

NOTICE OF PRIVACY PRACTICES

Mayo Medical Plan, Mayo Dental Plan, Mayo Flexible Spending Account Plan, Mayo Clinic Employee Assistance Plan and Mayo Clinic Retiree Health Reimbursement Arrangement

Updated January 1, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO MAYO.

Mayo's Legal Duty

This notice is for participants enrolled in the following group health plans sponsored by Mayo Clinic:

Mayo Medical Plan

Mayo Dental Plan

Mayo Flexible Spending Account Plan

Mayo Clinic Employee Assistance Plan

Mayo Clinic Retiree Health Reimbursement Arrangement

These plans (collectively referred to as the Plans in this notice), other than the Mayo Clinic Employee Assistance Plan (EAP), participate in an organized health care arrangement (OHCA) under the Health Insurance Portability and Accountability Act, as amended (HIPAA). An OHCA is an arrangement that allows these plans to share protected health information about their plan members to promote the joint operations of the participating entities. In addition, the Plans, other than the EAP, participate in an OHCA with Mayo Clinic and its affiliate hospitals and clinics noted below in the Mayo Affiliates section of this notice (collectively referred to as the Practice in this notice). This means that these plans may share your medical information with each other as needed for the purposes of payment and health care operations, as further described in this notice. The Plans, other than the EAP, may also share plan member information with the

Practice for joint health care operations such as population health and quality improvement activity. The EAP and the EAP's service provider do not share health information with the other Mayo group health plans, the Practice or your employer. If you receive medical care from Mayo Clinic or an affiliate hospital, or Mayo Clinic as a health care provider, your Mayo provider has separate privacy obligations.

We are required by applicable federal law (the HIPAA Privacy Rules) and state law to maintain the privacy of your medical information. For purposes of this notice, your medical information is information collected, maintained, used and/or disclosed by the Plans, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care furnished to you. It includes genetic information as defined under Title I of the Genetic Information Nondiscrimination Act of 2008. Under the HIPAA Privacy Rules, we are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice has been updated as of May 1, 2017, and will remain in effect, subject to further revisions, as described further below.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we

made the changes. A copy of our most current notice is posted on the Mayo intranet location.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed in the Questions and Complaints section of this notice.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

Payment: We may use and disclose your medical information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by the Plans, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the Plans and the like. We may disclose your medical information to a health care provider or other entity so they can obtain payment or engage in these payment activities. We may not, however, use or disclose any medical information that is genetic information for underwriting purposes.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. However, we may not, and do not, use or disclose any medical information that is genetic information for underwriting purposes. Health care operations include, but are not limited to:

- rating our risk and determining our premiums for the Plans;
- quality assessment and improvement activities;
- reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider

performance, conducting training programs, accreditation, certification, licensing or credentialing activities;

- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity which has a relationship with you and is subject to the federal privacy rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice. Your written authorization will be required for most uses and disclosures of psychotherapy notes (to the extent that any of the Plans maintain such records), uses and disclosures of medical information for

marketing purposes and disclosures that constitute sale of medical information.

To Your Family and Involved Individuals: We may disclose your medical information to your family and certain others in limited circumstances and only to the extent necessary for them to assist with your health care or with payment for your health care.

To Plan Sponsor: We may disclose your medical information to certain employees of the plan sponsor (Mayo Clinic) and affiliated entities participating in the Plans so that they can perform plan administration functions, as permitted by the HIPAA Privacy Rules. The official plan documents for the Plans explain the limited uses and disclosures that the plan sponsor/your employer may make of your medical information in providing plan administration functions for the Plans. Neither Mayo Clinic nor its affiliates can use medical information received by us for employment purposes, unless you provide written authorization.

To Business Associates: We may contract with certain business associates to perform functions on our behalf. These contracts will limit the uses and disclosures of your medical information. For example, we have hired Mayo Clinic Health Solutions to assist us in administering the Mayo Medical Plan. Accordingly, we entered into a contract with Mayo Clinic Health Solutions to limit its uses and disclosures of your medical information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law (e.g., when required to do so by the Secretary of HHS);
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report reasonably suspected adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities if the requirements of the HIPAA Privacy Rules are satisfied;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Health Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Individual Rights

Access: You (or another person named by you) have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide

copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If your medical information is maintained electronically, you

have the right to obtain a copy in electronic format. When possible, we will provide you with a copy in the format you request. If it is not possible, we will work with you to determine a mutually agreeable format. If we cannot agree on a format, you (or another person named by you) will receive a paper copy.

