

ADVOCATE HEALTH CARE NETWORK WELFARE BENEFITS PLAN
NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2009

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. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JANE CARPENTER.

Introduction

This Notice applies to the Advocate Health Care Network (“Advocate”) medical, dental, vision and prescription drug benefit options, health care flexible spending account, and employee assistance program available under the Advocate Health Care Network Welfare Benefits Plan. For convenience, this Notice uses the term “Plan” to refer to these different benefits.

Some of the benefits under the Plan are provided through insurance companies. If you receive Plan benefits through insurance companies, you may receive separate notices from our insurers describing how they use and disclose protected health information. This Notice does not apply to other Advocate benefit programs such as long- and short-term disability, workers’ compensation, life insurance and paid time off.

The Plan is required by law to maintain the privacy of participants’ protected health information and to provide participants with notice of its legal duties and privacy practices regarding protected health information.

Your health information is highly personal, and the Plan is committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. For Plan administration purposes, the Plan (and various outside service providers hired by the Plan) creates records (such as records of health claims), and this Notice applies to all such records. Other notices and practices may apply to records created or maintained by your doctor or other health care provider. References to the Plan in this Notice generally include the Plan’s outside service providers that assist with administration of the various benefit options.

This Notice summarizes how the Plan may use and disclose your protected health information for:

- your treatment
- payment of your claims
- health care operations functions of the Plan, and
- other uses and disclosures of such information allowed by law.

It also describes your ability to access and control the use and disclosure of your protected health information.

The Plan must abide by the terms of this Notice of Privacy Practices as currently in effect. The terms of this Notice may change and new notice provisions effective for all protected health information held by or on behalf of the Plan may be added. In the event of a change to this Notice of Privacy Practices, the Plan Administrator will distribute a revised Notice.

Use and Disclosure of Your Protected Health Information for Plan Administration

This section describes different ways the Plan may use and disclose protected health information. Not every possible use or disclosure is listed, but all of the ways your information may be disclosed for Plan administration fall into three categories: (i) treatment, (ii) payment, and (iii) health care operations.

Treatment

Your protected health information may be used or disclosed to carry out medical treatment or services by health care providers. For example, in carrying out treatment functions, the Plan (or service providers acting on behalf of the Plan, such as a pharmacy benefit manager) could use or disclose your protected health information to protect you from receiving inappropriate medications or share information about prior prescriptions if a newly prescribed drug could cause problems for you. The Plan also may share information about prior treatment with a health care provider who needs such information to treat you or your family properly.

Payment

Your protected health information may be used or disclosed to determine your eligibility for Plan benefits, to coordinate coverage between this Plan and another plan, and to facilitate payment for services you receive. For example, your information may be shared with an outside vendor that the Plan has hired to review use of certain services or medications, or with an outside company hired to help the Plan ensure that it is properly reimbursed if a third party is responsible for medical costs the Plan would otherwise pay.

Health Care Operations

Your protected health information may be used for various administrative purposes that are called “health care operations” of the Plan. For example, your information could be shared with a member of your family who is involved in your health care. Your information might be included as part of an audit designed to ensure that the Plan’s outside claims administrator is performing its job as well as it should for the Plan. And your information, along with that of all other participants, may be used each year to set appropriate premiums for the Plan or to help secure insurance that is needed to protect the Plan or Plan sponsor financially.

Disclosures for Payment, Treatment and Health Care Operations

The Plan often relies on outside service providers (generally known as “business associates”) to handle important administrative tasks on behalf of the Plan. When these tasks involve the use or disclosure of protected health information for payment, treatment, or health care operations, the Plan is permitted to share your information with these outside providers (for example, the companies that may process claims for benefits under the Plan, administer your prescription drug benefits under the Plan, or conduct a health risk assessment under the Plan). Whenever an arrangement between the Plan and a third party business associate involves the use or disclosure of your protected health information, that business associate will be required to keep your information confidential.

The Plan also may share your information with the Plan sponsor. For instance, the Plan may disclose whether you are participating in, enrolled in, or disenrolled from the Plan. Generally, the Plan sponsor may use the information to carry out its Plan administrative functions. The Plan sponsor has agreed to prevent unauthorized use or disclosure of the information and to limit the employees who have access to such information. In no event may the Plan sponsor use the protected health information it receives from the Plan for benefit programs that do not provide health benefits, to make any employment-related decisions, or for any other purpose other than as required by law or permitted by the Plan.

Additional Uses and Disclosures Allowed by Law

Federal law on health record privacy also allows covered health care entities, including our Plan, to use and disclose protected health information without obtaining written authorization in the following circumstances:

- as authorized by and to the extent necessary to comply with workers' compensation or similar laws
- for judicial and administrative proceedings, such as lawsuits or other disputes in response to a court order or subpoena, and
- for public health activities, such as preventing or controlling disease and reporting reactions to medications.¹

Other Protections You May Have Under State Laws

State insurance laws and other laws may give you greater rights than those secured under federal law (which our Plan already follows). When the Plan Administrator becomes aware of state laws that offer you greater rights to protect your information, you will be notified within a reasonable time and told how the state laws affect you.

