

# SUMMARY OF MATERIAL MODIFICATION

## PRIVACY OF HEALTH INFORMATION

This section describes the medical information privacy practices of the University of Iowa Community Credit Union Welfare Plan (the “Plan”) with respect to the Plan’s medical, dental, vision and health care flexible spending account benefits, and that of any third party that assists in the administration of the Plan’s group health claims, and is effective April 14, 2004. For a more complete explanation, see the “Notice of Privacy Practices” which was given to you in connection with these rights. Questions about the Plan’s privacy practices should be addressed to the Plan’s Privacy Official, who may be contacted as follows:

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### Our Pledge Regarding Medical Information

The Plan is committed to protecting medical information about you. The Plan may disclose protected health information to the employer under limited circumstances, although this information will be disclosed only upon the receipt of a certification by the employer that the Plan documents have been amended to incorporate the privacy provisions, and that it will abide by them.

The Plan may disclose summary health information to the employer for the purposes of obtaining premium bids, insurance coverage, or modifying, amending, or terminating the Plan.

The Plan may disclose protected health information to carry out Plan administration functions that are consistent under applicable law. The Plan may not disclose protected health information to the employer for the purpose of employment-related actions or decisions in connection with other benefits or employee benefit plans of the employer.

A limited number of employees of the employer will have access to protected health information for the purposes of carrying out Plan administration functions in the ordinary course of business.

### How the Plan May Use and Disclose Medical Information About You

The following categories describe different ways that the Plan uses and discloses protected health information. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

*For Treatment.* The Plan may use or disclose medical information about you to provide you with medical treatment or services by providers. The Plan may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, the Plan might disclose

information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

*For Payment.* The Plan may use and disclose protected health information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may share protected health information with a utilization review or precertification service provider. Likewise, the Plan may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

*For Health Care Operations.* The Plan may use and disclose protected health information about you for other Plan operations which are necessary to run the Plan. For example, the Plan may use protected health information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

*As Required By Law.* The Plan will disclose protected health information about you when required to do so by federal, state or local law. For example, the Plan may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

*To Avert a Serious Threat to Health or Safety.* The Plan may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Plan may disclose protected health information about you in a proceeding regarding the licensure of a physician.

*To Facilitate Claims Under Company Plans.* Your health information may be disclosed to another health plan maintained by the Company for purposes of paying claims under that plan. In addition, medical information may be disclosed to the Company to administer benefits under the Plan, such as to determine a claims appeal.

*Provide You With Information.* The Plan or its agents may contact you to remind you about appointments or provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Organ and Tissue Donation.* If you are an organ donor, the Plan may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplants, or to an organ donation bank to help with organ or tissue donation.

*Military and Veterans.* If you are a member of the armed forces, the Plan may release protected health information about you as required by military command authorities. The Plan may also release protected health information about foreign military personnel to the appropriate foreign military authority.

*Workers' Compensation.* The Plan may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

*Public Health Risks.* The Plan may disclose protected health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if the Plan believes a participant has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.

*Health Oversight Activities.* The Plan may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, the Plan may disclose protected health information about you in response to a court or administrative order. The Plan may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

*Law Enforcement.* The Plan may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement; about a death the Plan believes may be the result of criminal conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

*Coroners, Medical Examiners and Funeral Directors.* The Plan may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release protected health information about you to funeral directors as necessary to carry out their duties.

*National Security and Intelligence Activities.* The Plan may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

*Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Your Rights Regarding Medical Information About You

You have the following rights regarding protected health information the Plan maintains about you:

*Right to Inspect and Copy.* You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. If you request a copy of the information, the Plan may charge a fee for the costs copying, mailing, or other supplies associated your request. The Plan may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

*Right to Amend.* If you feel that medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

*Right to an Accounting of Disclosures.* You have a limited right to request an “accounting of disclosures.” Your request must state a time period which may not be longer than six years (three years for electronic health records). Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

*Right to Request Restrictions.* You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. The Plan is not required to agree to all of your requests, however.

*Right to Request Confidential Communications.* You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You will not be retaliated against for exercising the privacy rights described above.

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by the above discussion or the laws that apply to the Plan will be made only with your written permission. If you provide the Plan permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures the Plan has already made with your permission, and that the Plan is required to retain its records of the benefits that the Plan provided to you.