

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 also serves as a Summary of Material Modification that the MEBA Medical & Benefits Plan has been modified, as described below, to comply with the Health Insurance Portability and Accountability Act of 1996. Please keep this Summary of Material Modification with your Summary Plan Description.

The MEBA Medical & Benefits Plan is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about our privacy practices, please contact:

Attn: Privacy Official
MEBA Medical & Benefits Plan
1007 Eastern Avenue
Baltimore, MD 21202-4345
(800) 811-6322

Effective Date of This Notice: April 14, 2003

I. How the MEBA Medical & Benefits Plan may Use or Disclose Your Health Information

We collect health information from you and store it on a computer and in an Imaging system. This is your medical record. The medical record is the property of the MEBA Medical & Benefits Plan, but the information in the medical record belongs to you. We protect the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

- a. Payment Functions. We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under the plan.
- b. Health Care Operations. We may use or disclose health information about you to carry out necessary insurance related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage;

- conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.
- c. Information provided to you. We may use your health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - d. Notification and communication with family and friends. We may disclose your health information to notify or assist in notifying a family member, friend, your personal representative, or another person responsible for your care about your location, your general condition or in the event of your death. Similarly, we may tell a family member or friend about the status of a claim or what benefits you are eligible to receive. If you are able and available to agree or object, we will give you an opportunity to object prior to communicating with your family and others. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.
 - e. Required by law. As required by law, we may use and disclose your health information. This includes disclosing your health information to a government health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure. For example, we may be required to disclose your medical information pursuant to a court order or other judicial or administrative process.
 - f. Public Health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
 - g. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
 - h. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceedings.
 - i. Law Enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
 - j. Deceased person information. We may disclose your health information to coroners, medical examiners, and funeral directors.
 - k. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.
 - l. Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
 - m. Specialized government functions. We may disclose your health information for military, national security, prisoner, and government benefits purposes.
 - n. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

- o. Health plan. We may disclose your health information to the sponsor Trustees of the MEBA Medical & Benefits Plan or their designees to carry out certain functions that the Trustees or their designees perform upon certification by the Trustees that they will take steps to protect the privacy of such information.

II. When the MEBA Medical & Benefits Plan May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. You may not revoke an authorization for us to use and disclose your health information to the extent that we have already taken action in reliance on the authorization.

III. Your Health Information Rights

- a. You have the right to request restrictions on certain uses and disclosures of your health information. We will consider your request, however, we are not required to agree to the restriction that you requested. We cannot agree to restrict disclosures that are required by law.
- b. If our normal communication channels could endanger you, you have the right to receive your health information through a reasonable alternative means or at an alternative location. We will ask you the reason for your request, and we will accommodate all reasonable requests to the extent the request specifies an alternative location and allows us to continue to pay claims.
- c. You have a right to inspect and copy the health information we maintain about you in our records. This right is limited to information about you that we use to make coverage decisions, such as claims, enrollment records, and payment documentation. We cannot give you access to certain information pertaining to your mental health or to information about your health status that we have compiled in reasonable anticipation of litigation, administrative action, or administrative proceedings. We require that you make these requests in writing and reserve the right to charge a reasonable fee to cover processing and copying costs. We may deny you access to certain information if it would reasonably endanger the life or physical safety of you or another person. If you are denied access to information about your health, we will explain how you may disagree with the denial.
- d. You have a right to request that we amend your health information for so long as we maintain such information, if you believe that it is incorrect or incomplete. This right is limited to information about you that we use to make coverage decisions, such as claims, enrollment records, and payment documentation. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
- e. You have a right to receive an accounting of disclosures of your health information made by us in the six years prior to the date of the request (or shorter period as requested). We do not have to account for disclosures made for the following purposes: (1) to carry our treatment, payment and health care operations; (2) to communicate with you; (3) to communicate with family members, friends or others

- acting as your personal representative; (4) pursuant to an authorization you provided; (5) for national security or intelligence purposes; or (6) to communicate with correctional institutions or law enforcement officials if you are in custody. We do not have to provide an accounting of any disclosure made before April 14, 2003, regardless of the purpose of the disclosure.
- f. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Attn: Privacy Official
MEBA Medical & Benefits Plan
1007 Eastern Avenue
Baltimore, MD 21202-4345
(800) 811-6322

IV. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that we maintain, including information that was created or received prior to the date of such amendment. Until such amendment is made, we are required by law to comply with this notice. Amended Notices of Privacy Practices will be mailed to each participant's home of record as well as posted on the MEBA Benefit Plans' website www.mebaplans.org.

V. Complaints

Complaints about this Notice of Privacy Practices or how we handle your health information should be directed to:

Attn: Privacy Official
MEBA Medical & Benefits Plan
1007 Eastern Avenue
Baltimore, MD 21202-4345
(800) 811-6322

Alternatively, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

We respect your right to file a complaint and will not retaliate against anyone who chooses to exercise this right.