

Notice of Privacy Practices

for health care information

January 1, 2022

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.

summary

This is a legally required notice to advise you of your important health care information privacy rights concerning the:

- Smiths Group Services Corporation Welfare Plan
- Smiths Group Services Corp Health Care Spending Account.
- Smiths Group Services Corp Group Critical Illness Insurance Plan.
- Smiths Group Services Corp Group Hospital Indemnity Insurance Plan.

(All of which have been designated as “affiliated” covered entities within the meaning of 45 C.F.R. § 164.105(b) and together are referred to as the “Plans”).

Its purpose is to notify you concerning:

1. How the Plans may use or disclose certain health information relating to you.
2. Information about how you may access your health information.
3. Rights you may exercise.

purpose of notice

This notice is provided as required by the federal Health Insurance Portability and Accountability Act of 1996, as amended, (“HIPAA”) and its regulations issued at 45 C.F.R. Parts 160 through 164 (the “Privacy Regulations”). As a participant or beneficiary of the Plans², you are entitled to receive a notice of the Plans’ privacy practices with respect to the Plans’ use or disclosure of your individually identifiable health information that they create or receive (your “Protected Health Information”). This Notice summarizes the Plans’ privacy practices.

This Notice is for the Plans’ participants and beneficiaries. While this notice is being sent directly only to the participant (such as the employee, former employee, or surviving spouse), it is deemed given to any current or future individuals (such as beneficiaries) who have coverage through the participant.

This notice is effective January 1, 2022. It is intended to inform you about:

- The Plans’ use or disclosure of your Protected Health Information.
- Your privacy rights with respect to the Plans’ use and disclosure of your Protected Health Information.

- The Plans' duties with respect to your Protected Health Information.
- Your right to file a complaint with the Plans or with the Secretary of Health and Human Services about the Plans' privacy practices.

The Plans reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all Protected Health Information that the Plans maintain. The Plans will provide you with a revised Notice when this Notice is revised.

Please note that this Notice applies only to your Protected Health Information that the Plans maintain. It does not affect your doctor's or other health care provider's privacy practices with respect to your Protected Health Information that they maintain.

overview of plans' responsibilities

The Plans are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of their legal duties and privacy practices with respect to your Protected Health Information. The Plans are required to abide by the terms of the notice that is currently in effect. However, the Plans reserve the right to make amendments or changes to any and all of their privacy policies and practices described in this notice and to apply such changes to all Protected Health Information the Plans maintain. Thus, any Protected Health Information that the Plans previously received or created may be subject to such revised policies and practices.

The Plans will promptly revise and distribute a revised notice whenever there is a material change to permitted uses or disclosures, an individual's rights, the Plans' legal duties, or other privacy practices stated in the notice. Such notice shall be provided within 60 days of its revision. Except when required by law, a material change reflected in such revised notice will not be implemented prior to the revised notice's effective date. The Plans will also notify you at least once every three years of the availability of the notice and how to obtain a copy.

You may also receive notices about the use and disclosure of Protected Health Information from others, such as from other health care plans or even insurers themselves (including HMOs). Thus, for example, if you receive benefits under the Smiths Group Services Corporation Welfare Plan through an HMO, you should also receive a notice from that HMO.

permitted uses and disclosures

The following uses and disclosures of your Protected Health Information may be made by the Plans without your written authorization:

1. To you.
2. To a health care provider (and those authorized by the Privacy Regulations to receive such information on his or her behalf) for the purpose of treating you. For example, the Plans may disclose your Protected Health Information to your doctor or to an emergency room doctor for the purpose of his or her providing health care services to you.
3. To a health care provider, health care plan, health care clearinghouse (and those authorized by the Privacy Regulations to receive such information on their behalf) for the purpose of payment for healthcare services provided to you. For example, the Plans may use or disclose your Protected Health

² This Notice assumes that you are a participant in one or more of the Plans. However, whether you are a participant in one or more of the Plans depends upon whether you qualify under the terms of such Plans.

Information so that you are enrolled in the coverage you elected, that coverage is paid for, and so that covered health care services are properly paid for. (This includes use or disclosure for purposes of enrolling you in your coverage, recordkeeping concerning your coverage, coordination of benefits paid with other plans and medical payment coverages, disclosures for reimbursement or subrogation in order for the Plans to pursue recovery of benefits paid from parties who caused or contributed to the injury or illness, disclosures to determine if the benefits claimed are covered under the Plans, are medically necessary, experimental or investigational or unproven services, and disclosures to obtain reimbursement under insurance, reinsurance, stop loss or excessive loss policies providing reimbursement for the benefits paid under the Plans on your behalf.)

