

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.

It's Your Information

Your health record belongs to the Nemours Foundation Employee Welfare Benefit Plan (the "Plan"), but it's YOUR information.

It's the Plan's Responsibility to ...

- Maintain the privacy and security of your health information.
- Abide by the terms of this Notice, as currently in effect, including following the duties and privacy practices described in this Notice.
- Give you a copy of this Notice and be available to you if you have any questions or concerns.
- Use or share your information only as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- Notify you promptly if your information has been compromised.

Your Health Information Rights

Access to Records. You can ask, in writing, to inspect or receive an electronic or paper copy of your medical record and other health information. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

In rare circumstances, we may deny your request along with an explanation. If we deny your request, you may request a review by another health care professional, who will be chosen by the Plan, and we will comply with the outcome of the review.

Request Restrictions. You can ask the Plan, in writing, not to share your health information for treatment, payment or health care operations. You can also request a restriction of release to people involved in your care. For instance, you can request that we do not share information about a procedure or treatment.

We are not required to agree to your request, but we will try to do so and will let you know if we can. If we do agree to the restriction, we will comply with it unless the information is needed to provide treatment.

Requests for Confidential Communications.

We may communicate with you through email, text messages and phone calls. Emails and text messages may not be encrypted or secure and could be intercepted by another person or

organization. We will assume you understand these risks if you provide us with a mobile phone number or email address to communicate with you.

You can always ask for the Plan, in writing, to contact you about health matters in the way that makes you comfortable. For example, you can ask that we only contact you at work or by mail. We will say "yes" to all reasonable requests.

Amend Your Protected Health Information. If you believe the information we have is incorrect or incomplete, you may request, in writing, an amendment.

The Plan will review the request and notify you of our decision in writing. If approved, the Plan will update the information.

We will also make a reasonable effort to notify people to whom the information was released.

In case we deny the request, the Plan will provide the reason for the denial within 60 days and instructions on how to appeal the decision.

Accounting of Disclosures. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, whom we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

How might the Plan use and share my information?

We may use and share your health information for the following purposes and examples:

To ensure you get the best treatment possible.

We will share details of your diagnosis and treatment information with your health care providers. We will share your diagnosis and treatment information within the Plan as needed to provide the best care possible.

To receive payment for the services we provide.

We will provide insurance companies, third-party administrators, or other health plans information so we can ensure proper and accurate payment and coordination of benefits. We may also use your health information for activities related to billing, claims management, collection, and health care data processing.

To operate the Plan. We may use all, or part, of your health information for health care operations purposes, such as quality assessment and improvement activities, underwriting, conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs, and other activities necessary or appropriate for the maintenance of the Plan.

To the Plan Sponsor. The Plan may disclose health information to Nemours. However, the information may only be used for limited purposes, and may not be used for purposes

of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of Nemours. Information may be disclosed to the Human Resources or Employee Benefits Department for purposes of enrollments and dis-enrollments, censuses, claim resolutions, and other matters related to the Plan administration.

To inform you of health-related services and benefits:

- So that you know about new Plan services or providers
- To send you educational materials about your illness or condition
- To provide information about your wellness
- To tell you about special events and other activities

What information might we share without you agreeing or objecting?

If Required by Law. If federal, state or local laws require us to share your health information, we are compelled to do so.

Public Health Purposes. We may share your health information for public health activities. Public health activities are things such as:

- Preventing or controlling disease, injury or disability
- Reporting births and deaths
- Reporting reactions to medications or problems with products
- Notification of recalls of products a person may be using
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Abuse or Neglect. We may share protected health information to a public health authority or other government authority that is authorized by law to receive reports of abuse, violence or neglect.

Health Oversight Activities. We may share your health information to an oversight agency for activities authorized by law. Examples are audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws and regulations.

To Avert a Serious Threat to Health or Safety.

The Plan may use or disclose your health information when necessary to prevent a serious threat to the health and safety of the public, another person, or you.

Organ and Tissue Donation. If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate donation and transplantation.

Workers' Compensation. We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military and Veterans. If you are a member of the armed forces, the Plan may release your health information as required by military command authorities.

Judicial and Administrative Proceedings. We may share your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Coroners, Medical Examiners and Funeral Home Directors. We may release your health information to a coroner or medical examiner. For example, this may be necessary to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors to carry out their duties.

Correctional Institutions. We may share or release your health information with a correctional institution or law enforcement official if you are in their custody. This is necessary to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional institution.

