TRINITY HEALTH CORPORATION WELFARE BENEFIT PLAN
AND
TRINITY HEALTH CORPORATION RETIREE BENEFIT PLAN (GRANDFATHERED)
NOTICE OF PRIVACY PRACTICES
Effective Date: October 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.

This is the Notice of Privacy Practices (the “Notice”) of the Trinity Health Corporation Welfare Benefit Plan and the Trinity Health Corporation Retiree Benefit Plan (Grandfathered) (collectively, the “Plan”), as described in the Health Insurance Portability and Accountability Act of 1996 and the corresponding federal regulations (commonly known as “HIPAA”). HIPAA requires the benefit programs included within the Plan that are subject to HIPAA (i.e., the medical, prescription drug, dental, vision, employee assistance, healthcare spending account and healthcare reimbursement account program components of the Plan, as applicable) to maintain the privacy of your protected health information (“PHI”) and to provide you with notice of the Plan’s legal duties and privacy practices with respect to your PHI. The Plan is required by law to abide by the terms of this Notice currently in effect.

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

Your Protected Health Information
The Plan may collect PHI from or about you through the application and enrollment process, utilization and review activities, claims payment, and/or other activities in connection with the general management of the Plan. Your PHI that is protected by law broadly includes any information, whether verbal, written or recorded, that is created or received by certain healthcare entities, including healthcare providers, such as physicians and hospitals, as well as, health insurance companies or health plans. The law specifically PHI that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual who is associated with that health information.

Uses or Disclosures of Your Protected Health Information
Generally, the Plan may not use or disclose your PHI without your permission. Further, once your permission has been obtained, the Plan must only use or disclose your PHI in accordance with the specific terms of that permission. There are however, circumstances under which the Plan is permitted or required by law to use or disclose your PHI without your permission. The following are
circumstances under which the Plan is permitted by law to use or disclose your PHI without your permission:

- **Treatment:** The Plan may use or disclose your PHI without your permission for treatment purposes. Examples of treatment include, but are not limited to:
  - 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.

- **Healthcare Operations:** The Plan may use or disclose your PHI without your permission in order to conduct healthcare operations in connection with the general management of the Plan. Examples of healthcare operations include, but are not limited to:
  - 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.

- **Payment:** The Plan may use or disclose your PHI without your permission for payment purposes. Examples of payment activities include, but are not limited to:
  - 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.

The Plan may also disclose PHI without your permission as follows:

- **To Trinity Health Corporation (the “Company”).** The Plan may disclose your PHI to designated Company employees 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 Company employee or department and will
not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.

☐ 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 healthcare 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.

☐ To Individuals Involved in Your Care or Payment of Your Care. In certain circumstances, the Plan may disclose PHI to a close friend or family member involved in or who helps pay for your healthcare. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.

In addition to the above, the Plan may use or disclose your PHI without your permission in the following situations, subject to applicable requirements under HIPAA:

☐ As required by law;
☐ For public health activities;
☐ For health oversight activities, such as for government benefit programs;
☐ In judicial and administrative proceedings;
☐ For law enforcement purposes;
☐ With respect to decedents, such as disclosures to coroners and funeral directors;
☐ To proper authorities with regard to victims of abuse, neglect or domestic violence;
☐ For organ or tissue donation purposes;
☐ To avert a serious threat to health or safety;
☐ For specialized government functions, such as government programs providing public benefits;
☐ To military authorities, if you are a member of the armed forces;
☐ To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by federal law;
☐ To correctional institutions or law enforcement officials, if you are an inmate of a correctional institution or are in the custody of a law enforcement official;
☐ To health information researchers when the individual identifiers within the PHI have been removed or when 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; and
☐ For workers’ compensation.

The Plan is required to disclose PHI to:

☐ You, in accordance with your rights with respect to your PHI, as discussed below; and
☐ The Secretary of the U.S. Department of Health and Human Services to determine the Plan’s compliance with HIPAA.

Situations Which Require Your Written Authorization

☐ Marketing: Subject to certain limited exceptions, your written authorization is required in cases where the Plan receives any direct or indirect financial remuneration in exchange for making the 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.

☐ Research: The Plan will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.
Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization. Sale of PHI: Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

All Other Situations Which Require Your Written Authorization
Except as otherwise permitted or required, as described above, the Plan may not use or disclose your PHI without your written authorization. Further, the Plan is required to use or disclose your PHI in a manner consistent with the terms of your authorization. You may revoke your authorization to use or disclose your PHI at any time, except to the extent that either the Plan has taken action in reliance on such 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.

Your Rights With Respect to Your Protected Health Information
Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of your rights and the Plan’s duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure. You have the right to request restrictions on certain uses and disclosures of your PHI. You may request restrictions on the following uses or disclosures: (a) to obtain payment or treatment or with respect to healthcare operations of the Plan; (b) disclosures to your family members, relatives, or close personal friends of your PHI directly relevant to payment related to your healthcare, or your location, general condition, or death; (c) instances in which you are not present or when your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Except as provided in the next paragraph, the Plan is not required to agree to any requested restriction. However, if the Plan agrees to a restriction, it will honor the restriction until you revoke it or we notify you.

The Plan will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

Your request should be submitted in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the Total Rewards Benefits & Well-Being office or the Intranet website maintained at your local work location (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.

