

HIPAA 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 health plans and programs sponsored by REI (referred to in this notice as the “Group Health Plan”)

The Group Health Plan benefits of the REI Full Benefit Plan and the REI Access Plan are required by law to maintain the privacy of your “protected health information” (PHI). The Group Health Plan is also required to provide you with notice of its legal duties and practices concerning your protected health information. This Notice of Privacy Practices summarizes the Group Health Plan’s responsibilities and your rights concerning your protected health information. The Group Health Plan’s responsibilities and your rights are more fully set forth in 45 C.F.R. Part 164. The Group Health Plan is required to abide by the terms of this Notice as currently in effect.

The Group Health Plan includes the following REI-sponsored plans and benefits: the REI Medical Choice Plan, the REI Saver Plan, the Kaiser Permanente Health Plan (for Colorado, Washington and California residents), the Dental Plan (including Core and Orthodontia Dental), the Vision Care Plan, the Employee Assistance Program, the Health Care Flexible Spending Account, the Limited-Use Health Care Flexible Spending Account, and the Quit for Life tobacco cessation program. For purposes of this notice only the term Group Health Plan includes the REI Access Plan.

The Group Health Plan is committed to protecting health information about you. Information is considered to be “protected health information” under HIPAA if it identifies you (or where there is a reasonable basis that the information can be used to identify you) and it relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for your health care. This Notice applies to the protected health information the Group Health Plan creates, maintains, receives, uses, transmits, or discloses. Such information is protected health information during your lifetime and for a period of 50 years after your death.

1. Uses and Disclosures of Information That the Group Health Plan May Make Without Written Authorization

The Group Health Plan may use or disclose your PHI without your specific authorization for the purposes described below. All other uses and disclosures of PHI about you will only be made with your written permission (an “Authorization”). If you have given the Group Health Plan written permission to use or disclose your PHI, you may take back or revoke your written permission at any time, except to the extent that the Group Health Plan has already acted based on your permission. The examples provided are not meant to be exhaustive.

Treatment. The Group Health Plan may use or disclose protected health information so that health care providers may provide treatment to you. For example, the Group Health Plan may

disclose medical information about you to doctors, nurses, technicians, medical students or other hospital or medical facility personnel who are involved in taking care of you.

Payment. The Group Health Plan may use or disclose protected health information for payment purposes, including to determine or fulfill its responsibility for coverage and the provision of benefits under the Group Health Plan. Examples of “payment” activities include, but are not limited to: determining eligibility or coverage for Group Health Plan benefits, facilitating payment for the treatment services you receive from health care providers, coordinating benefits under the Group Health Plan, and facilitating the adjudication or subrogation of health care claims. The Group Health Plan may also use or disclose protected health information in order to review health care services for medical necessity, appropriateness of care or justification of charges, and to facilitate utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review.

Healthcare Operations. The Group Health Plan may use or disclose protected health information for certain operations that are necessary to run the Group Health Plan. Examples of Group Health Plan “operations” include, but are not limited to: conducting quality assessment and improvement activities; underwriting or premium rating for purposes of creation, renewal, or replacement of Group Health Plan benefits; coordinating or managing care; and conducting or arranging for medical review. However, the Group Health Plan will never use or disclose your genetic information for underwriting purposes.

Services. The Group Health Plan may use or disclose protected health information to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Plan Sponsor. In accordance with the terms of the Group Health Plan, the Group Health Plan may use or disclose protected health information to REI, which is the sponsor of the Group Health Plan, solely for purposes of administering the Group Health Plan. Except in limited circumstances where disclosure is necessary to prevent harm to you or others, your protected health information cannot be used by REI for employment purposes without your written Authorization.

Required By Law. The Group Health Plan may use or disclose protected health information to the extent that such use or disclosure is required by law. For example, the Group Health Plan may disclose protected health information when required by national security laws or public health disclosure laws. For this purpose, “Required by Law” means a mandate contained in law that compels the Group Health Plan to make a use or disclosure of PHI and that is enforceable in a court of law. The Group Health Plan is also required to disclose protected health information to the U.S. Department of Health and Human Services when requested to do so to review the Group Health Plan’s compliance with HIPAA.

