



**NOTICE OF PRIVACY PRACTICES
FOR THE
MEDICAL PPO, DENTAL AND HEALTHCARE REIMBURSEMENT ACCOUNT
PLANS FOR EMPLOYEES OF INTEGRIS HEALTH**

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

INTEGRIS Health Medical PPO, Dental and Healthcare Reimbursement Account Plans (the "Plans") are required by law to maintain the privacy of your individual health information (referred to in this notice as "Protected Health Information" or "PHI") and to inform you about:

- The Plans' practices regarding the use and disclosure of your Protected Health Information;
- Your rights with respect to your Protected Health Information;
- The Plans' duties with respect to your Protected Health Information;
- Your right to file a complaint with the Plans and with the Secretary of the U.S. Department of Health and Human Services; and
- Whom you may contact for additional information about the Plans' privacy practices.

We will not use or disclose your PHI except as described in this notice. With some exceptions, we may not use or disclose any more of your PHI than necessary to accomplish the purpose of the use or disclosure.

We will follow the terms of this notice, as it may be updated from time to time.

***OUR PRACTICES REGARDING THE USE AND DISCLOSURE OF YOUR PROTECTED
HEALTH INFORMATION***

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The Plans may use and/or disclose your Protected Health Information without your prior authorization as follows:

For treatment. We may use or disclose your Protected Health Information for purposes of providing, coordinating, or managing health care and its related services by one or more of your providers. For example, we may use information about your claims to refer you to a disease management program. Or, example, we might disclose information about possible adverse interactions between medication you are currently taking and a new prescription to your pharmacist or provider.

For payment. We may use or disclose your Protected Health Information for such purposes as making determinations of eligibility or coverage, including coordination of benefits and determination of cost-sharing amounts and for adjudication or subrogation of benefit claims. We may also use or disclose such information for other activities, including, but not limited to, billing, claims management, reviews for medical necessity and appropriateness of care and utilization review. For example, we may tell a provider whether you are eligible for coverage or what percentage of the bill will be paid for by the plan.

For health care operations. We may use or disclose your Protected Health Information for purposes of plan operation, including but not limited to, quality assessment and improvement, underwriting, premium rating and other activities relating to the creation or renewal of insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and audits. For

example, we may use information about your claims to refer you to a disease management program, project future benefit costs or to audit the accuracy of claim processing functions.

As required by law. We will disclose your Protected Health Information when required to do so by federal, state or local law.

To report public health risks. We may disclose your Protected Health Information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medication or problems with products under FDA regulation;
- To notify you that have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe that you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

For health oversight activities. We may disclose your Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure or disciplinary actions (for example to investigate complaints against providers) and other activities necessary for the government to monitor the health care system, government programs such as Medicare and Medicaid and compliance with civil rights laws.

In connection with lawsuits or other disputes. If you are involved in a lawsuit or dispute, we may disclose your Protected Health Information in response to a court order, subpoena, discovery request or other lawful process. However, we will do so only if we receive satisfactory assurances from the requesting party that it made a good faith attempt to give you written notice of the proceeding, the notice included sufficient information to permit you to object to the disclosure before the court or tribunal and either you did not file an objection or you filed an objection but the court or tribunal ruled against you.

For law enforcement purposes. We may disclose your Protected Health Information for the following law enforcement purposes:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- If you are the victim or suspected victim of a crime, but only under certain conditions;
- If you die and we suspect that your death resulted from criminal conduct.

To avert a serious threat to health or safety. We may use or disclose your Protected Health Information if we, in good faith, believe such use or disclosure is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure would only be to someone able to help prevent or lessen the threat, including the target of the threat.

For national security and intelligence activities. We may release your Protected Health Information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

To a coroner, medical examiner or funeral director. We may disclose your Protected Health Information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or for other authorized duties. We may also disclose information to a funeral director in order to carry out its duties.

For purposes of facilitating organ donation and transplants. We may use or disclose your Protected Health Information to organ procurement organizations or other entities that are engaged in the

procurement, banking or transplantation of cadaver organs, eyes or tissue for purposes of donation and transplantation.

To comply with workers' compensation laws. We may disclose your protected health information to the extent necessary to comply with workers' compensation or other similar programs established by law.

To family members and friends who take care of you. We may disclose your Protected Health Information to a family member, relative, close personal friend or to any other person you designate if the information is directly relevant to that person's involvement with your care or payment for that care. However, we will do so only if you have either agreed to that disclosure or you have been given the opportunity to object but did not do so. If you are incapacitated, there is an emergency or you do not otherwise have the opportunity to object to a use or disclosure, we will act in what we believe is in your best interest regarding such use or disclosure and will disclose only information that is directly relevant to that person's involvement in your care.

To Business Associates: We may disclose your PHI to business associates with whom we contract to provide services on our behalf. Examples of business associates, include, consultants, disease management companies, accountants, and lawyers. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

To advise you of treatment alternatives. We may also contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

To the plan sponsor. We may disclose your Protected Health Information to another health plan maintained by the plan sponsor for purposes of treatment, payment and health care operations of that other health plan. We may also disclose Protected Health Information to those employees of the plan sponsor who perform administrative functions on our behalf. The plan sponsor's access to this information is specifically limited by the terms of the plan document.