4. To a health care provider, health care plan, health care clearinghouse (and those authorized by the Privacy Regulations to receive such information on their behalf) for the purpose of health care operations. For example, your Protected Health Information could be used (along with that of others) for purposes of determining the cost of future coverage with current or future health care insurers. However, the Plans will only disclose your Protected Health Information to (or on behalf of) a health care provider, another health care plan, or health care clearinghouse if it is for the type of health care operations for which the Privacy Regulations permit such disclosure (for example, quality assessment and improvement activities, reviewing competency and qualifications, health care training programs and detecting fraud and abuse) and you have a relationship with such health care plan or provider.
5. To a family member, other relative, or to a close personal friend, or other person you identify, but only to the extent that the Protected Health Information is directly relevant to such person's involvement in your health care or to notify them of your location, general condition, or death. Further, the Plans will not disclose your Protected Health Information to such a person unless you are given a reasonable opportunity under the circumstances to object and did not, in fact, object.
6. When required by law.
7. When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. Protected Health Information may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, provided that it is authorized or required by law.
8. When authorized or required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plans will promptly inform you that such a disclosure has been or will be made unless such notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform a minor that such a disclosure has been or will be made. Disclosure may generally be made to a minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to a minor's Protected Health Information.
9. To a public health oversight agency for oversight activities authorized or required by law. This includes uses or disclosures in civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
10. When required for judicial or administrative proceedings. For example, your Protected Health Information may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plans that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an

objection and no objections were raised (or any raised objections were resolved in favor of disclosure by the court or tribunal).

11. For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes include disclosing information about an individual who is (or is suspected to be) a victim of a crime, but only if the individual agrees to the disclosure or the Plans are unable to obtain the individual's agreement because of emergency circumstances.

Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement, and disclosure is in the best interest of the individual as determined by the exercise of the Plans' best judgment.

12. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized or required by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
13. For the purpose of facilitating organ, eye and tissue donations.
14. For certain limited research purposes, subject to conditions contained in the Privacy Regulations.
15. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
16. For the purpose of certain government functions specified in the Privacy Regulations, such as for military and national defense.
17. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
18. For purposes of marketing that is a face-to-face communication or is in the form of a promotional gift of nominal value, made by a health plan or health care provider.
19. To the Plans' business associate or limited data set recipient provided that such entities enter into an agreement with the Plans as required by the Privacy Regulations. A business associate is a vendor that provides services to or on behalf of the Plans. A limited data set recipient is an entity that receives partially de-identified Protected Health Information that meets the Privacy Regulations requirements for being a limited data set. Such limited data set can only be used by the limited data set recipient for purposes of research, public health, or health care operations.
20. Where permitted by the Privacy Regulations as incidental to another permitted use.
21. To the Secretary of Health and Human Services when required by the Secretary to investigate or determine the Plans' compliance with the Privacy Regulations.

separate statement of uses and disclosures for appointment reminders

The Plans may also use Protected Health Information to provide you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

separate statement of uses and disclosures for disease management services

The Plans may also use Protected Health Information to provide you with information, educational materials, and health coaching related to specific health conditions that may be of interest to you.

separate statement of uses and disclosures for second opinion services

If you are enrolled in the Medical PPO Plan, the High Deductible Health Plan or the High Deductible Health Plan Basic, and you seek a second opinion through the Health Decision Support Program prior to receiving knee, hip, back or spine surgery (on a non-emergency basis), the second opinion services vendor will also provide Protected Health Information to the claims administrator of the Medical PPO Plan, the High Deductible Health Plan or the High Deductible Health Plan Basic to ensure you are charged the appropriate amount for the procedure.

separate statement of disclosures to Smiths Group Services Corporation personnel who perform plan administration functions

The Plans may also disclose Protected Health Information to Smiths Group Services Corporation personnel who are properly authorized to receive such information in order to perform "plan administration functions" on behalf of the Plans.

special rule for psychotherapy notes

Notwithstanding the foregoing, the Plans will not use or disclose psychotherapy notes other than:

1. For their own treatment of the individual.
2. To their own defense in a legal or other proceeding brought by the individual.
3. Where disclosure is required to the Secretary of Health and Human Services.
4. Where disclosure is required by law.
5. For health oversight activities.
6. To a coroner or medical examiner.
7. To avert a serious threat to health or safety.

In general, psychotherapy notes are notes of your conversation with a mental health professional during a counseling session.

genetic information

In accordance with the Genetic Information Nondiscrimination Act, the Plans will not use or disclose genetic information for underwriting purposes, which include eligibility determinations, premium computations, applications of any pre-existing condition exclusions and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

authorizations

Unless otherwise permitted or required by applicable law, the Plans will obtain your written valid authorization before using or disclosing your Protected Health Information. This includes the use or disclosure of psychotherapy notes, the use or disclosure of Protected Health Information for paid marketing purposes and the use and disclosure of Protected Health Information which is a sale of Protected Health Information. If you provide the Plans with a valid written authorization you may revoke that authorization in writing at any time, except your revocation cannot be effective to the extent the Plans have taken any action relying on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage when other law permits the contesting a claim or coverage.

rights you may exercise

1. Right to Request Restrictions on Uses and Disclosures of Protected Health Information

You may request the Plans to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. The Plans will accommodate reasonable requests to receive communications of Protected Health Information by alternative means or at alternative locations. However, the Plans are not required to agree to your request.

Note that a covered entity, such as your health care provider, is required to agree to your

request to restrict disclosure of your Protected Health Information if the disclosure is for the purpose of carrying out treatment, payment or health care operations and is not otherwise required by law and the Protected Health Information pertains solely to a health care item or service for which you (or someone on your behalf other than the Plans) have paid for in full.