Public Health Activities. The Group Health Plan may use or disclose protected health information for certain public health activities, including: to report information to the appropriate authority to prevent or control disease, injury or disability; to report births and deaths; to report information concerning quality, safety or effectiveness of FDA-regulated products or activities; and, to report recalls of products that may be in use.

Communicable Diseases. The Group Health Plan may disclose protected health information concerning certain communicable diseases to certain government agencies that are authorized by law to receive such information. The Group Health Plan may disclose protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect. The Group Health Plan may disclose protected health information to the appropriate government agency if it believes it is related to child abuse or neglect. The Group Health Plan may also disclose protected health information to the appropriate government agency if it believes that you have been a victim of abuse, neglect or domestic violence, to the extent such disclosure is: (i) required by law, (ii) agreed to by you, or (iii) such disclosure is expressly authorized by law and the Group Health Plan believes disclosure is necessary to prevent serious harm to you or another victim, or you are unable to agree due to incapacity and disclosure will not be used against you and is necessary for immediate law enforcement activities.

Health Oversight Activities. The Group Health Plan may disclose protected health information to governmental health oversight agencies for activities authorized by law, such as audits, investigations, and inspections; provided the investigation or activity must relate to the receipt of health care, a claim for public benefits related to health or qualification for public benefits based on your health. "Health oversight activity" does not include an investigation or other activity relating to you.

Judicial and Administrative Proceedings. The Group Health Plan may disclose protected health information in response to an order of a court or administrative tribunal. The Group Health Plan may also disclose protected health information in response to a subpoena, discovery request or other lawful process if satisfactory assurances are provided showing efforts have been made to inform you of the request or to obtain a protective order.

Law Enforcement. The Group Health Plan may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law; to identify or locate a suspect, fugitive, material witness or missing person; to provide requested information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime that has occurred on the hospital premises. In the absence of a mandate enforceable in a court of law, the Group Health Plan will not disclose to law enforcement PHI concerning an individual's abortion or other reproductive health care.

Coroners, Medical Examiners and Funeral Directors. The Group Health Plan may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or permit the coroner or medical examiner to fulfill other duties authorized by law. The Group Health Plan may disclose protected health information to funeral directors as necessary to carry out their duties.

Organ Donation. If you are an organ donor, the Group Health Plan may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue.

Research. The Group Health Plan may use or disclose protected health information for research if the research has been approved by an institutional review board or privacy board in accordance with established protocols and appropriate assurances have been obtained to protect the privacy of your health information.

Threat to Health or Safety. The Group Health Plan may use or disclose protected health information to avert or lessen a serious threat to your health or safety or the health and safety of others.

Military. If you are in the military, the Group Health Plan may disclose protected health information as required by military command authorities.

National Security. The Group Health Plan may disclose protected health information to authorized federal officials for lawful national security activities, and for the provision of protective services to the President of the United States and other authorized officials.

Inmates or Persons in Police Custody. If you are an inmate or in the lawful custody of law enforcement, the Group Health Plan may disclose protected health information necessary for your health care; for the health and safety of others; or for the safety, security or good order of the correctional institution.

Workers' Compensation. The Group Health Plan may disclose protected health information as authorized by and to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness.

Business Associates. The Group Health Plan may disclose protected health information to third party "business associates" who perform various activities involving protected health information (e.g., claims payments or case management services) for the Group Health Plan. Subcontractors of these third parties also may be "business associates" in certain cases. The Group Health Plan will implement written contracts to ensure that business associates will appropriately safeguard the information and to limit their use or disclosure of protected health information.

