

PRIVACY NOTICE

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA")

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information We Have. We receive enrollment information about you which includes your date of birth, sex, identification number and other personal information. We also receive bills, physician reports and other information about your medical care.

Our Privacy Policy. We care about your privacy and we guard your information carefully. We are required by law to maintain the privacy of that information and to provide you with this notice of our legal duties and our privacy practices. We will not sell any information about you. Only people who have both the need and the legal right may see your information. We will abide by the terms of this Notice as long as it remains in effect. We will use and disclose your health information without first obtaining your written authorization only as described in this Notice. If we obtain your written authorization for a use or disclosure not described in this Notice, you may revoke or modify that authorization at any time by submitting a written request to the Privacy Officer.

HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Treatment. We may use and disclose health information about you for the purpose of coordinating your healthcare. For example, we may notify your personal doctor about treatment you receive in an emergency room.

Payment. We may use and disclose health information about you so that the medical services you receive can be properly billed and paid for. For example, we may ask a hospital emergency department for details about your treatment before we pay the bill for your care.

Business Operations. We may need to use and disclose health information about you in connection with our business operations. For example, we may use medical information about you to review the quality of services you receive.

Business Associates. We have contracted with one or more third parties (referred to as a business associate) to use and disclose your health information to perform services on the plan's behalf. We will obtain each business associate's written agreement to safeguard your health information.

HOW WE MIGHT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Federal law generally permits the plan to make certain uses or disclosures of your health information without your permission. Federal law also requires a listing in the Notice each of these categories of uses and disclosures. The listing is below.

1. **Uses Or Disclosures Required By Law.** The Plan may use or disclose your PHI as required by any statute, regulation, court order or other mandate enforceable in a court of law.
2. **Disclosures For Workers' Compensation Purposes.** The Plan may disclose your PHI as required or permitted by state or federal workers' compensation laws.
3. **Disclosures To Family Members Or Close Friends.** The Plan may disclose your PHI to a family member or close friend who is involved in your care or payment for your care if (a) you are present and agree to the disclosure, or (b) you are not present or you are not capable of agreeing, and the Plan determines that it is in your best interest to disclose the information. In the case of unemancipated, minor children, the Plan will disclose PHI to their parents or legal guardian(s) to the extent permitted by applicable law.
4. **Disclosures For Judicial And Administrative Proceedings.** The Plan may disclose your PHI in an administrative or judicial proceeding in response to a subpoena or a request to produce documents. The Plan will disclose your PHI in these circumstances only if the requesting party first provides written documentation that the privacy of your PHI will be protected.
5. **Disclosures For Law Enforcement Purposes.** The Plan may disclose your PHI for law enforcement purposes to a law enforcement official, such as in response to a grand jury subpoena.
6. **Incidental Uses And Disclosures.** The Plan may use or disclose your PHI in a manner which is incidental to the uses and disclosures described in this Notice.
7. **Uses And Disclosures For Public Health Activities.** The Plan may disclose your PHI to a government agency responsible for preventing or controlling disease, injury, disability, or child abuse or neglect. The Plan may disclose your PHI to a person or entity regulated by the Food and Drug Administration ("FDA") if the disclosure relates to the quality or safety of an FDA-regulated product, such as a medical device.
8. **Uses And Disclosures For Health Oversight Activities.** The Plan may disclose your PHI to a government agency responsible for overseeing the health care system or health-related government benefit programs.
9. **Disclosures About Victims Of Abuse, Neglect, Or Domestic Violence.** The Plan may disclose your PHI to the responsible government agency if (a) the Privacy Official reasonably believes that you are a victim of abuse, neglect, or domestic violence, and (b) the Plan is required or permitted by law to make the disclosure. The Plan will promptly inform you that such a disclosure has been made unless the Plan's Privacy Official determines that informing you would not be in your best interests.
10. **Uses And Disclosures To Avert A Serious Threat To Health or Safety.** The Plan may use or disclose your PHI to reduce a risk of serious and imminent harm to another person or to the public.
11. **Disclosures To HHS.** The Plans may disclose your PHI to the United States Department of Health and Human Services ("HHS"), the government agency responsible for

overseeing the Plan's compliance with federal privacy law and regulations regulating the privacy of PHI.

12. **Uses And Disclosures For Research.** The Plan may use or disclose your PHI for research, subject to conditions. "Research" means systematic investigation designed to contribute to generalized knowledge.
13. **Uses And Disclosures In Connection With Your Death Or Organ Donation.** The Plan may disclose your PHI to a coroner for identification purposes, to a funeral director for funeral purposes, or to an organ procurement organization to facilitate transplantation of one of your organs.
14. **Uses And Disclosures For Specialized Government Functions.** The Plan may disclose your PHI to the appropriate federal officials for intelligence and national security activities authorized by law or to protect the President or other national or foreign leaders. If you are a member of the U.S. Armed Forces or of a foreign armed forces, the Plans may use or disclose your PHI for activities deemed necessary by the appropriate military commander. If you were to become an inmate in a correctional facility, the Plan may disclose your PHI to the correctional facility in certain circumstances.

If applicable State law does not permit the disclosure described above, the Plan will comply with the stricter State law.

OUR DISCLOSURES WITH YOUR PRIOR AUTHORIZATION

The Plan will disclose your PHI in accordance with your written authorization. The Plan will obtain your written authorization, if and to the extent required by state or federal law, before disclosing any of the following categories of information:

1. **Psychotherapy Notes.** Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. Psychotherapy notes do not include summary information about your mental health treatment. We may use and disclose such notes, without your authorization, when needed to defend against litigation filed by you.
2. **HIV/AIDS Status, Infection Or Test Results.** "HIV" means human immunodeficiency virus. "HIV infection" means infection with HIV or any other related virus identified as a probable causative agent of AIDS. "AIDS" means acquired immunodeficiency syndrome.
3. **Substance Abuse Records.** Substance abuse records contain information created by a drug or alcohol abuse program about the patient's diagnosis, prognosis or treatment.

YOUR PRIVACY RIGHTS AS A PLAN PARTICIPANT

You may exercise the rights described below:

Copies of this Notice. You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

Your Right to Inspect and Copy. Upon written request, you have the right to inspect the information we have about you and to get copies of that information.

Your Right to Amend. If you feel that the information about you which we have is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. Upon written request, you have the right to receive a list of our disclosures of your information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment or health care operations.

Your Right to Request Restrictions on Our Use or Disclosure of Information. If you do so in writing, you have the right to request restrictions on the information we may use or disclose about you. We are not required to agree to such requests.

Your Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you only at home or only at a certain address or only by mail.

How to Exercise Your Rights Under This Notice. If you want to exercise your rights under this notice, you may call us or write to us using the contact information below. If your request to us must be in writing, we will help you prepare your written request, if you wish.

A NOTE ABOUT PERSONAL REPRESENTATIVES

All of the rights described above may be exercised by your personal representative after the personal representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) a power of attorney for health care purposes, or a general power of attorney, notarized by a notary public, (b) a court order appointing the person to act as your conservator or guardian, or (c) any other document which the Privacy Official, in his or her sole and absolute discretion, deems appropriate.

YOUR RIGHT TO FILE A COMPLAINT

Complaints to the Federal Government. If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Us. If you want to exercise your rights under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to: Bakery and Confectionery Union and Industry International Health Benefits Fund, 10401 Connecticut Ave., Kensington, MD 20895, Attn: Privacy Officer. You can also call us at 301-468-3731. You will not be penalized for filing a complaint.

Changes to this Notice. We reserve the right to revise this Privacy Notice at any time. A revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. You will be advised as to any material changes to our notice.