Such requests should be made to: **Smiths Group Benefits Service Center, PO Box 9920, Providence, RI 02940-4020.**

2. You may also fax the documentation to 888-892-6045. Right to Receive Confidential Communications of Protected Health Information

You have the right to request that you receive confidential communications of your Protected Health Information through alternate means. The Plans must accommodate reasonable requests provided:

- It is in writing.
- You clearly state that the disclosure of all or part of the information could otherwise endanger you (although the Plans cannot require a further explanation).
- There is appropriate information about how your payments will be handled.
- There are provisions for alternative means of contacting you.

3. Right to Inspect and Copy Protected Health Information

You generally have a right to inspect and obtain a copy of your Protected Health Information contained in a "designated record set,"³ for as long as the Plans maintain the Protected Health Information. The Plans may charge a reasonable, cost-based fee for a copy of, or a summary or explanation of, your Protected Health Information.

The Plans will provide access to your Protected Health Information in the form and format you request if it is readily producible in such form and format or, if not, in a readable hard copy or electronic form or such other form and format as agreed to by you and the Plans. Alternatively, the Plans may provide you with a summary of your requested Protected Health Information instead of providing access, or the Plans may provide an explanation of your Protected Health Information to which access has been provided if you agree in advance to such a summary or explanation and to the fees imposed, if any, by the Plans for such summary or explanation.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. You or your personal representative will be required to submit a written request to access your Protected Health Information in a designated record set. Requests for access to Protected Health Information should be made to: **Smiths Group Benefits Service Center, PO Box 9920, Providence, RI 02940-4020. You may also fax the request to 888-892-6045**

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise any review rights, and a description of how you may complain to Plans' Complaint Official or the Secretary of the U.S. Department of Health and Human Services.

4. Right to Request Amendment of Protected Health Information

You have the right to request that the Plans amend your Protected Health Information or a record about you in a designated record set for as long as the Protected Health Information is maintained in the designated record set.

The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your Protected Health

Information.

Requests for amendment of Protected Health Information in a designated record set should be made to:

Smiths Group Benefits Service Center, PO Box 9920, Providence, RI 02940-4020. You may also fax the documentation to 888-892-6045

You or your personal representative will be required to complete a form to request amendment of the Protected Health Information in your designated record set.

³ A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plans; or other information used in whole or in part by or for the Plans to make decisions about individuals.

5. Right to Receive an Accounting of Protected Health Information Disclosures

At your request, the Plans will also provide you with an accounting of disclosures by the Plans of your Protected Health Information during the six years prior to the date of your request. However, such accounting need not include Protected Health Information disclosures made:

- To carry out treatment, payment, or health care operations.
- To individuals about their own Protected Health Information.
- Pursuant to a valid authorization.
- To federal officials for national security and intelligence activities.
- To correctional institutions or law enforcement officials about inmates or detainees.
- Incident to a use or disclosure otherwise permitted or required under the Privacy Regulations.
- As part of a limited data set.
- Prior to the date the Privacy Regulations were effective for the Plans on April 14, 2003.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting. The Plans will notify you of any costs involved in advance of providing the subsequent accounting so that you may withdraw or modify your request.

6. Right to Receive a Notice Upon Breach of Unsecured Protected Health Information

You will receive notice from the Plans upon the occurrence of a breach of your unsecured Protected Health Information maintained by the Plans.

7. Right to Receive a Paper Copy of This Notice Upon Request

To obtain an additional paper copy of this Notice, contact the following: Smiths Group Benefits Service Center, PO Box 9920, Providence, RI 02940-4020. You may also fax the request to 888-892-6045.

You may also view or obtain an electronic version of this Notice on the internet at **www.smithsgroupbenefitscenter.com**.

8. Right to File a Complaint

You have the right to file a complaint with the Plans or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may file a complaint with the Plans by filing a written notice with Smiths Benefits Service Center, PO Box 9920,

Providence, RI 02940-4020. You may also fax the documentation to 888-892-6045 describing when you believe the violation occurred and describing the purported violation. You will not be retaliated against for filing a complaint.

You may also file a complaint within 180 days of any alleged violation with the Director, Office of Civil Rights, the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHS Building, Washington, D.C. 20201, or at the appropriate regional office of the Office of Civil Rights of the U.S. Department of Health and Human Services. If you would like to receive further information, you should contact the Smiths Group Benefits Service Center, PO Box 9920, Providence, RI 02940-4020. You may also fax the request to 888-892-6045.

a note about personal representatives

You may exercise your rights through a personal representative, including an individual who is a minor child's parent, guardian, or is otherwise acting *in loco parentis*. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your Protected Health Information or allowed to take any action for you.

Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public.
- A court order of appointment of the person as the conservator or guardian of the individual.
- Evidence of one's relationship to the minor child.

The Plans retain discretion to deny access to your Protected Health Information to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. Further, the Plans will not treat a minor child's parent, guardian, or person otherwise acting *in loco parentis* as his or her personal representative to the extent restricted by applicable state law.