2. Disclosures Of Information To Personal Representatives, Family Members, and Others

Personal Representatives. The Group Health Plan discloses your PHI to individuals who are your personal representatives under state law. For example, the Group Health Plan will disclose PHI of minor children to the parents of such children. The Group Health Plan will also disclose your PHI to other persons authorized by you in writing to receive your PHI, such as your representative under a medical power of attorney, as long as we are provided with a written notice of such representation and any supporting documents (i.e., power of attorney). However, the Group Health Plan does need to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- treating such person as your personal representative could endanger you; or

- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Disclosure to Employee. In most instances, the Group Health Plan will not disclose your PHI to your spouse, domestic partner, or to your parent (if you are an adult child), unless you have agreed to such disclosure. The exception to this rule is that the Group Health Plan may send explanations of benefits (“EOB’s) or other similar documents to the employee which contain protected health information concerning all family members of the employee covered by the Group Health Plan. For example, this disclosure would include information on the use of the Group Health Plan’s benefits by the employee’s family members and information on the denial of any of the Group Health Plan benefits to the employee’s family members. A family member of the employee may request that these types of disclosures to the employee be restricted under the provisions of “**Right to Request Additional Restrictions**” in section 5 of this Notice.

Persons Involved in Your Health Care. Unless you object, the Group Health Plan may disclose protected health information to a family member, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. The Group Health Plan will limit the disclosure to the protected health information relevant to that person’s involvement in your health care or payment. Upon your death, the Group Health Plan may disclose your protected health information to a family member, relative or close friend involved in your health care or payment for your health care prior to your death, to the extent that the protected health information is relevant to such person’s involvement, unless the Group Health Plan is aware of your prior expressed preference that such disclosure not be made.

Notification. Unless you object, the Group Health Plan may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. Among other things, the Group Health Plan may disclose protected health information to a disaster relief agency to assist in notifying family members.

3. Uses and Disclosures of Information That We May Make with Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise required by law. In some situations, federal and state laws provide special protections for specific kinds of protected health information and require authorization from you before disclosure of that specially protected information. For example, in general and subject to specific conditions, the Group Health Plan will not use or disclose your psychotherapy notes, will not use or disclose your protected health information for marketing, will not disclose your protected health information to third-parties for research, and will not sell your protected health information, unless you give us a written authorization to do so. In these situations, the Group Health Plan will contact you for the necessary authorization. You may revoke your authorization at any time by submitting a written revocation, except to the extent that the Group Health Plan has taken action in reliance on your authorization.

4. Limits on Use and Disclosure of Information

In most instances, when using, disclosing or requesting protected health information, the Group Health Plan will limit uses and disclosures of, and requests for, your protected health information to the minimum necessary to accomplish the intended purpose to the extent this is possible. However this rule does not apply to the following:

- disclosures to or requests by a health care provider for treatment;
- disclosures to you of your own protected health information;
- disclosures made to the Secretary of the Department of Health and Human Services;
- uses or disclosures that may be required by law or that are necessary to comply with legal regulations; and
- uses and disclosures for which the Group Health Plan has obtained your authorization.

5. Your Rights Concerning Your Protected Health Information

Right to Request Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your protected health information for treatment, payment or health care operations. You must submit your request for additional restrictions in writing to the Privacy Contact identified below. The Group Health Plan is not required to agree to a requested restriction unless the protected health information pertains solely to a health care item for which the health care provider has been paid out of pocket in full. If the Group Health Plan agrees to a restriction in writing, it will comply with the restriction unless an emergency or the law prevents the Group Health Plan from complying with the restriction, or until the restriction is terminated.

Right to Receive Communications by Alternative Means. You have the right to request that the Group Health Plan use alternative means or alternative locations for communications involving your protected health information. You must submit your request in writing to the Privacy Contact identified below. The Group Health Plan will not ask you to explain the reason for your request. The Group Health Plan will accommodate all reasonable requests. The Group Health Plan may condition the accommodation on information as to how payment will be handled or specification of an alternative address or other method of contact.