You must make a request in writing to obtain access to your medical information. We may charge a reasonable, cost-based fee to cover the expense of providing copies in paper and/or electronic form. If you would like to direct us to send a copy of your medical information to a third party, please contact us using the information listed in the Questions and Complaints section of this notice.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. You must make a request in writing to obtain an accounting. Your request must include a start and end date. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but such requests will be considered and honored when reasonable and practicable. You must make a request for a restriction in writing.

A health care provider must comply with a requested restriction if the disclosure is related to one of the Plans for purposes of payment or health care operations, and the medical information relates to a health care item or service for which you paid in full. For example,

if you receive medical care and choose to pay the provider for the entire amount of care in full out-of-pocket, you can request that the provider not disclose such information to the Plans, and the provider must agree to such a request.

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under the health plan.

Breach Notification: You have a right to receive notice following discovery of any "breach" of your unsecured protected health information (Breach Notice). This right includes any breach that may occur at one of our business associates. In the event a breach occurs, the Breach Notice will include a description of the breach, the steps you should take to protect yourself from potential harm, if any, and what we are doing to investigate the breach, mitigate the harm and to prevent further breaches.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if the information is accurate and complete or for other certain permissible reasons.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed in the Questions and Complaints section of this notice to obtain this notice in written form.

Fundraising: The Plans do not contact plan members to raise funds for the Plans.

Mayo Affiliates

This notice applies to the Mayo Clinic entities and health care practice locations (collectively referred to as the Practice in this notice) specifically referenced in the Notice of Privacy Practices for the Practice, which is accessible here:

<http://www.mayo.edu/pmts/mc5200-mc5299/mc5256-01.pdf>

Note that the list of Practice locations may be updated from time to time. If you have any questions regarding the list of Practice locations, please contact us using the information listed in the Questions and Complaints section of this notice.

Questions and Complaints

If you want to submit a request under the Individual Rights section of this notice or want more information about our privacy practices, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights pursuant to a request under the Individual Rights section of this notice, or you disagree with a decision we made, you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

The Plans are obligated to notify you if unsecured medical information is breached (as defined by HIPAA Privacy Rules). The Plans have policies and procedures designed to address such situations. If your complaint relates to the breach notification policies and procedures in place for the Plans, or the Plans' compliance with such breach notification policies and procedures, use the information below to send your complaint.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the United States Department of Health and Human Services.

Contact:	Privacy Officer for the Plans
E-mail:	mayomedicalplanhipaa@mayo.edu
Telephone:	(507) 284-5487 Internal: 4-5487
Fax:	(507) 538-1856 Internal: 8-1856
Address:	200 First Street SW Rochester, MN 55905

Discrimination is Against the Law

The Mayo Medical Plan, Mayo Flexible Spending Account Plan, Mayo Dental Plan, Mayo Retiree HRA Plan and Mayo Clinic Employee Assistance Plan (collectively, the Plans) comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plans provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as: qualified interpreters or information written in other languages.

If you need these services, contact Mayo Clinic, Chair-Total Rewards. If you believe that the Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Mayo Clinic, Chair-Total Rewards 200 First Street SW Rochester, MN 55905, 507-266-0440 or fax-507-538-1856.

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, Mayo Clinic, Chair-Total Rewards is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 507-266-0440 (TTY: 1-800-407-2442).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 507-266-0440 (TTY: 1-800-407-2442).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 507-266-0440 (TTY: 1-800-407-2442).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-507-266-0440 (TTY: 507-266-0440) (TTY: 1-800-407-2442)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 507-266-0440 (телетайп: 1-800-407-2442).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 507-266-0440 (መስማት ለተሳናቸው: 1-800-407-2442)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 507-266-0440 (TTY: 1-800-407-2442).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាបំប្លែងភាសាឥតគិតថ្លៃសម្រាប់អ្នកនិយាយភាសាខ្មែរ គឺសេវាសំបាប់ភាសា។ ចូរ ទូរស័ព្ទ 507-266-0440 (TTY: 1-800-407-2442)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 507-266-0440-1 (رقم هاتف الصم والبكم: 1-800-407-2442).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 507-266-0440 (ATS : 1-800-407-2442).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 507-266-0440 (TTY: 1-800-407-2442)번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 507-266-0440 (TTY: 1-800-407-2442).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。507-266-0440 (TTY:1-800-407-2442) まで、お電話にてご連絡ください。

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 507-266-0440 (TTY: 1-800-407-2442).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 507-266-0440 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-407-2442).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 507-266-0440 (TTY: 1-800-407-2442).

પ્રયુના: જો તમે પંજરાતી બોલતા હો, તો િન:પલ્કુ ભાષા સહાય સેવાઓ તમારા માટા ઉપલબ્ધ છ. ફોન કરો 507-266-0440 (TTY: 1-800-407-2442).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 507-266-0440 (TTY: 1-800-407-2442).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 507-266-0440 (TTY: 1-800-402-2442).