No Other Uses or Disclosures Without Your Authorization

Other than the uses and disclosures described in this Notice, the Plan may not disclose your protected health information or make any other use of it without your written authorization. You may revoke any such authorization in writing except to the extent that the Plan has already taken action in reliance on your authorization.

You May Access Your Protected Health Information Maintained by the Plan

You may inspect and copy your protected health information as long as it is maintained by the Plan or on behalf of the Plan, as described in this Notice. This ability would not apply to certain narrow types of information—psychotherapy notes; information that may be used in a civil, criminal, or administrative action or proceeding, and information that is not part of the records maintained by or on behalf of the Plan.

Generally, your information will be provided to you in a form regularly maintained by the Plan. If you consent, the Plan may provide a summary or explanation of your information that it holds instead of providing you access to the information.

Requesting Access

You may make your request for access to your information by writing to the appropriate contact listed on the Contact Information page attached to this Notice.

The Plan's benefit contact will respond to your request within 30 days after its receipt if the information is maintained or accessible on-site or 60 days after receipt if the information is not maintained or accessible

¹ Several other uses and disclosures are allowed by law but are unlikely to affect the Plan, including: to government agencies for victims of abuse, neglect or domestic violence; for health oversight activities (audits, investigations, inspections, licensure, etc.); for law enforcement purposes (responding to a court order or subpoena, identifying a suspect or a missing person, providing information about a crime victim or criminal conduct, etc.); to coroners and medical examiners for identification of or to determine a cause of death of deceased persons or as otherwise authorized by law; to funeral directors as necessary to carry out their duties; to an organ procurement organization or entity for organ, eye or tissue donation purposes; for certain research purposes, or to avert a serious threat to health or safety of a person or the public; and under specialized government functions that warrant the use and disclosure of protected health information (these government functions may include military and veterans' activities, national security and intelligence activities, and protective services for the President and others). Information also may be disclosed to correctional institutions and other law enforcement officials with lawful custody of an inmate or other person.

on-site. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan's benefit contact will act on your request within 60 days after its receipt if the information is available on-site or 90 days after receipt if the information is not available on-site. You will receive written notification of the Plan's decision.

Denial of Request for Access

The Plan's benefit contact may deny your request for access to your protected health information only under certain limited circumstances.² In the event of a denial, the Plan's benefit contact will provide access to any part of the requested material that would not cause these problems.

Requesting Review of Access Denial

In most situations, you are entitled to request review of an access denial.³ In these instances, a health care professional that the Plan (or its service provider) has chosen may review your protected health information. This person will not have been involved in the original decision to deny your request.

If your request for access to your information is denied and you will be able to request review of the denial, you may request review by writing to the appropriate contact listed on the Contact Information page attached to this Notice. You will receive written notification of the decision on review within a reasonable time after you submit your request for review.

Copying Fees

You may be charged a reasonable fee to cover costs related to copying your information, preparation of an explanation or summary of the protected health information, and postage.

Amendment of Your Protected Health Information

Requesting Amendment

You may request amendment of your protected health information by writing to the appropriate contact listed on the Contact Information page attached to this Notice. You must provide a reason to support the requested amendment.

The Plan's benefit contact will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan's benefit contact will act on your request within 90 days after its receipt.

Grant of Request for Amendment

If your request for amendment of your protected health information is granted, the Plan's service provider will make the appropriate amendment by identifying the records that are affected by the amendment and appending (or otherwise linking) the amendment to the original record. The Plan's benefit contact will notify you that the amendment has been made and request your permission to notify others of the

² Your request may be denied if: a licensed health care professional determines that your request is reasonably likely to endanger your or anyone else's life or physical safety; the information you request refers to another person, and a licensed health care professional determines that the access requested is reasonably likely to cause substantial harm to that person; or the request is made by your personal representative and a licensed health care professional determines that providing access to your representative is reasonably likely to cause substantial harm to you or to another person.

³ In the following limited cases, your request for access to your protected health information may be denied without giving you an opportunity to request review of that decision: the information you seek to access is excepted from the right to access as described above; the information you seek was created or obtained in the course of ongoing research; you are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or of other inmates (the Plan will not provide your information if it would threaten the safety of any officer, employee or other person at the correctional institution who is responsible for transporting you); the information you seek to access is contained in records protected by the Federal Privacy Act and the denial satisfies the requirements of that law; or the information you seek to access is obtained from someone other than a health care provider under a promise of confidentiality and your access request would be reasonably likely to reveal the source of the information.

amendment. These other individuals may include those you have identified to receive the amendment as well as individuals the Plan's service provider knows have the original protected health information and may have relied, or could foreseeably rely, on that information to your detriment.

