



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA EMPLOYEE BENEFITS
A nonprofit benefit Plan exclusively
serving YMCAs since 1970.

Notice of Privacy Practices

General Information About This Notice

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The National Council of the YMCA of the USA (the "Plan Sponsor") continues its commitment to maintaining the confidentiality of your private medical information. This Notice describes our efforts to safeguard your health information from improper or unnecessary use or disclosure. A federal law known as the "HIPAA privacy rules" requires YMCA Employee Benefits (the "Plan") to provide you with this summary of the Plan's privacy practices and related legal duties and your rights in connection with the use and disclosure of your Plan information.

I. The Group Health Plan

This Notice describes the privacy practices of the Plan. The Plan provides health benefits to the eligible employees of the Plan Sponsor, eligible employees of adopting local YMCAs, and their eligible dependents.

II. The Plan's Privacy Obligations

The Plan is required by federal and applicable state law to protect the privacy of individually identifiable health information about you that it creates or receives ("Your Protected Health Information") and to provide you with this Notice of its legal duties and privacy practices. When the Plan uses or discloses Your Protected Health Information, it is required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

The HIPAA privacy rules require the Plan to establish policies and procedures for safeguarding a category of medical information called "protected health information," or "PHI," received or created in the course of administering the Plan. PHI is health information that can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or payment for your health care. A claim form for medical or dental benefits and the explanation of benefits statements (EOBs) sent in connection with payment of your claims are examples of documents containing PHI.

This Notice only applies to health-related information received by or on behalf of the Plan. If the Plan Sponsor obtains your health information in another way – for example, if you are hurt in a work accident or if you provide medical records with your request for leave under the Family and Medical Leave Act – then this Notice does not apply, but the Plan Sponsor will safeguard that information in accordance with other applicable laws and policies. Similarly, health information obtained in connection with a non-Plan benefit, such as long-term disability or life insurance, is not protected under this Notice. This

Notice also does not apply to information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

III. Uses and Disclosures With Your Written Authorization

The Plan may use or disclose to others Your Protected Health Information for any purpose other than the purposes described in Section IV below, only when you give the Plan your authorization on its authorization form. You may revoke your authorization, except to the extent the Plan has taken action in reliance on it, by delivering a written revocation statement to the Plan's Privacy Officer identified below.

IV. Uses and Disclosures Without Your Written Authorization

The Plan may use and disclose to others Your Protected Health Information without your written authorization for the following purposes. To the extent required under the HIPAA privacy rules, the PHI used and disclosed by the Plan will be limited to the minimum amount of PHI necessary for these purposes.

- A. Treatment. The Plan may disclose Your Protected Health Information to your health care provider for its provision, coordination, or management of your health care and related services — for example, for managing your health care with the Plan or for referring you to another provider for care.
- B. Payment. The Plan may use and disclose Your Protected Health Information to obtain payment for your coverage and to determine and fulfill the Plan's responsibility to provide health benefits — for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. The Plan also may disclose your Protected Health Information to another Plan or a health care provider for its payment activities — for example, for the other Plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.
- C. Health Care Operations. The Plan may use and disclose Your Protected Health Information for its health care operations — for example, for disease management, arrange for medical review and conduct quality assessment and improvement activities. The Plan also may disclose Your Protected Health Information to another Plan or a health care provider that has or had a relationship with you for it to conduct quality assessment and improvement activities; accreditation, certification, licensing, or credentialing activities; or for the purpose of health care fraud and abuse detection or compliance — for example, for the other Plan to perform case management or evaluate health care provider performance, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills.
- D. To Comply with the Law. The Plan may use and disclose your Protected Health Information to the extent required to comply with applicable law.
- E. Disclosures to Your Employer Sponsoring Your Plan. The Plan may disclose Your Protected Health Information to certain employees or other individuals under the control of the Plan Sponsor as necessary for them to carry out the Plan Sponsor's

responsibilities to administer Plan, as described in this Notice. The Plan Sponsor cannot use your PHI obtained from the Plan for any employment-related actions without your written authorization.

In addition, the Plan Sponsor may use or disclose “summary health information” for purposes of obtaining premium bids or modifying, amending, or terminating the Plan. Summary health information is information that summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Plan Sponsor provides benefits under the Plan and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Plan Sponsor also may use or disclose Plan eligibility and enrollment information – for example, for payroll processing.

- F. Marketing Communications. The Plan may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you. The Plan may use and disclose Your Protected Health Information to communicate face-to-face with you to encourage you to purchase or use a product or service that is not part of the health benefits provided by the Plan, or to provide a promotional gift of nominal value to you.
- G. Public Health Activities. The Plan may disclose Your Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports; (3) to report information about a product or activity under the jurisdiction of the U.S. Food and Drug Administration to a person who has responsibility for activities related to the quality, safety or effectiveness of such FDA-regulated product or activity; and (4) to alert a person who may have been exposed to a communicable disease if the Plan is authorized by law to give such notice.
- H. Health Oversight Activities. The Plan may disclose Your Protected Health Information to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid, or other regulatory programs for which health information is necessary for determining compliance.
- I. Judicial and Administrative Proceedings. The Plan may disclose Your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- J. Law Enforcement Officials. The Plan may disclose Your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law, or if you are deceased, to allow a coroner or medical examiner to identify you or determine your cause of death, or to allow a funeral director to carry out his or her duties.

