

Group Health Plan Notice of Privacy Practices

Overview

The J. Paul Getty Trust (the “Getty”) is committed to protecting the privacy of health information maintained by its Health and Welfare Plan (the “Plan”) AND by the Plan’s Business Associates, which are outside vendors who perform services for the Plan, such as Aetna, UnitedHealthcare, MetLife, etc.

The Plan is required by law to protect the privacy of certain health information that may reveal your identity, and to provide you with a copy of this notice which describes the Plan’s health information privacy practices. If you have any questions about this notice or would like further information, please email Getty Human Resources at HR@getty.edu or call 310.440.6523.

Purpose

The purpose of this notice is to provide you with notice of the Plan’s health information protection practices and explain your rights as a participant in the Plan.

The Plan’s Responsibilities

The Plan abides by the terms of this notice currently in effect by maintaining the privacy of your health information and providing you with notice of the Plan’s legal duties and privacy practices with respect to your health information.

Notice Revisions

The Plan reserves the right to revise the terms of this notice and to make the revised terms effective for all health information that it maintains. If the Plan revises this notice, we will make the revised notice available to you within sixty (60) days.

What Health Information is Protected?

The Plan is committed to protecting the privacy of health information about you. Some examples of protected health information are:

- Information regarding payment for your health care (such as your enrollment in a health plan);
- Information about your health condition (such as a disease you may have);
- Information about health care services you have received or may receive in the future (such as an operation);
- Geographic information (such as where you live or work);
- Unique numbers that may identify you (such as your Social Security Number, your phone number, or your driver’s license number); and
- Other types of information that may identify who you are.

How the Plan Uses and Discloses Information About You

The Plan will only use and disclose your health information without your authorization when necessary for:

1. *Treatment, Payment and Health Care Operations.* The Plan may use and disclose most health information about you for treatment, payment and health care operations without your written authorization. For example:

- **Treatment:** The Plan may use or disclose your health information to coordinate treatment by a health care provider.
- **Payment:** The Plan uses health information for payment processing, to verify that services provided were covered under the Plan.
- **Health Care Operations:** The Plan uses and discloses health information to audit and review claims payment activity to ensure that claims were paid correctly, or to run the Plan's normal business operations.

Your information may also be disclosed to other persons or organizations outside the Plan so that they may jointly perform certain types of payment activities and health care operations along with the Plan. In addition, the Plan may use or disclose health information that these persons or organizations have received or created about you.

2. *Disclosures to the Getty.* The Plan may disclose certain of your health information to the Getty to the extent permitted by law. For example, upon a request from the Getty, the Plan may disclose health information about you to enable the Getty to obtain premium bids from health plans that might provide health insurance coverage under the group health plan, or to modify, amend, or terminate the Plan. Under no circumstances will the Plan disclose your health information to the Getty for the purpose of employment-related actions or decisions (e.g., for employment termination) or for the purpose of administering any other plan that the Getty may offer.
3. *Friends and Family Involved in Your Care and Payment for Your Care.* The Plan may share your health information with friends and family involved in your care and the payment for your care without your written authorization. The Plan will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case the Plan Administrator will discuss your preferences with you as soon as possible following the emergency).
4. *Emergencies or Public Need.* The Plan may use your health information and share it with others in order to treat you in an emergency or to meet important public needs. The Plan will not be required to obtain your written authorization or any other type of permission before using or disclosing your information for these reasons.
5. *Information that Does Not Identify You.* The Plan may use or disclose your health information if the Plan has removed any information that might reveal who you are, or for limited purposes if the Plan has removed most information revealing who you are and obtained a confidentiality agreement from the person or organization receiving your health information.

Disclosure to the Plan's Business Associates

The Plan may disclose your health information to Business Associates who have agreed in writing to maintain the privacy of health information as required by law.

Use or Disclosure Requiring Authorization

The Plan will not use or disclose your health information for purposes other than those described in this notice. If it becomes necessary to disclose any of your health information for other reasons, the Plan will request your written authorization.

