



**TRINITY HEALTH CORPORATION WELFARE BENEFIT PLAN
TRINITY HEALTH CORPORATION RETIREE BENEFIT PLAN 506 (GRANDFATHERED)
TRINITY HEALTH CORPORATION RETIREE BENEFIT PLAN 507 (GRANDFATHERED)**

NOTICE OF PRIVACY PRACTICES

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.

This notice applies to the Trinity Health Corporation Welfare Benefit Plan, Trinity Health Corporation Retiree Benefit Plan 506 (Grandfathered) and Trinity Health Corporation Retiree Benefit Plan 507 (Grandfathered) (individually and collectively referred to herein as the “Plan”) and, specifically, the benefit programs included within the Plan that are subject to the HIPAA privacy rules (i.e., the medical, prescription drug, dental, vision, employee assistance, healthcare spending account and healthcare reimbursement account program components of the Plan, as applicable). In this notice “we,” “us” and “our” generally refer to the Plan.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Health care operations
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

The notice is for informational purposes only. No action is required on your part as a result of this notice.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have in your “designated record set” except (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by the Plan to the extent the provision of access to you would be prohibited by law.
- Your “designated record set” is a group of records the Plan maintains that includes enrollment, payment, claims adjudication, and care and medical management records.
- Your request must be submitted in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the HR4U colleague portal or, if your ministry has not yet transitioned to the Trinity Health Human Resources Service Center (“HR Service Center”), the mybenefits intranet site at <http://mybenefits.trinity-health.org/>.
- We will provide a copy or a summary of your designated record set, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- The Plan reserves the right to deny you access to and copies of certain information as permitted or required by law. Generally, if you are denied access to health information, you may request a review of the denial from the Privacy Official.

Ask us to correct health and claims records

- You can ask us to correct your health information or a record about you contained in your designated record set if you think it is incorrect or incomplete.
- Your correction request must be submitted in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the HR4U colleague portal or, if your ministry has not yet transitioned to the HR Service Center, the mybenefits intranet site at <http://mybenefits.trinity-health.org/>.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Your request must be in writing and sent to the Privacy Official.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- Your request must be submitted in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the HR4U colleague portal or, if your ministry has not yet transitioned to the HR Service Center, the mybenefits intranet site at <http://mybenefits.trinity-health.org/>.
- If the Plan agrees to a restriction, the Plan is bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. You cannot request to restrict uses or disclosures that are otherwise required by law.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information within the six (6) years prior to the date you ask, who we shared it with, and why.
- You may request an accounting of disclosures for a period less than six (6) years from the date of the request.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- If the Plan uses or maintains an electronic health record with respect to protected health information, you can ask for an accounting of the times we've shared your health information within a designated record set, which includes all disclosures for purposes of payment, health care operations, or treatment, over the past three (3) years, in accordance with the laws and regulations currently in effect.
- Your request for an accounting must be submitted in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the HR4U colleague portal or, if your ministry has not yet transitioned to the HR Service Center, the mybenefits intranet site at <http://mybenefits.trinity-health.org/>.
- The Plan reserves the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian or other person who has the authority under applicable law to act on your behalf in making decisions relating to your health care, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you believe your privacy rights have been violated

- You can file a complaint if you feel we have violated your privacy rights.
 - You can file a complaint in writing by mail or electronically to the Plan's Privacy Official at the contact information on page 6 of this notice.
 - You can 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, calling 1-877-696-6775, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/.
- A complaint must be received by the Plan or filed with the U.S. Department of Health and Human Services, Office of Civil Rights, within 180 days of when you knew or should have known that the act or omission complained of occurred.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Limit our sharing of your health information with a family member, other relative, close personal friend, or any other person identified by you of your health information directly relevant to such person's involvement with your health care or payment related to your health care;
- Limit our use or sharing of your health information to notify, or assist in the notification of your family member(s), personal representative, or any other person responsible for your care of your location, general condition or death; and
- Limit our use or sharing of your health information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are not present or are unconscious, we may go ahead and share your health information with your family member(s), other relative(s), close personal friend(s) or other person(s) involved with your health care or payment related to your care or needed for notification purposes if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, subject to limited exceptions specified in the law, we will not share your information unless you give us written permission (i.e., you authorize the use or disclosure in writing):

