

HIPAA Information

Effective Date of this Notice: January 1, 2004

Rose and Kiernan, Inc. Flexible Spending Account/Cafeteria Plan 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.

The Rose and Kiernan Flexible Spending Account/Cafeteria Plan ("Plan") is committed to maintaining the privacy of your health information. This Notice governs the operation of the Rose and Kiernan Flexible Spending Account/Cafeteria Plan.

The Plan will create and maintain records regarding you and the benefits provided to you. The Plan is required by law to take reasonable steps to ensure the privacy and confidentiality of health information that identifies you. The Plan is also required by law to provide you with this Notice

As used in this Notice, "protected health information" or "PHI" includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written or electronic). **The terms of this notice apply to all records containing your PHI that are created or retained by the Plan. The Plan reserves the right to revise or amend this notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records the Plan may create or maintain. If there is a material revision to this notice, the Plan will distribute the new notice to enrollees within 60 days of the revision.**

HOW THE ROSE AND KIERNAN FLEXIBLE SPENDING ACCOUNT/CAFETERIA PLAN MAY USE AND DISCLOSE YOUR PHI

There are some services provided by the Plan through contracts with business associates. When these services are contracted for, the Plan may disclose PHI about you to its business associates so that they can perform the job the Plan has asked them to do. To protect your PHI, the Plan requires business associates to appropriately safeguard the health information. The following categories describe the different ways in which the Plan and its business associates may use and disclose your PHI.

1. **Payment.** Payment includes actions to make reimbursement determinations and payment of claims you submit to the Plan. .
2. **Health Care Operations.** Health care operations are activities such as auditing functions and general administration of the Plan.
3. **Authorized Disclosures.** You must provide the Plan with your written authorization for the types of uses and disclosures that are not identified by this notice or permitted or required by applicable law. Any authorization you provide to the Plan regarding the use and disclosure of your health information may be revoked at any time **in writing**. After you revoke your authorization, the Plan will no longer use or disclose your health information for the reasons described in the authorization, except for the two situations noted below:
 - The Plan has taken action in reliance on your authorization before the Plan received your written revocation; and
 - You were required to give the Plan your authorization as a condition of obtaining coverage.

WHEN THE PLAN MAY USE OR DISCLOSE YOUR PHI WITHOUT AN AUTHORIZATION

The following categories describe circumstances in which the Plan may (or may be required to) use or disclose your PHI without your authorization or consent:

1. **Disclosures Required by Law.** The Plan will use and disclose your PHI when the Plan is required to do so by federal, state and local law.
2. **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits,; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** The Plan may use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. The Plan also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the Plan has made an effort to inform you of the request or if an appropriate protective order has been requested.
4. **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official in response to a warrant, summons, court order, subpoena or similar legal process.

5. **Military.** The Plan may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
6. **National Security.** The Plan may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
7. **Workers' Compensation.** The Plan may release your health information for workers' compensation and similar programs.

YOUR RIGHTS

You have the following rights regarding your PHI that the Plan maintains:

1. **Confidential Communications.** You have the right to request that the Plan communicate with you in a particular manner or at a certain location. For example, you may ask that the Plan contact you at home, rather than at work. In order to request a type of confidential communication you must make a written request to the address at the bottom of this Section specifying the requested method of contact, or the location where you wish to be contacted. The Plan will accommodate reasonable requests.
2. **Requesting Restrictions.** You have the right to request a restriction on the Plan's use or disclosure of your PHI. **The Plan is not required to agree to your request;** however, if the Plan does agree, it is bound by that agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction on the Plan's use or disclosure of your PHI, you must make your request in writing to the address at the bottom of this Section. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit the Plan's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you. You must submit your request in writing to the address listed at the end of this Section in order to inspect and/or obtain a copy of your PHI.
4. **Amendment.** You may ask the Plan to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the address listed at the end of this Section.
5. **Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures the Plan has made of your PHI after

January 1, 2004 for most purposes other than treatment, payment, healthcare operations, information provided at your request, and certain government functions. To request an accounting, you must submit a written request to the address at the end of this Section. You must specify the time period, which may not be longer than six years and may not include dates before January 1, 2004. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

6. **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this notice at any time.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of Health and Human Services. To file a complaint with the Plan, you must submit it in writing to the address listed at the end of the Section. You will not be penalized for filing a complaint.

If you have questions about this notice or would like to exercise one or more of the rights listed in this notice, please contact:

Privacy Official
 Rose and Kiernan Flexible Spending
 Account/Cafeteria Plan
 99 Troy Road
 East Greenbush, NY 12061