- K. Health or Safety. The Plan may disclose Your Protected Health Information to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- L. Specialized Government Functions. The Plan may disclose Your Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State. The Plan may disclose your PHI to the U.S. Department of Health and Human Services in connection with a review or inquiry of the Plan's compliance with the HIPAA privacy rules or to an appropriate government authority to report suspected instances of abuse, neglect, or domestic violence or for purposes of public safety or national security.
- M. Workers' Compensation. The Plan may disclose Your Protected Health Information as necessary to comply with workers' compensation laws.
- N. Third Party Providers (Business Associates). The Plan contract with third party administrators and various service providers, called business associates, to perform certain plan administration functions. The Plan' business associates will receive, create, use, and disclose your PHI, but only after the business associates have agreed in writing to appropriately safeguard and keep confidential your PHI. Third party administrators and pharmacy benefit managers are examples of Plan business associates. Business associates are also legally obligated to enter into agreements with their subcontractors to protect the confidentiality of your health information.
- O. Disclosures to Family Members and Friends. The Plan may disclose your PHI to your family members, close friends, or other persons involved in your health care if you are present and you do not object to the disclosure (or if it can be inferred that you do not object), or, if you are not present or are unable to object due to incapacity or emergency, the disclosure is in your best interest. Disclosure will be limited to your PHI that is directly relevant to the person's involvement in your health care.
- P. Research. The Plan (or a business associate) may use or disclose your PHI for research purposes, as long as certain privacy-related standards are satisfied.
- Q. Public Health. The Plan may use or disclose your PHI for certain public health activities, including to a public health authority for the prevention or control of disease, injury, or disability; to a proper government or health authority to report child abuse or neglect; to report reactions to medications or problems with products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may be using; or to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.

State law may further limit the permissible ways the Plan uses or discloses your PHI. If an applicable state law imposes stricter restrictions, the Plan will comply with that state law.

V. Your Individual Rights

- A. Right to Request Additional Restrictions. You may request restrictions on a Plan's use and disclosure of your PHI. While the Plan will consider all requests for additional restrictions carefully, the Plan generally are not required to agree to a requested restriction. However, if you request a restriction on the disclosure of your PHI to another Plan, the Plan is required to approve your request if (i) the disclosure is being made for payment or health care operations reasons, and (ii) the restricted PHI pertains solely to a health care item or service provided by a health care provider who has been paid out-of-pocket in full (in other words, the Plan have not paid for any part of the item or service).

If you wish to request restrictions on a Plan's use and disclosure of your PHI, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is used or disclosed by third party vendors that administer the Plan (for example, most dental PHI is maintained by the dental claims administrator). To request restriction on the use or disclosure of your PHI by these vendors, you may wish to contact the vendors directly. For more information on your right to request restrictions, or for contact information for the Plan vendors, call or write to the Privacy Officer at the address below.

- B. Right to Receive Confidential Communications. You may request to receive your PHI by alternative means of communication or at alternative locations. Your request must specify how or where you wish to be contacted. The Plan will try to accommodate any reasonable request for confidential communication. Please note that in certain situations, such as with respect to eligibility and enrollment information, the Plan is obliged to communicate directly with the employee/retiree rather than a dependent unless your request clearly states that disclosure of that information through the normal methods could endanger you. If you wish to request confidential communication of your PHI, you may obtain a request form from the Privacy Officer. Most communications of PHI relating to your health benefits are made by third party vendors that administer the Plan. To request confidential communication of your PHI by these vendors, you may wish to contact the vendors directly. For more information on your right to request confidential communication of your PHI, or for contact information for the Plan vendors, call or write to the Privacy Officer at the address below.
- C. Right to Inspect and Copy Your Protected Health Information. You may request access to the Plan's records that contain Your Protected Health Information in order to inspect and request copies of the records. If you request copies, the Plan may charge you copying, mailing, and labor costs. Effective as of February 17, 2010, to the extent that your PHI is maintained in an electronic health record, you may request that the Plan provide a copy to you or to a person or entity designated by you in an electronic format. Under limited circumstances, the Plan may deny you access to a portion of your records. If you desire access to your records, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is created or maintained by third party vendors that administer the Plan. For access to that information, you may wish to contact the vendors directly. For more information on your right to inspect and request copies of your PHI, or for

contact information for the Plan vendors, call or write to the Privacy Officer at the address below.

