

## BRINKMAN INTERNATIONAL GROUP, INC. HEALTH PLAN

### NOTICE OF PRIVACY PRACTICES

Effective September 2019

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The notice also describes the privacy rights you have. Please review it carefully.**

**If you have any questions about this Notice, please contact Amie Duda, Privacy Officer, at 585-235-4545.**

Brinkman International Group, Inc. (Plan Sponsor) is committed to maintaining and protecting the confidentiality of our employees' personal information. This notice applies to all Brinkman International Group, Inc. Companies and all Plans that are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

**Business Associates.** We may disclose Health Information to our business associates (third party administrator, broker of record, etc.) that perform functions on our behalf or so that we can manage Plan Operations. For example, obtain premium bids, modify, amend or terminate the Plan and perform general administrative functions. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than permitted or required by law.

#### OUR USES AND DISCLOSURES

The following are ways we, including any business associate, may use or disclose your health information:

**For Treatment.** We may use health information for your treatment-related health care services and share it with professionals who need the information to provide you with medical care. For example, health information may be disclosed to doctors, nurses, technicians or other personnel who are involved in your medical care.

**For Payment.** We may use and disclose health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may give the third-party administrator information about you so that they will process and pay your claims as appropriate.

**For Health Care Operations.** We may use and disclose health information for necessary health care operations purposes. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting<sup>1</sup>, premium rating, and other activities relating to Plan coverage, submitting claims for stop loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

<sup>1</sup> The Plan is prohibited from using genetic information for underwriting purposes.

**Health-Related Benefits and Services.** We may use or disclose your health information to tell you about alternative medical treatments and programs or about health-related products and services that may be of interest to you.

#### **SPECIAL USE AND DISCLOSURE SITUATIONS**

- **Uses and Disclosures Required By Law.** We may use and disclose PHI about you when we are required to do so by federal, state or local law.
- **Public Health and Safety.** We may disclose your PHI for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Lawsuits and Legal Actions.** We may disclose your PHI in response to a court or administrative order, or in response to a subpoena.
- **Workers' Compensation, Law Enforcement and Other Government.** We may disclose your PHI to respond to requests for workers' compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Coroners, Funeral Directors and Organ Donation.** We may disclose your PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release your health information for procurement, banking or transplantation.
- **Research Purposes.** In certain circumstances, we may use and disclose your PHI for research purposes.
- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

#### **YOUR RIGHTS**

The following are your rights with respect to your PHI. Any requests should be directed to the Privacy Officer listed on page 1.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your PHI we disclose for payment or health care operations. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. We will comply with all reasonable requests or limitations, except in emergency situations.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made for any purpose other than treatment, payment, health care operations, or for which you provided

written authorization. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health and claims records and other health information we have about you. If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity.

**Right to Amend.** If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your PHI and tell others that need to know about your changes.

**Right to Choose a Personal Representative.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has this authority and can act for you before we take any action.

**Right to get Notice of Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.

**Get a Copy of This Privacy Notice.** You can ask for a paper copy of this notice any time, and can access it electronically on the intranet.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing.

- Complaints filed with our office should be mailed to the **Privacy Officer, Brinkman International Group, Inc., 167 Ames St., Rochester, NY 14611.**
- Complaints filed with the **U.S. Department of Health and Human Services Office for Civil Rights should be mailed to 200 Independence Avenue, S.W., Washington, D.C. 20201, or visit [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).**
- We will **not** retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what PHI we disclose. Unless you object, we may disclose information in the situations described below:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.*

In the cases below, we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our intranet, and we will mail a copy to you.