier. Plan Participants have the right to revoke such authorizations at any time.

Please note that the requirements of the Privacy Rules and the Security Rules do not apply to health information related to disability benefits, workers' compensation benefits, life benefits, or employment-related information (i.e. sick notes, drug tests, etc.).

Summary of the Privacy and Security Notice Related to Your Individual Medical Information Under a Self-Insured Plan Option

Covered entities under the Privacy Rules and Security Rules which includes any self-insured group health plan options are required to maintain the privacy of "protected health information," which includes any identifiable information that we obtain from you or others that relates to your health, your health care, or payment for your health care under a medical plan option. The Security Rules apply when this information is transmitted electronically.

The following is a summary of the Privacy and Security Notice that follows this Summary.

Uses of Protected Health Information

- The group health plan can use or disclose your protected health information for purposes of health care payment, treatment, and health care operations.
- The group health plan may disclose your protected health information to your family or friends or any other individual **identified by you in writing**.
- The group health plan will only disclose the protected health information directly relevant to their involvement in your care or payment.
- Except for certain situations, the group health plan will not use or disclose your protected health information for any other purpose unless you provide authorization. You have the right to revoke that authorization at any time.

Your Rights

- You have the right to request restrictions on the uses and disclosures of protected health information, but the group health plan is not required to agree to your request.
- You have the right to request to receive communications of protected health information by alternative means or at alternative locations.
- With some exceptions detailed in the full notice provided by the Plan, you have the right to inspect and copy the protected health information contained in a covered entity's records.
- You may request a correction to your protected health information, but the group health plan may deny your request.
- You have the right to receive an accounting of disclosures of protected health information made by the group health plan.
- Please remember this is only a summary of the information that is generally applicable to protected health information created under a health plan option offered by the Plan.

Filing a Complaint

If you believe that your privacy rights have been violated, you should immediately contact our Privacy Officer as listed below under "Contact Person".

Contact Person

If you have any questions or would like further information about this notice, please contact our Privacy Officer Designee at:

Privacy Officer Designee
Benefits Services Department
Genesis HealthCare LLC
515 Fairmount Avenue
Towson, MD 21286
(410) 494-8962