- Marketing purposes (e.g., if the Plan receives any direct or indirect financial remuneration in exchange for making a communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you); and
- Sale of your information.
- See the “Our Responsibilities” section below for additional information about authorizations.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways. These uses and disclosures do not require your permission

- **Help manage the health care treatment you receive**
 - We can use and disclose your health information for treatment purposes.
 - *Examples of uses and disclosures of your health information for treatment purposes are:*
 - Disclosing your PHI to health care providers who request it in connection with the coordination or your care; and
 - Disclosing your PHI to health care providers in connection with utilization review or disease and case management programs.
- **Health care operations**
 - We can use and disclose your health information in connection with the general management of the Plan and to contact you when necessary.
 - We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
 - *Examples of uses and disclosures of your health information for purposes of health care operations are:*
 - Contacting patients with information about treatment alternatives or other health-related benefits or services;
 - Communications in connection with case management, care coordination or population health and wellness;
 - Reviewing the qualifications of healthcare professionals;
 - Underwriting and premium rating excluding the use of genetic information for such purposes;
 - Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
 - General administrative activities of the Plan such as customer service and data analysis;
 - Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the Plan, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
 - Other activities necessary or appropriate for the maintenance of the Plan.
- **Pay for your health services**
 - We can use and disclose your health information as we pay for your covered health services.
 - *Examples of uses and disclosures of your health information for payment purposes are:*
 - Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts) and the adjudication or subrogation of health benefit claims;

- Billing, claims management and collection activities and related data processing;
 - Activities to obtain premiums or to determine or fulfill the Plan's responsibilities for coverage and provision of benefits under the Plan;
 - Medical necessity and appropriateness of care reviews, including utilization review activities; and
 - Disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.
- **Administer the Plan**
 - We may disclose your health information to the Plan sponsor (i.e., Trinity Health Corporation) for purposes of Plan administration. The Plan's disclosure of your health information to the Plan sponsor includes the disclosure of your health information to designated employees of the Plan sponsor so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to individuals involved in Plan-related administration. 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. Unless authorized by you in writing, your health information may not be disclosed by the Plan to any other Plan sponsor employee or department and will not be used by the Plan sponsor for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Plan sponsor.
- **To Business Associates**
 - Certain services are provided to the Plan by third parties known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim can be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

How else can we use or share your health information? We are allowed or required to share your information in other ways without your permission – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues**
 - We can share health information about you for certain situations such as:
 - Preventing disease;
 - Helping with product recalls;
 - Reporting adverse reactions to medications;
 - Reporting suspected abuse, neglect, or domestic violence; and
 - Preventing or reducing a serious threat to anyone's health or safety.
- **Do research**
 - We can use or share your information for health research subject to the requirements of HIPAA.
 - *Examples:* We can use or share your health information for research when:
 - The individual identifiers have been removed; or
 - An institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.
- **Comply with the law**
 - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**
 - We can share health information about you with organ procurement organizations.
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address workers' compensation, law enforcement, and other government requests**
 - We can use or share health information about you:
 - For workers' compensation claims;
 - For law enforcement purposes or with a law enforcement official;
 - With health oversight agencies for activities authorized by law; and
 - For special government functions such as military, national security, and presidential protective services.

- **Respond to lawsuits and legal actions**
 - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach of unsecured protected health information occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing (i.e., you authorize the use or disclosure in writing).
 - For example, most uses and disclosures of psychotherapy notes require your written authorization.
 - If you tell us we can use or share your information by signing an authorization, the Plan is required to use or disclose your health information in a manner consistent with the terms of your authorization and you may change your mind at any time (i.e., you may revoke your authorization at any time), except to the extent that either the Plan has taken action in reliance on your authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change or amend the terms of this notice at any time, and the changes or amendments will apply to all information we have about you. The new notice will be available upon request, on the HR4U colleague portal or, if your ministry has not yet transitioned to the HR Service Center, the mybenefits intranet site, and we will mail a copy to you.

Other Information

- Where multiple state or federal laws protect the privacy of your health information, the Plan will follow the requirements that provide the greatest privacy protection.
- Effective Date of this notice: September 15, 2020
- Privacy Official: Vice President, Total Rewards Benefits & Well-being
- Contact information:
 - Trinity Health Corporation
 - Attn: Vice President, Total Rewards Benefits & Well-being
 - 20555 Victor Parkway
 - Livonia, MI 48152
 - Phone Number: (734) 343-1000
 - Email address: weinerjz@trinity-health.org