

Employer's Resource Group, Inc. **KEEP FOR YOUR RECORDS**

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NOTICE OF HIPAA PRIVACY POLICY (Employee Notification compliance 01-01-2009)

This Notice Describes How Medical Information, [Also referred to as Protected Health Information (PHI)] About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

Employer's Resource Group, Inc. (the Company) sponsors and self-administers a group health plan (the Plan). Members of the Company's workforce may have access to the individually identifiable health information of Plan participants (1) on behalf of the Plan itself; or (2) on behalf the Company, for administrative functions of the Plan.

The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) and its implementing regulations restrict the Company's ability to use and disclose protected health information (**PHI**).

- *Protected Health Information.* Protected health information means information that is created or received by the Plan and relates to the past, present or future physical or mental health or conditions of a participant; the provision of health care to a participant; or the past, present or future payment for the provision of health care to a participant; and that identifies the participant for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information.

This notice will tell you about the ways in which we may use and disclose medical information (**PHI**) about you. It also describes our obligations and your rights regarding the use and disclosure of medical information (**PHI**).

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

PLAN'S RESPONSIBILITIES AS COVERED ENTITY

I. Privacy Official and Contact Person.

Tara Jackson will be the Privacy Official for the Plan. The Privacy Official will also serve as the contact person for participants who have questions, concerns or complaints about the privacy of their medical information (**PHI**).

II. Workforce Training.

It is the Company's policy to train all members of its workforce on its privacy policies and procedures. All workforce members will receive the appropriate and necessary training to permit them to carry out their function within the Company.

III. Technical and Physical Safeguards.

The Company will establish on behalf of the Plan appropriate technical and physical safeguards to prevent medical information (**PHI**) from intentionally or unintentionally being used or disclosed in violation of HIPAA's requirements. Technical safeguards include limiting access to information by creating computer firewalls, this will insure that only authorized personnel have access to **PHI**, and that they will not further use or disclose medical information (**PHI**) in violation of HIPAA's privacy rules. Physical safeguards include locking doors and filing cabinets that contain medical information (**PHI**).

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information **(PHI)**. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

I. For Payment.

We may use and disclose medical information **(PHI)** about you 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 tell your health care provider about your medical history to determine whether a particular treatment is medically necessary, experimental or investigational or to determine whether the Plan will cover the treatment. We may share medical information **(PHI)** with a utilization review or precertification service provider. Likewise, we may share medical information **(PHI)** with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

II. For Health Care Operations.

We may use and disclose medical information **(PHI)** about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information **(PHI)** in connection with: conducting quality assessment and improvement activities; underwriting, 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.

III. As Required By Law.

We will disclose medical information **(PHI)** about you when required to do so by federal, state or local law. For example, we may disclose medical information **(PHI)** when required by a court order in a litigation proceeding such as a malpractice action.

IV. To Avert a Serious Threat to Health or Safety.

We may use and disclose medical information **(PHI)** about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

V. For Health Related Benefits or Services.

We may use medical information **(PHI)** to provide you with information about benefits available to you under your current coverage and in limited situations, about health related products or services that may be of interest to you.

VI. Public Health Risks.

We may disclose medical information **(PHI)** about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has 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.

VII. Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose medical information **(PHI)** about you in response to a court or administrative order. We may also disclose medical information **(PHI)** about you in response to a subpoena, discovery request or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

VII. Law Enforcement or Specific Government Functions.

We may disclose medical information **(PHI)** if asked to do so by a law enforcement or authorized federal official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim or a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at a hospital; and
- In emergency circumstances to report a crime;
- For intelligence, counterintelligence and other national security activities authorized by law.

VII. Coroners, Medical Examiners and Funeral Directors.

We may release medical information **(PHI)** to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

I. Right to Inspect and Copy.

You have the right to inspect and copy medical information **(PHI)** that may be used to make decisions about your Plan benefits. To inspect and copy medical information **(PHI)**, you must submit your request to us in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information **(PHI)**, you may request that the denial be reviewed.

II. Right to Amend.

If you feel the medical information **(PHI)** we have about is incorrect or incomplete, you may ask us to amend the information. 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, your request must be made in writing and submitted to the Plan. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

III. Right to a List of Disclosures.

You have the right to request a “list of disclosures” where such disclosure was made for any purpose other than treatment, payment or health care operations.

To request this list of disclosures, you must submit your request to us in writing. Your request must state a time period that may not be longer than six years and may not include dates before May 2003. You must state in your request in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

IV. Right to Restrict Restrictions.

You have the right to request a restriction or limitation on medical information **(PHI)** that we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information **(PHI)** we disclose 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 we not use or disclose information about a surgery you had.

To request restrictions, you make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request but we will make every attempt to comply with your request.

VI. 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. For example, you can ask that we only contact you at work or by mail. You must make your request in writing. We will not ask you the reason for your request and we will accommodate all reasonable requests.

VII. Right to File a Complaint.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact, Claims Administrator, 405-755-7689. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information **(PHI)** not covered by this notice or the laws that apply will be made only with your written permission. If you provide us permission to use or disclose medical information **(PHI)** about you, you may revoke that permission in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information **(PHI)** we already have about you as well any information we receive in the future. The effective date of this notice and any revised or changed notice will be found on the last page, on the bottom right hand corner of the notice. You will receive a copy of any revised notice from Employer’s Resource Group, Inc. by mail.

Effective May 1, 2003