Right To Receive Confidential Communications. You have the right to receive confidential communications of your PHI. Your written request for confidential communications must include an alternative address or method of contact and be sent to the Privacy Official. The Plan may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. However, the Plan is required by law to accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state in your written request for confidential communications that disclosure of all or part of the information could endanger you.
Right To Inspect And Copy Your PHI. Your designated record set is a group of records the Plan maintains that includes enrollment, payment, claims adjudication, and care and medical management records. You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, except for (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 to which the provision of access to you would be prohibited by law. The Plan requires a written request for access. To inspect and copy health information maintained by the Plan, submit your request in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the Total Rewards Benefits & Well-Being office or the Intranet website maintained at your local work location (http://mybenefits.trinity-health.org). The Plan must provide you with hard copy access to your PHI if you request it and if it is available and, if not, in any other form reasonably available. The Plan may provide you with a summary of the PHI requested, in lieu of providing access to the PHI, or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. The Plan will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your PHI or mailing a copy to you at your request. The Plan may discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your PHI or agree to a summary or explanation of such information, the Plan may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance.

The Plan reserves the right to deny you access to and copies of certain PHI as permitted or required by law. The Plan will reasonably attempt to accommodate any request for PHI by, to the extent possible, giving you access to other PHI after excluding the information as to which the Plan has a ground to deny access. Generally, if you are denied access to health information, you may request a review of the denial from the Privacy Official of the Plan at the contact information listed below. If the Plan does not maintain the PHI that is the subject of your request for access but the Plan knows where the requested PHI is maintained, the Plan will inform you of where to direct your request for access.

Right To Amend Your PHI. You have the right to request that the Plan amend your PHI or a record about you contained in your designated record set, for as long as the designated record set is maintained by the Plan. To request an amendment, submit a request in writing using the form available from the Privacy Official, your Human Resources or Benefits department, the Total Rewards Benefits & Well-Being office or the Intranet website maintained at your local work location (http://mybenefits.trinity-health.org). You must provide the reason(s) to support your request. The Plan has the right to deny your request for amendment if your request is not in writing or if you ask the Plan to amend health information that was:

- Accurate and complete;
- Not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Not part of your designated record set; or
- Not information that you would be permitted to inspect and copy.
☐ Right To Receive An Accounting Of Disclosures Of Your PHI. You have the right to receive a written accounting of all disclosures of your PHI that the Plan has made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such accountings will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure. The Plan is not required to provide accountings of disclosures for certain purposes, including, but not limited to, the following:

- Payment, treatment, and healthcare operations;
- Disclosures pursuant to your authorization;
- Disclosures to you;
- Disclosures made to friends or family in your presence or because of an emergency;
- Disclosures for national security purposes;
- Disclosures incidental to otherwise permissible disclosures; or
- Disclosures occurring prior to April 14, 2003.

- If the Plan uses or maintains an electronic health record ("EHR") with respect to PHI, you have the right to receive an accounting of disclosures of PHI 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.

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. The Plan will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. All requests for an accounting should be submitted in writing on the form available from the Privacy Official, your Human Resources or Benefits department, the Total Rewards Benefits & Well-Being office or the Intranet website maintained at your local work location (http://mybenefits.trinity-health.org).

☐ Right to Notice of a Breach of Your Unsecured PHI. You have the right to be notified in the event that the Plan (or a business associate) discovers a breach of unsecured PHI. The Plan and its business associates will take appropriate steps to ensure that PHI is secure and will notify you upon a breach of any unsecured PHI. The notice must be made within 60 days of the Plan becoming aware of the breach and will include, to the extent possible: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or used during the breach; (c) the steps you can take to protect yourself from potential harm; (d) a description of the Plan’s or business associate’s actions to investigate the breach and mitigate harm and prevent further breaches; and (e) contact procedures for affected individuals to find additional information.

State and Federal Privacy Protections
Where multiple state or federal laws protect the privacy of your PHI, the Plan will follow the requirements that provide the greatest privacy protection.
Complaints
You may file a complaint with the Plan or with the U.S. Department of Health and Human Services, Office of Civil Rights, if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to the Plan’s Privacy Official at the contact information identified below. For information regarding filing a complaint with the Department of Health and Human Services, you may access the following website at http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. Alternatively, you may file a complaint with the regional office in the state or jurisdiction where the Plan is located. A list of regional offices may be obtained through your Human Resources or Benefits department or the Total Rewards Benefits & Well-Being office. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice. 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 one hundred eighty (180) days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Notice
The Plan reserves the right to revise or amend this Notice at any time. These revisions or amendments may be made effective for all PHI the Plan maintains even if created or received prior to the effective date of the revision or amendment. The Plan will provide you with notice of any revisions or amendments to this Notice, or changes in the law affecting this Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

On-going Access to Privacy Notice
The Plan will provide you with a copy of the most recent version of this Notice at any time upon your written request sent to the Privacy Official or the Total Rewards Benefits & Well-Being office. Also, the most current version of the Notice can be obtained from the Intranet website maintained at your local work location (http://mybenefits.trinity-health.org). For any other requests or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint with the Plan, please contact the Plan’s Privacy Official.

Contact Information
Any inquiry to the Privacy Official should be directed to:

Trinity Health Corporation Welfare Benefit Plan
and Trinity Health Corporation Retiree Benefit Plan (Grandfathered)
Attn: Privacy Official
c/o Trinity Health Corporation
20555 Victor Parkway
Livonia, MI 48152

You can contact the Total Rewards Benefits & Well-Being office at:

Trinity Health Corporation
Attn: Total Rewards Benefits & Well-Being
20555 Victor Parkway
Livonia, MI 48152
Phone Number: (734) 343-1000