We will not use or disclose your Protected Health Information for any other purpose without your prior written authorization. Subject to certain limitations, you may revoke such authorization at any time.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights with respect to the Protected Health Information that the Plans maintain about you:

To request restrictions. You have the right to request a restriction or limitation on our use or disclosure of your Protected Health Information for purposes of payment, treatment and health care operations. You also have the right to limit disclosures made to family members, friends or other individuals who are involved with your care or payment for your care. For example, you could request that we not disclose information about a treatment you are receiving to a family member who is caring for you. However, we are not required to agree to your request.

Any request for a restriction or limitation must be made by you or your personal representative in writing to:

INTEGRIS Health
Employee Benefit Plan Administrator
3300 N.W. Expressway
Oklahoma City, OK 73112

In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and

- To whom you want the limits to apply.

To request alternative means of communications to maintain confidentiality. You have the right to request that any communication to you that relates to your Protected Health Information (such as an Explanation of Benefits) be sent to you by alternative means at an alternative location. For example, you can request that we only contact you by mail or at work.

Your request for confidential communications must be made in writing to:
INTEGRIS Health
Employee Benefit Plan Administrator
3300 N.W. Expressway
Oklahoma City, OK 73112

Your request must specify how or where you wish to be contacted. We will accommodate any request that we deem reasonable. You do not need to provide a reason for your request.

To inspect or copy. You have the right to inspect and obtain a copy of your Protected Health Information that may be used to make decisions about your plan benefits. To obtain access to that information, you must submit your request in writing to:

INTEGRIS Health
Employee Benefit Plan Administrator
3300 N.W. Expressway
Oklahoma City, OK 73112

The requested information will be provided within 30 days if that information is accessible to us on-site and within 60 days if the information is maintained offsite. A single 30-day extension is permitted if we are unable to comply with the deadline. You will be notified in writing if your request for access is denied. The notice will set out the basis for the denial, a description of how you may exercise your right to request a review of the denial, if applicable and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

We may charge you for the cost of copying, mailing or other supplies associated with your request for your Protected Health Information.

To amend. You have the right to request that we amend the Protected Health Information that is used to make decisions about your plan benefits if you believe that such information is incomplete or incorrect. You must submit your request in writing to:

INTEGRIS Health
Employee Benefit Plan Administrator
3300 N.W. Expressway
Oklahoma City, OK 73112

The request must set out the reasons in support of the requested amendment. Generally we will act on your request for an amendment within 60 days after we receive your request. However, a single 30-day extension is permitted if we are unable to comply with the deadline. You will be notified in writing whether your request for an amendment has been accepted or denied.

If your request for an amendment is denied, in whole or in part, the notice of denial will explain the basis for the denial, your right to submit a statement disagreeing with the denial that will be included in any future disclosures of your PHI and a description of how you may complain to the to the Secretary of the U.S. Department of Health and Human Services.

To receive an accounting. You may request an accounting of any disclosures of your Protected Health Information that we have made during the six years prior to the date of your request. However, this accounting will not include disclosures of Protected Health Information that were made:

- For purposes of treatment, payment or health care operations;
- To you
- Pursuant to an authorization
- Disclosures made before April 14, 2003

Your request for an accounting should be made in writing to:
INTEGRIS Health
Employee Benefit Plan Administrator
3300 N.W. Expressway
Oklahoma City, OK 73112

If you request more than one accounting in a twelve-month period, we will charge a reasonable fee for each subsequent accounting.

To receive paper copy of this notice on request. You can ask us to provide you with a copy of this notice at any time. To receive a copy, contact:

INTEGRIS Health
Employee Benefit Plan Administrator
3300 N. W. Expressway
Oklahoma City, OK 73112

Alternatively, you can also obtain a copy of this notice on <http://hrclick>.

YOUR PERSONAL REPRESENTATIVE

Generally, we are required to afford your personal representative the same rights with respect to your Protected Health Information as we afford to you. We will recognize a person as your personal representative only if that person provides us with evidence of his or her authority to act on your behalf. Evidence of such authority includes a power of attorney for health care purposes notarized by a notary public or a court order that appoints that person as your conservator or guardian. We also will consider an individual who is the parent of a minor child to be such child's personal representative, unless we are aware that the parent's rights have been restricted by a court of competent jurisdiction.

Under certain circumstances, we may decline to recognize an individual as your personal representative if we believe it in your best interest not to provide such individual with access to your Protected Health Information.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain or may maintain in the future. A revised notice will be distributed within 60 days of the effective date of any material change to the uses and disclosures, individual rights, our legal duties or other privacy practices described in this notice. Additionally, a copy of the current notice will be posted on <http://hrclick>.

COMPLAINTS

If you believe that your privacy rights have been violated, you can file a complaint in writing to:

INTEGRIS Health
Employee Benefit Plan Administrator
3300 N.W. Expressway
Oklahoma City, OK 73112

You can also file a complaint with the U.S. Department of Health and Human Services at the following address:

Region VI, Office of Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

You will not be retaliated against for filing a complaint.

CONTACTING US

If you have any questions regarding this notice or the subjects addressed in it, contact:
INTEGRIS Health
Human Resources Customer Service
405/949-4045

EFFECTIVE DATE

The effective date of this notice is April 14, 2003.