If the Plan is informed of an amendment to your protected health information, it will revise its records accordingly. You will be able to have your protected health information amended, as described in this Notice, for as long as it is maintained by the Plan or on behalf of the Plan.

Denial of Request for Amendment

Your request for amendment may be denied if:

- the Plan (or its service providers) did not create the information
- the information is not part of the records maintained by or on behalf of the Plan
- the information would not be available for your inspection (for one of the reasons described above), or
- the Plan's service provider determines that the information is accurate and complete without the amendment.

If your request for changes in your protected health information is denied, you will be notified in writing of the reason for the denial. You also will be informed of your right to submit a written statement disagreeing with the denial that is a reasonable length. A rebuttal statement to your statement of disagreement may be prepared by or on behalf of the Plan. You will receive a copy of any such rebuttal statement.

Your statement of disagreement and any corresponding rebuttal statement will be included with any subsequent disclosures of applicable information. If you do not file a statement of disagreement, the Plan must submit your request for amendment (or a summary of such request) with any disclosure of the applicable information.

Accountings of Disclosures of Your Protected Health Information

Effective April 14, 2003, or later if permitted by federal law, if the Plan or its outside service providers disclose your protected health information to anyone besides you for reasons that you have not authorized (other than the "treatment, payment, and health care operations" described above), you will be able to receive information about such disclosures, as described in this Notice. This information is called an "accounting."

A few minor exceptions apply. The law does not require accountings for disclosures described in the "Additional Uses and Disclosures Allowed by Law" section above or for disclosures to persons involved in your care, for national security or intelligence purposes, for disclosures to correctional institutions or law enforcement officials, or for disclosures that are part of a limited data set that contains no more information than: (i) your age or date of admission, discharge or death and (ii) your city, state, county, precinct or zip code.

Requesting an Accounting

You may make your request for an accounting of disclosures of your protected health information by writing to the appropriate contact listed on the Contact Information page attached to this Notice.

Your request must specify a time period, which may not be longer than six years. (Remember, though, that information is available only for disclosures made on or after April 14, 2003, or later if permitted by federal law.) The Plan's benefit contact will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan's benefit contact will act on your request within 90 days after its receipt.

For each disclosure, you will receive:

- the date of the disclosure
- the name of the receiving entity and address, if known
- a brief description of the protected health information disclosed, and
- a brief statement of the purpose of the disclosure or a written copy of the request for the information, if any.

Accounting Fee

In any given 12-month period, you may receive one accounting of the disclosures of your protected health information at no charge. Any additional request for an accounting during that period will be subject to a reasonable fee to cover the Plan's costs in preparing the accounting.

You May Request Restrictions

You may request restrictions on certain uses and disclosures of your protected health information to carry out Plan treatment, payment or health care operations functions as described in this Notice. For example, you may ask that the Plan not disclose information regarding your health to your spouse or children. The Plan is not required to agree to the requested restriction, except in limited circumstances described in the next sentence. The Plan (or its service providers) generally may discuss a participant's health information (without an authorization) with members of the participant's family who are involved in the participant's health care, but if the participant objects and requests a restriction on such uses or disclosures the Plan must limit its uses and disclosures to the extent necessary to accommodate the participant's request.

If the Plan does agree to honor your requested restriction, it will not use or disclose your information in the way you specified unless the information is needed to provide emergency treatment. If the Plan discloses restricted information due to an emergency, the Plan will request assurances from the service provider or other recipient of the information that it will not further disclose your restricted information.⁴

You may make your requests to restrict the use and disclosure of your protected health information by writing to the appropriate contact for the applicable benefit option, as listed on the Contact Information page attached to this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Requests to remove a restriction also should be sent to the appropriate contact listed on the Contact Information page.

Your request for removal of a restriction must state the specific restriction to be removed. If you orally inform the Plan of your desire to remove the restriction, the Plan may terminate the restriction if it documents your request. Additionally, the Plan may remove a restriction without your consent on a going-forward basis, which means that previously restricted information would remain restricted but new information would not be subject to the restriction.

You May Request Confidential Communications

In certain circumstances, you may ask to receive confidential communications of protected health information by other means or at different locations by writing to the appropriate contact listed on the Contact Information page attached to this Notice. For example, if receiving communications at a particular location could put you in danger, you may ask to be contacted only at your work telephone number or address. Reasonable requests that clearly state, in writing, that the disclosure of all or part of

⁴ If the Department of Health and Human Services requests any of your restricted health information during an investigation of the Plan, the Plan must disclose the information even though it is restricted. Additionally, if the disclosure is of the type for which your authorization is not required and you would not otherwise be given an opportunity to object to the disclosure, the Plan may disclose the restricted information.

your protected health information could endanger you will be honored. All other requests that do not involve endangerment will be considered and you will be notified of the decision.