Revoking Authorization: If you provide written authorization, you may revoke it at any time in writing, except to the extent that the Plan has relied upon the authorization prior to its being revoked.

Use of Disclosure Required or Permitted by Law

The Plan may disclose your health information to the extent that the law requires for the following reasons:

- *Public Health:* For public health activities or as required by a public health authority.
- *Health Oversight:* To a health oversight agency for activities, such as audits, investigations and inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- *Legal Proceedings:* In response to an order of a court or administrative tribunal or in response to a subpoena, discovery request or other lawful process.
- *Law Enforcement:* For law enforcement purposes including, but not limited to:
 - Legal process or as otherwise required by law;
 - Limited information requests for identification and location;
 - Use or disclosure related to a victim of a crime;
 - Suspicion that death has occurred as a result of criminal conduct;
 - If a crime occurs on the employer's premises; or
 - In a medical emergency where it is likely that a crime has occurred.
- *Criminal Activity:* As requested by law enforcement authorities, if the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *To Avert a Serious Threat to Health or Safety:* The Plan may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, the Plan will only share your information with someone able to help prevent the threat.
- *National Security and Intelligence Activities or Protective Services:* The Plan may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- *Military and Veterans:* If you are in the Armed Forces, the Plan may disclose health information necessary to carry out their military mission(s). The Plan may also release health information about foreign military personnel to the appropriate foreign military authority or authorities
- *Workers' Compensation:* The Plan may disclose your health information to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries.

Review Your Health Information

You have a right to inspect and obtain a copy of your health information. *If you feel your health information is incorrect, you have the right to request that it be amended.* Go to page 25 of the Health & Welfare Summary Plan Description for Carrier Contact Information.

Request to Restrict Your Health Information

You can request restrictions on the use and disclosure of your health information. The Plan is not required to agree to a requested restriction. For example, if a restriction request prevents the Plan from providing service to you or from performing payment-related functions, the Plan will not be

able to agree to the request. Go to page 25 of the Health & Welfare Summary Plan Description for Carrier Contact Information.

Confidential Communication

When necessary, the Plan may mail your health information to your home. If you feel receiving a copy of your health information at your home could compromise your safety you may request in writing an alternate communication method and/or location. Go to page 25 of the Health & Welfare Summary Plan Description for Carrier Contact Information.

For example: The participant may decide, for his or her safety, to have correspondence containing his/her health information sent somewhere other than to his/her home, or to have the information sent via fax rather than mailed. The Plan will not ask for an explanation for such requests but may request payment for this service.

Accounting of Disclosures

If a disclosure of your health information was made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure. If the disclosure was made to you, the Plan will not provide an accounting. To request this accounting, please contact the Plan by calling the toll-free phone number on your identification card, or go to page 25 of the Summary Plan Description for Carrier Contact Information.

Receive a Copy

You can view and print a copy of this Notice of Privacy Practices in the Health & Welfare Summary Plan Description at www.gettybenefits.com. You may also request a copy from Getty Human Resources.

Complaints

If you believe that your privacy rights have been violated, submit a complaint to the Plan or to the U.S. Secretary of Health and Human Services at any time.

To file a complaint with the Plan:

- a) Call the toll-free telephone number on your identification card; or
- b) Contact Getty Human Resources at 310.440.6523 or send an email to HR@getty.edu.

To file a complaint with the U.S. Secretary of Health and Human Services:

- a) use the HIPAA Complaint Submission Form at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>; or
- b) send a letter to: U.S. Secretary of Health and Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-04 Baltimore, MD 21244

No one will retaliate against you for filing a complaint.

Contact Information

You may contact the Plan by calling the toll-free telephone number on your identification card or go to page 25 of the Health & Welfare Summary Plan Description for Carrier Contact Information. To contact a Getty HR representative, call Getty Human Resources at 310.440.6523 or send an email to HR@getty.edu.