

## NOTICE OF PRIVACY PRACTICES FOR THE COMPASS MEDICAL PLAN

**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.**

### ***Our Pledge Regarding Health Information Privacy***

The privacy policy and practices of the Compass Medical Plan (the "Plan") protect confidential health information, including genetic information, that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" ("PHI"). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

### ***Effective Date of Privacy Notice***

The effective date of this notice is April 2010. This notice was revised on September 23, 2013.

### ***Privacy Obligations of the Plan***

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice describing the Plan's legal duties, privacy practices, and your rights with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

### ***Prohibited Use and Disclosure of Genetic Information About You***

The Plan is prohibited from using or disclosing your PHI that is genetic information for underwriting purposes (like determining eligibility or enrollment requirements, establishing pre-existing condition exclusions, computing premium and contribution amounts, and doing other activities that relate to the creation, renewal, or replacement of health benefits). "Genetic information" includes information about your genetic tests, the genetic tests of your family members, and any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by you and or any of your family members.

### ***Permitted Use and Disclosure of Health Information About You***

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine PHI about many Plan participants and disclose it to the Plan Sponsor, Compass Group USA, Inc. ("Compass"), in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from PHI disclosed to Compass so it may be used without Compass learning who the specific participants are.
- **To Compass.** The Plan may disclose your PHI to designated Compass personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. These individuals will protect the privacy of your PHI and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your PHI: (1) may not be disclosed by the Plan to any other Compass employee or department and (2) will not be used by Compass for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by Compass.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your PHI.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close personal friend, family member, other relative, or any other person you identify who is involved in or who helps pay for your health care. The Plan may also notify a family member, personal representative, close personal friend, or other person responsible for your care about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

### ***Special Use and Disclosure Situations***

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful process.
- **Victims of Domestic Violence.** The Plan may disclose information about abuse, neglect or domestic violence to public authorities if there exists a reasonable cause to believe you may be a victim of abuse, neglect or domestic violence.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, fugitive, material witness, or missing person, to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime, or to report certain injuries as required by law.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and similar programs established by law.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release PHI about you as deemed necessary by military command authorities or the Department of Veterans Affairs. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose your PHI for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products, to notify people of recalls of products they have been using, to notify persons or organizations required to receive information on FDA-regulated products, or to notify a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

- **Inmates.** If you are an inmate of a correctional institute or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official.
- **HHS.** Disclosures of your PHI may be made to the Department of Health and Human Services to investigate or determine the Plan's compliance with HIPAA.

#### **Use and Disclosure Situations Requiring Your Prior Authorization**

- The Plan must obtain your authorization to use or disclose any psychotherapy notes in its records unless it is for your treatment by a healthcare provider, for payment of claims for healthcare treatment, services or supplies you received, is required by law, is permitted by health oversight activities, is made to a coroner or medical examiner, or is to prevent a serious threat to the health and safety of you, the public, or another person.
- The Plan must obtain your authorization for any use or disclosure of your PHI for any marketing communications to you about a product or service that encourages you to use or purchase the product or service unless the communication is either (a) a face-to-face communication or, (b) a promotional gift of nominal value. We must notify you if the marketing involves financial remuneration.
- The Plan must obtain your authorization for any disclosure of your PHI that constitutes a sale of such PHI.
- All uses and disclosures not disclosed in this notice will only be made with your written authorization. You may revoke your authorization as allowed under the HIPAA rules; however, you cannot revoke your authorization with respect to disclosures the Plan has already made.

#### **Your Rights Regarding Health Information About You**

Your rights regarding the PHI the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. If the Plan uses or maintains an electronic record of your PHI, you have a right to receive a copy in an electronic format. To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a reasonable, cost-based fee for the cost of fulfilling your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.
- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Plan has made to others. Disclosures necessary to carry out health care treatment, payment, or operations will not be listed, unless the Plan uses or maintains such PHI in an electronic health record, in which case, the accounting will include treatment, payment and health care operation disclosures made within three years prior to your request. To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.
- **Right to Request Restrictions.** You have the right to request a restriction on the PHI the Plan uses or disclosures about you, except for uses and disclosures required by law. You also have the right to request a limit on the PHI the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information to your spouse about a surgery you had. To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. **Note: The Plan is not required to agree to your request, unless the disclosure is to a health plan for payment or health care operations purposes (not treatment) and the PHI pertains to an item or service for which the health care provider has been paid out-of-pocket in full.**
- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefit (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Plan Administrator to request a written copy of this notice at any time.

#### **Unauthorized Acquisition, Access, Use or Disclosure of Your Health Information**

Upon discovery that unsecured PHI was breached, the Plan must notify you, the government, and in some circumstances, the media. PHI is considered unsecured if it is not rendered unusable, unreadable, or indecipherable to unauthorized persons, and a breach occurs when that unsecured PHI is accessed, acquired, used or disclosed in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI. If the Plan discovers any breach, you will be notified in writing by first-class mail or by e-mail as soon as possible and in no event more than 60 calendar days after the discovery. Your notification will describe the breach; the steps you should take to protect yourself from potential harm; the steps taken by the Plan to investigate the breach, mitigate the harm to you, and prevent future breaches, and a contact procedure so that you may ask questions or learn additional information concerning the breach.

#### **Changes to this Notice**

The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change its privacy practices and any terms of this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. If the plan makes material changes to this notice, the Plan will revise it and send you a new notice in the Plan's next annual mailing. The Plan will post a copy of the current notice on both of the Compass websites at [www.altogethergreat.com](http://www.altogethergreat.com).

#### **Complaints**

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. **Note: You will not be penalized or retaliated against for filing a complaint.**

#### **Other Uses and Disclosures of Health Information**

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

#### **Receipt of Other Notices**

You may or may not receive an additional privacy notice directly from your health, dental or vision insurance issuer or HMO or other providers or from your employee assistance program provider.

#### **Contact Information**

To receive additional copies of this notice and more information about our privacy practices or your rights, please contact the Plan Administrator at:

Mr. Robert A. Kovacs  
Vice President- Total Rewards  
Compass Group USA, Inc.  
2400 Yorkmont Road  
Charlotte, NC 28217

Phone: (704)-329-4000  
Fax: (704)-329-7829