

CIS EMPLOYEE BENEFITS TRUST PLAN

NOTICE OF PRIVACY PRACTICES

Effective Date: This Notice is effective May 1, 2016

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.

Background

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the U.S. Department of Health and Human Services has issued regulations that govern how group health plans and other "covered entities" use and disclose "protected health information." This Notice will refer to those regulations as the "Privacy Regulations."

The term "Plan," as used in this Privacy Notice, refers generally to the CIS Employee Benefits Trust Plan. However, the Privacy Regulations apply only to the programs maintained under the Plan that provide group health care benefits. These programs to which this Notice applies are the CIS Medical, Dental and Vision Programs, Healthcare FSA Program, Healthy Benefit Programs and Employee Assistance Plan.

The Plan is required by law to maintain the privacy of any protected health information it maintains, and to provide employees covered under the Plan with notice of the Plan's legal duties and its privacy practices

This Notice describes how your protected health information may be used and disclosed and how you can get access to this information.

Permitted Uses and Disclosures

The Plan is permitted to use or disclose your protected health information only in the situations described below.

To the individual to whom it pertains. The Plan may disclose your protected health information to you upon written request.

For payment purposes. The Plan may disclose your protected health information for its payment activities, or may disclose it to another covered entity for the payment of activities of the recipient covered entity. For example, the Plan may disclose your health information to your doctor to assist with the proper payment of medical bills that have been submitted to the Plan for payment.

For health care operations purposes. The Plan may use and disclose your health information to enable it to perform its operations, or to facilitate the provision of benefits to persons covered under the Plan. For example, the Plan may use your health information to develop ways to arrange for medical review, or to engage in general administrative activities, such as customer service or responding to questions or concerns.

To advise of health-related benefits and services. The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

To CIS. The Plan may disclose your PHI to CIS and designated CIS workforce personnel to allow them to carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. These individuals will protect the privacy of your health information, and ensure it is used only as described in this Notice or as permitted by law.

For treatment purposes. The Plan may disclose your health information 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 your treating physician about the types of prescription drugs that you currently take.

To inform of treatment alternative. The Plan may use and disclose your health information to inform you of possible treatment options or alternatives that may be of interest to you.

Pursuant to an authorization. The Plan may disclose your protected health information if you have specifically authorized the disclosure in writing. You may revoke any such authorization at any time. A revocation must also be in writing.

To individuals involved in your care or payment of your care. The Plan may disclose PHI to a close friend or family member involved in, or who helps pay for, your health care.

To a Business Associate. The Plan may disclose health information to other persons or organizations, known as business associates, who provide services on the Plan's behalf. To protect your health information, the Plan requires its business associates to appropriately safeguard the health information disclosed to them.

As required by law. The Plan will disclose your health information when required to do so by federal, state or local law.

Special Uses and Disclosures

The Plan may also disclose your health information under the circumstances described below.

- Disclosures for public health activities;
- Disclosures about victims of abuse, neglect or domestic violence;
- Disclosures for health oversight activities;
- Disclosures for judicial and administrative proceedings;
- Disclosures for law enforcement purposes;
- Disclosures about decedents;
- Disclosures for organ donation purposes;
- Disclosures for research purposes;
- Disclosures to avert a serious threat to health or safety;
- Disclosures for specialized government functions; and
- Disclosures for workers' compensation.

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. Although not applicable under the Plan, the law expressly restricts the use and disclosure of (i) psychotherapy notes, (ii) the use or disclosure of health information for marketing purposes, or (iii) disclosures that constitute a sale of health information, unless authorized by you. If you authorize the Plan to use or disclose your health information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer disclose or use your health information for the reasons covered by your written authorization. However, the Plan will not retract any uses or disclosures previously made as a result of your prior authorization.

Your Rights Regarding Health Information about You

You have the rights regarding your health information that are described below.

Protection of Genetic Information. Genetic information about you or your family members may not be used or disclosed by the Plan for activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, or for any other underwriting purpose.

Notification of Breach of Unsecured Health Information. You will be promptly notified if the Plan or a business associate discovers a breach of unsecured health information that affects you.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information maintained by the Plan. Your request must be in writing and should be submitted to the Plan. The Plan may charge a fee for the costs of copying and mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your health information. Generally, if you are denied access to health information, you may request a review of the denial.

Right to Amend. If you feel that your health information maintained by the Plan 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 maintained by the Plan.

To request an amendment, you must send a detailed request in writing to the Plan. You must provide the reasons supporting your request. The Plan may deny your request if the health information requested to be amended is in fact accurate and complete, not created by the Plan, not part of the health information maintained by the Plan, or not information that you are otherwise permitted to inspect and copy.

Right to an Accounting of Disclosures. You have the right to request a list of your health information that has been disclosed by the Plan, other than disclosures made (i) for treatment, payment or health operations; (ii) to you, or to a person involved in your case; (iii) to a law enforcement custodial official, or for national security purposes; or (iv) in a manner that removed information that identified you.

The request must be made in writing to the Plan. The request must specify the time period for which you are requesting the information (for example, disclosures made during the six months preceding the date of the request). The Plan is not required to provide an accounting for disclosures made more than six years prior to the request.

Right to Request Restrictions. You may request restrictions on the Plan's use and disclosure of your health information for treatment, payment or health care operation purposes. You also have the right to request a restriction on the Plan's disclosure of your health information to someone involved in the payment of your care. For example, you may request that the Plan not disclose to a family member information regarding a particular surgery that you have had. A request for restrictions must be made in writing to the Plan. However, the Plan is not required to agree to your request.

Right to Receive Confidential Communications. You have the right to request that the Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Plan only communicate with you at a certain telephone number or by email.

If you wish to receive confidential communications, please make your request in writing to the Plan. Your request must specify how or where you wish to be contacted. The request must also include a statement that the disclosure of all or part of the information to which the request pertains could endanger you. The Plan will attempt to honor your reasonable requests for confidential communications.

Right to Obtain Paper Copy. You have a right to request and receive a paper copy of this Notice at any time, even if you have previously received this Notice. The request for a paper copy should be made with the Plan's contact person identified below.

You may also obtain a copy of the Notice at the Members' portal website: <https://www.cisbenefits.org>.

Right to Change Terms of Notice

The Plan reserves the right to change the terms of the Privacy Notice and to make the new Notice provisions effective for all protected health information that the Plan maintains. Any such new Notice will be prominently posted on the Members' portal website. Until such time as a Notice is revised, the Plan is required by law to abide by the terms of the current version of the Notice.

Complaints

You may complain to the Plan and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. Any complaint to the Plan should be made in writing, and be sent to the contact person below. . If you believe your privacy rights have been violated, you may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against for filing a complaint.

Contact

If you would like to speak with a Plan representative regarding the content of this notice or the privacy of protected health information in general, you may call Carolyn Van Dyke at (503) 763-3820. Alternatively, you may write to:

CIS Employee Benefits Trust Benefit Plan
c/o CIS Privacy Official
1212 Court ST NE
Salem, OR 97301