- D. Right to Amend Your Records. You have the right to request that the Plan amend Your Protected Health Information maintained in the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for the Plan, and any other records used by or for the Plan to make decisions about your benefits. The Plan will comply with your request for amendment unless special circumstances apply. A Plan may deny your request for amendment if you do not provide a reason to support your request or if the Plan believes that the information is accurate. In addition, a Plan may deny your request if you ask it to amend information that was created by another Plan or health care provider (but the Plan will inform you of the source of the information, if known). If your physician or other health care provider created the information that you desire to amend, you should contact the health care provider to amend the information. To make a request for amendment, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is created or maintained by third party vendors that administer the Plan. To request amendment of that information, you may wish to contact the vendors directly. For more information on your right to request amendment of your PHI, or for contact information for the Plan service vendors, call or write to the Privacy Officer at the address below.

- E. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by the Plan within six years of the date of your request. The accounting will generally be provided free of charge, but if you request an accounting more than once during a twelve (12) month period, the Plan may charge you a reasonable fee for any subsequent accounting statements. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses. The accounting will not include all disclosures of your PHI. For example, the accounting will not include disclosures (i) to carry out treatment, payment or health care operations activities; (ii) made to you; (iii) made to friends or family members in your presence or because of an emergency; (iv) made pursuant to your written authorization; (v) for national security or intelligence purposes; or (vi) to correctional institutions or law enforcement officials. If you wish to request an accounting, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is used or disclosed by third party vendors that administer the Plan. For an accounting of disclosures by a Plan vendor, you may wish to contact the vendor directly. For more information on your right to request an accounting, or for contact information for the Plan vendors, call or write to the Privacy Officer at the address below. You will be notified if there is any use or disclosure of your PHI which is not otherwise required by law or permitted under the terms of HIPAA and this notice.

- F. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice.

- G. Personal Representatives. You may exercise your rights through a personal representative who will be required by the Plan to produce evidence of his or her authority, under applicable state law, to act on your behalf. Proof of authority may

be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or if you are the parent of a minor child. The Plan reserves the right to deny access to your personal representative.

- H. For Further Information/Complaints. If you desire further information about your privacy rights, are concerned that the Plan has violated your privacy rights, or disagree with a decision that the Plan made about access to Your Protected Health Information, you may contact the Plan's Privacy Officer. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. ***Neither the Plan Sponsor nor the Plan will retaliate against you if you file a complaint with it or the Secretary.***

VI. Effective Date and Duration of This Notice

- A. Effective Date: This Notice is effective as of January 1, 2013.
- B. Right to Change Terms of this Notice. The Plan may change the terms of this Notice at any time. If the Plan changes this Notice, it may make the new notice terms effective for all of Your Protected Health Information that it maintains, including any information created or received prior to issuing the new notice. If the Plan changes this Notice, it will send the new notice to you if you are then covered by the Plan. You also may obtain any new notice by contacting the Privacy Officer.

VII. Privacy Officer

You may contact the Privacy Officer at:

Allison Scheer
YMCA Employee Benefits
101 N Wacker Drive
Chicago, IL 60606
Telephone: (312) 419-8786
E-mail: allison.scheer@ymca.net

VIII. Keep Your Plan Informed of Address Changes

In order to protect your and your family's Plan privacy rights, you should keep the Human Resources Department informed of any changes in your address and the addresses of your covered family members. In the event that your PHI has been breached, the Plan will notify you at your address on record.

INSTRUCTIONS REGARDING AUTHORIZATION

A signed Authorization gives the Plan permission to use and disclose an Individual's protected health information ("Protected Health Information") for reasons *other than* treatment, payment, or health care operations.

You generally do not need to obtain an Authorization if disclosure is for any of the following reasons:

- required by law;
- for public health activities or purposes;
- regarding child abuse, neglect, or domestic violence;
- to a health oversight agency for activities authorized by law;
- for a judicial or administrative proceeding;
- for law enforcement purposes;
- for identification purposes regarding a deceased person;
- for organ, cadaveric, eye, or tissue donations;
- for certain approved research purposes;
- to avert a serious threat to health or safety;
- for specialized government functions; or
- for workers' compensation purposes, if the disclosure is required by law.

You may require an Individual to sign an Authorization as a condition of their enrollment in the Plan or their eligibility for Plan benefits. Please note that even if the Individual signs the Authorization form, the Plan is not permitted to use or disclose an Individual's psychotherapy notes, except as required by or consistent with applicable law.

An Individual must be permitted to revoke his or her Authorization by completing the Authorization Revocation form. Since certain Plan decisions regarding enrollment and eligibility for benefits are conditioned on Individual Authorization, revocation of an Authorization could negatively impact an Individual's rights and benefits under the Plan.

Once you are aware that an Individual has revoked his or her Authorization, or once an Individual's Authorization has expired, you must discontinue using the Individual's Protected Health Information. However, you are not required to retrieve Protected Health Information already used or disclosed based on the prior Authorization.

An Individual may designate a personal representative to sign an Authorization or an Authorization Revocation. If this is the case, a Personal Representative Form must be attached to the Authorization or Authorization Revocation Form unless such form is not applicable.

You must provide a copy of the signed Authorization to the Individual (or his or her personal representative).

Please remember that completed Authorization, Authorization Revocation, and Personal Representative Forms must be retained by the Plan for six years (or longer if required under applicable state law) after the effective date of the Individual's Authorization, revocation, or representative designation.