

On the Mark, Inc.  
NOTICE OF PRIVACY PRACTICES

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

On the Mark, Inc. is required by the privacy regulations issued under Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of "protected health information." Protected health information (PHI) includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payments for your health care. This includes information of persons living or deceased.

This notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from Human Resources.

**WAYS WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

The following categories describe ways that we use and disclose your information. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use and disclose information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

**For Payment.** We may make requests, uses, and disclosures of your protected health information as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your protected health information for the payment purposes of a health care provider or a health plan.

**For Health Care Operations.** We may use and share information about you for health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

**Communicating with Your Family and Friends.** We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you the opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care. For example, we may use our professional judgment to disclose protected health information to your spouse concerning the processing of a claim.

**Business Associates.** At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. For example, we might disclose your protected health information to a third party who assists in the creation, renewal, or replacement of your Group Health Plan coverage.

**OTHER SITUATIONS**

Except for the special situations set forth below and the general uses and disclosures described above, we will not use or disclose your protected health information for any other purposes unless you provide a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization. The following situations allow us to use and disclose your protected health information without your authorization.

**As Required By Law.** We will disclose information about you when required to do so by federal, state or local law. For example, we may release information about you in response to a valid subpoena or for communicable disease reporting.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose information 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. We would share this information only with



someone able to help prevent the threat and/or action. These disclosures may be to law enforcement officials to respond to a violent crime, or to protect the target of a violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

**Organ and Tissue Donation.** If you are an organ donor or recipient, we may release your information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and 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 member has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else 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.

**Law Enforcement.** We may release information about you if asked to do so by a law enforcement 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;
- If you are suspected to be a victim of a crime, generally with your permission;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and,
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose your information to authorized federal officials so they may provide protection to the President, other authorized persons, and foreign heads of state, or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING INFORMATION ABOUT YOU**

**Right to Inspect and Obtain Copies.** You have the right to review and obtain copies of information that may be used to make decisions about your care. To inspect and copy information that may be used to make decisions about you, you must submit your

request 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.

**Right to Request Amendments.** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. To be considered, your amendment request must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. We are not obligated to make all requested amendments, but will give each request careful consideration. 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:

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

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a post office box. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will seek to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosing of information about you for treatment, payment, health care operations, or with individuals involved in your care. We are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate.. To request restrictions, you must 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; and (3) to whom you want the limits to apply. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures made about you that were not related to the routine uses listed above. This list will not include disclosures prior to April 14, 2003, or those that you have specifically authorized. To request this list or accounting of disclosures, you must submit your request in writing to Medical Information Services. Your request should indicate in what form you want the list (for example, on paper versus in an electronic file). 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 estimated cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you should immediately contact Human Resources. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

If you have questions or need further assistance regarding this notice, please contact Human Resources at (989) 317-8033.

This notice is effective as of 1/1/2018.