Right to Inspect and Copy Records. You have the right to inspect and obtain a copy of your protected health information that is used to make decisions about Group Health Plan benefits. You may access your protected health information by submitting a written request to the Privacy Contact identified below. The Group Health Plan will usually respond to your request within 30 days. The Group Health Plan may charge you a reasonable cost-based fee for providing the records to you. If the records you request to copy are maintained electronically, and you request an electronic copy, the Group Health Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that electronic form and format, the Group Health Plan will work with you to come to an agreement on another electronic form and format. If no agreement can be reached, the Group Health Plan will provide you with a paper copy. The Group Health Plan may deny your request in writing if you seek psychotherapy notes, information compiled in anticipation of legal proceedings, information that is protected by applicable law, and information that may

result in substantial harm to you or others if disclosed. If access is denied, you have the right to have the denial reviewed by submitting a request for review to the Privacy Contact identified below.

You may request that the protected health information be sent to you or to another person. If you request that the protected health information be sent to another person, your request must be in writing, signed by you, and must clearly identify the other person and the other person's address.

Right to Request Amendment to Record. You have a right to request that your protected health information be amended. You may request the amendment by submitting a request in writing to the Privacy Contact identified below. The Group Health Plan must respond to your request within 60 days, or 90 days in certain circumstances. The Group Health Plan may deny your request in writing if it did not create the record unless the originator is no longer available, if access to the record may properly be denied, or if the Group Health Plan determines that the record is accurate and complete. If the Group Health Plan denies your request, you have a right to submit a statement of disagreement and to have the statement attached to the record.

Right to an Accounting of Certain Disclosures. You have the right to request and receive an accounting of disclosures the Group Health Plan has made of your protected health information for certain purposes within the last six years. This right does not extend to disclosures made to you; for any permitted purpose including treatment, payment, or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to an authorization. You have a right to receive the first accounting within a 12-month period free of charge. The Group Health Plan may charge a reasonable cost-based fee for all subsequent requests during that 12-month period. In certain circumstances, the Group Health Plan may temporarily suspend your right to an accounting. Generally, an accounting must include the date of disclosure, the name of the entity who received the disclosed information, a brief description of the information disclosed and the purpose of the disclosure. Special rules apply to accounting for multiple disclosures and research disclosures. You may request an accounting by submitting a written request to the Privacy Contact identified below.

Right to a Copy of this Notice. You have the right to obtain a paper copy of this notice upon request. You have this right even if you have agreed to receive the notice electronically.

6. Breach Notification

If and when required under federal law, the Group Health Plan will notify you of a breach of HIPAA privacy rules which involves protected health information considered to be “unsecure” under applicable federal regulations. Federal law requires that the Group Health Plan give you notice if the breach poses a significant risk of financial, reputational, or other harm. If federal law requires us to send you a notice, the notice will contain:

- a description of the breach;
- the type of information that was breached;
- what steps you could take to protect yourself from potential harm;
- what steps the Group Health Plan is taking to investigate the breach, mitigate harm, and protect from further breaches; and

- who to contact for additional information.

7. Changes to This Notice

The Group Health Plan reserves the right to change the terms of this Notice of Privacy Practices anytime and to make the new Notice provisions effective for all protected health information that the Group Health Plan maintains. If the Group Health Plan materially changes the privacy practices, it will prepare a new Notice of Privacy Practices that will be effective for all protected health information that the Group Health Plan maintains. A copy of the current Notice is posted on www.foryourbenefit-rei.com. You may also obtain a copy of the current Notice from the Privacy Contact identified below. If and when a significant change is made to this Notice of Privacy Practices, the Group Health Plan will provide you with the new Notice either: (1) within 60 days of the change; or (2) by prominently posting the new Notice on our website and providing a hard copy of the new Privacy Notice in our next annual mailing to you.

8. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Group Health Plan. You may file a complaint with the Group Health Plan by notifying our Privacy Contact identified below. All complaints must be in writing. The Group Health Plan will not retaliate against you for filing a complaint.

9. Entities Covered by This Notice

This Notice of Privacy Practices applies to the Group Health Plan as defined above, which is administrated by REI personnel. REI personnel may share and exchange protected health information relating to any part of the Group Health Plan for treatment, payment and health care operations.

10. Privacy Contact

If you have any questions about this Notice or wish to object to or complain about any use or disclosure as explained above, please contact our Privacy Contact: **REI Employee Service Center, 1-800-999-4734 or hrhr@rei.com**.