National Security and Intelligence Activities. We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may share your health information to government law enforcement so they may provide protection to elected constitutional officers and heads of state, or so they may conduct investigations.

Law Enforcement. We may share your health information if asked to do so by law enforcement officials:

- Trying to identify or locate a criminal suspect, fugitive, material witness or missing person investigating a crime.
- Investigating a death we believe may be the result of suspicious conduct.
- In necessary circumstances, to report a crime — including the location, victims, or the identity, description, or location of the person who committed the crime.

Research. The Plan may participate in research activities. All research projects must be approved through a special review process to protect participant safety, welfare and privacy. The review process determines whether the request for your information has met federal and state requirements to protect your information.

U.S. Department of Health and Human Services. We may share your information with the Secretary of the U.S. Department of Health and Human Services to determine the Plan's compliance with HIPAA.

What health information may the Plan use and disclose if you do not object?

Treatment Alternatives and Health-Related Benefits and Services. The Plan may use your health information to send you educational materials related to your illness or condition, to advise you about certain treatment alternatives related to your illness or condition, or to tell you about certain health-related benefits and services related to your illness or condition. We will never

sell your health information unless you give us written permission.

Family Members and Others Involved in Your Health Care. We may share your health information with your friend(s) or family member(s) involved in your medical care. We will do so if you give us permission or, if in our professional judgement, it is in the best interest of your health.

Disaster Relief. We may disclose health information about you to organizations assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

What about other uses of my health information?

Uses and disclosures of your health information not covered by this Notice or federal or state laws that protect your health information will be made only with your written authorization.

The Plan must obtain your written authorization for the following uses and disclosures:

- A use or disclosure of psychotherapy notes, with certain exceptions.
- A use or disclosure of your health information for marketing unless the communication is in the form of a face-to-face communication made by the Plan to an individual, or is a promotional gift of nominal value provided by the Plan. If the marketing involves financial remuneration to the Plan from a third party, your authorization must state that such remuneration is involved.
- A disclosure of your health information which constitutes a sale of that information. Any authorization permitting a sale of your health information must state that the disclosure will result in financial remuneration to the Plan.

If the Plan uses health information for underwriting purposes, the Plan will not use or disclose health information that is genetic information of an individual for such purposes.

Can I revoke my authorization to disclose information?

If you authorize us to use or disclose your health information, but you change your mind, you can revoke your authorization at any time by submitting your request to the Nemours Privacy Office using the contact information below. We will stop sharing your information immediately upon processing your request. However, we will be unable to recall/redact any information we have already shared.

How do I contact the Nemours Privacy Office?

You can reach the Nemours Privacy Office at 800.472.6610 or by email at privacy@nemours.org or you can contact us by mail at this address:

The Nemours Privacy Office, Attn: Chief Privacy Officer, 10140 Centurion Parkway North, Jacksonville, FL 32256

Where can I get a copy of the Notice of Privacy Practices?

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please ask any Nemours Children's associate and we will provide you with a copy promptly.

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website, nemoursbenefits.com.

What if I believe my health care information rights have been violated and I want to file a complaint?

We will address every question, comment or concern promptly. This is a right afforded to you and the Plan will not retaliate against you for filing a complaint. You may file a complaint directly with the Plan to resolve any concerns or questions about your health information.

The Privacy Office can be reached by calling 800.472.6610, through email to privacy@nemours.org or by mail at this address:

The Nemours Privacy Office, Attn: Chief Privacy Officer, 10140 Centurion Parkway North, Jacksonville, FL 32256

You may also file your complaint with the Department of Health and Human Services in writing to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or by fax, email or the Department's OCR Complaint Portal. Go to this website for more information: hhs.gov/hipaa/filing-a-complaint/index.html. If you wish to remain anonymous, call the Nemours Compliance Hotline 866.636.4685.

What if my information is lost or stolen from the Plan?

The Nemours Privacy Office will contact you, informing you what information was lost or stolen and how best to protect yourself.

Language Assistance

Language assistance services are available to you, free of charge. Please call 800.851.5691 for help. Find more information in our Notice of Nondiscrimination, posted at nemours.org/notice-of-nondiscrimination.html.

This Notice of Privacy Practices applies to The Nemours Foundation Employee Welfare Benefit Plan and all associates of The Nemours Foundation and its affiliated companies, facilities, programs, and departments that have access to protected health information from the Plan. View a complete list of Nemours locations and affiliated companies at Nemours.org/contact.html.

To learn more about your rights under HIPAA, please visit hhs.gov/hipaa/for-individuals/index.html.