Complaints

If you believe the Plan has violated your privacy rights, you may file a complaint with the Plan or with the Secretary of Health and Human Services. Complaints to the Plan should be filed in writing with Kimberly Dwyer, the Advocate Benefit Services Privacy Officer, at 2025 Windsor Drive, Oak Brook, IL 60523. You will not be penalized in any way for filing such a complaint.

Additional Information

For further information regarding the issues covered by this Notice of Privacy Practices, please contact: Jane Carpenter, Senior Benefits Analyst, at 2025 Windsor Drive, Oak Brook, IL 60523 or jane.carpenter@advocatehealth.com.

This Notice is a “summary of material modifications” (SMM) for the Advocate Health Care Network Welfare Benefits Plan. It is intended to update your “summary plan description” (SPD) for the Plan. To the extent of these changes, this SMM takes precedence over your SPD. Both the SMM and the SPD describe the major provisions of the legal plan documents themselves. For an extra copy of the SPD, contact your local human resources office. As always, you may inspect copies of the legal plan documents themselves during normal business hours by contacting your local human resources office. The Plan sponsor retains the right to terminate the Plan at any time and may amend or otherwise modify the Plan at any time.

CONTACT INFORMATION

BENEFIT OPTION	CONTACT	CONTACT INFORMATION
Medical Benefits <ul style="list-style-type: none"> • HumanaHMO (Premier) • HumanaPPO/DRP • CoreSourcePPO/DRP • HDHP 	<p>Humana Insurance Company Attention: Privacy Officer</p> <p>CoreSource, Inc. Attention: Privacy Officer</p>	<p>P.O. Box 14601 Louisville, KY 40201 Phone: 866-861-2762 TDD: 800-526-0844 www.humana.com</p> <p>P.O. Box 83301 Lancaster, PA 17608-3301 www.coresource.com</p>
Dental Benefits <ul style="list-style-type: none"> • DentalHMO • MetLifePDP/MetLifePDP with Orthodontia 	<p>Guardian/First Commonwealth Attention: Guardian Corporate Privacy Officer</p> <p>MetLife Attention: Institutional Business Privacy Officer</p>	<p>Group Quality Assurance-WRO P.O. Box 2457 Spokane, WA 99210-2457</p> <p>P.O. Box 6896 Bridgewater, NJ 08807-6896 Phone: 908-253-2706 hipaaprivacyinst@metlife.com</p>
Prescription Benefits	<p>Caremark Attention: Dena Rus</p>	<p>Phone: 480-391-4343 www.caremark.com</p>
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> • Health Care Flexible Spending Account • Deductible Reimbursement Account 	<p>Tri-Star Benefit Systems, Inc Attention: Privacy Officer</p>	<p>14323 South Outer 40 Rd. Suite 200 South Chesterfield, MO 63017</p>
Employee Assistance Program	<p>Attention: John F. Smith, Ph.D.</p>	<p>P.O. Box 776 Oak Lawn, IL 60454 Phone: 800-775-0304</p>
Behavioral Health Certification Unit <ul style="list-style-type: none"> • HumanaHMO (Premier) • HumanaPPO/DRP • CoreSourcePPO/DRP • HDHP 	<p>Humana Insurance Company Attention: Privacy Officer</p> <p>Attention: John F. Smith, Ph.D.</p>	<p>Phone: 800-331-9040</p> <p>P.O. Box 776 Oak Lawn, IL 60454 Phone: 800-775-0304</p>
Continuation of Coverage	<p>ADP COBRA Services</p>	<p>P.O. Box 2998 Alpharetta, GA 30023-2998 800-526-2720</p>

BENEFIT OPTION	CONTACT	CONTACT INFORMATION
Health and Productivity Management Program	<p>Accordant Attention: Ellen Hodge Director of Business Practices and Compliance</p> <p>Active Health Management, Inc.</p> <p>HealthMedia Inc. Attention: Melinda C. Phillips Privacy Officer</p> <p>IHAP (Integrated Health Advocacy Program) Attention: Privacy Officer</p> <p>Nationwide Better Health Attention: Jodi Dunn HIPAA Compliance Officer</p>	<p>9501 E. Shea Blvd Scottsdale, AZ 85260</p> <p>102 Madison Ave. New York, NY 10016 Phone: 212-981-8331</p> <p>130 S. First Street Ann Arbor, MI 48104 Phone: 734-786-3010</p> <p>1 West State Street Suite 203 Geneva, IL 60134 Fax: 630-444-2029</p> <p>300 Clubhouse Road, Suite 100 Hunt Valley, MD 21031 Phone: 410-891-3480 Fax: 410-891-3326</p>

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