DEKALB COUNTY GOVERNMENT
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT A COVERED PERSON MAY BE USED AND DISCLOSED AND HOW A COVERED PERSON CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The DeKalb County Government (Plan Sponsor) recognizes that the cornerstone of its success is the trust and confidence of its Covered Persons. In order to properly execute the DeKalb County Government's Health Plan (Plan), the Plan Spons or must maintain Protected Health Information (PHI) about its Covered Persons. Keeping this information secure and private is one of the Plan Sponsor's top priorities.

We are required by law to maintain the privacy of each Covered Person's PHI and to provide notice of our legal duties and practices with respect to such PHI. This Notice is effective April 14, 2004. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all PHI we maintain. Copies of any revised Notice will be distributed to you promptly.

This Notice advises Covered Persons on how PHI is collected, the type of PHI collected, the use and disclosure of such information for payment for health care, treatment, and, health care operations, and what may be disclosed to affiliates and non-affiliated third parties. It also details the steps taken to protect a Covered Person's PH I, how the PHI may be used and disclosed, and how Covered Persons can get access to their PHI. Except as explained below, the Plan Sponsor will not use or disclose a Covered Person's PHI unless such Covered Person has signed a form authorizing such use or disclosure.

COLLECTION OF INFORMATION

The Plan Sponsor must collect a certain amount of PHI to provide customer service, offer new benefits, plans, products, or services, evaluate benefits and claims, administer its plans, and to fulfill legal and regulatory requirements. Specific language and examples may not apply to all Covered Persons, and the PHI the Plan Sponsor collects varies accordingly. Examples include:

1. PHI on a Covered Person's enrollment forms a nd related forms, such as name, address, date of birth, Social Security number, gender, marital status, income, medical history, life insurance beneficiary designations and health care services received;
2. PHI about a Covered Person's relationship with the Plan Sponsor, such as plans, benefits, or services purchased or enrolled, account balances, payment history, and claims history;
3. PHI provided by the Employer, benefits Plan Sponsor or association regarding any group products, such as name, address, Social Security number, age, income and marital status;
4. PHI from a consumer reporting agency, such as consumer's credit worthiness and credit history;
5. PHI from other sources, such as motor vehicle reports, medical information and demographic information; and
6. PHI from visitors to the Plan Sponsor's and/or his Business Associates' web sites such as that provided through online forms, site visit data and online information-collecting devices known as "cookies." Cookies enable the site to r emember who visits so navigating the site

is easier. They also permit a Covered Person to access secured information and conduct secured transactions. The Plan Sponsor and/or Business Associates do not record personal or sensitive information in cookies.

PAYMENT

The Plan Sponsor may disclose PHI as necessary for "payment" purposes. For instance, we may use PHI to process or pay claims, for subrogation, or to perform a hospital admission review to determine whether services are medically necessary care. *Payment* includes activities undertaken by the Plan to obtain premiums or determine or fulfill its responsibility for coverage and provision of plan benefits that relate to an individual to whom health care is provided including determinations of eligibility and coverage and other utilization review activities.

TREATMENT

The Plan Sponsor may disclose PHI as necessary for a Covered Person's treatment. For instance, a doctor or health care facility involved in a Covered Person's care may request PHI in our possession to assist in such care. *Treatment* means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

HEALTH CARE OPERATIONS

The Plan Sponsor will use and disclose PHI as necessary for health care operations. *Health Care Operations* means support functions of our practice related to *treatment* and *payment*, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

SHARING AND USE OF INFORMATION

While acknowledging the importance of protecting a Covered Person's information, the Plan Sponsor finds it necessary in the course of conducting business to disclose PHI collected, as described above, in some or all of the following circumstances:

1. PHI may be shared with the Plan Sponsor's affiliates and/or Business Associates to enable them to provide customer service or account maintenance;
2. PHI may be shared with non-affiliated third parties (as permitted by law) who are assisting the Plan Sponsor by performing services or functions on its behalf, such as consultants, agents, brokers, brokerage firms, insurance companies, administrators, utilization review companies, disease management programs, case management services, pharmacy benefit managers, PPOs, managing general underwriters and other service providers;
3. PHI may be shared with other service companies such as PPOs, utilization review companies, case management companies, insurance companies or managing general underwriters, and disease management companies with whom the Plan Sponsor has a written service and/or marketing agreement;
4. PHI may be shared with non-affiliated third parties as permitted or required by law, such as compliance with a subpoena, fraud prevention, or compliance with an inquiry from a government agency or regulator;
5. PHI will be shared only with proper written authorization or as required by law (neither the Plan Sponsor nor its Business Associates will share PHI for marketing of its services);

6. PHI may be shared with the Plan Sponsors' Business Associates so they may inform clients about other products or services offered that might be useful or beneficial; and
7. PHI may be shared by a Business Associate with the Plan Sponsor for the sole purposes of managing the Plan.

If any request is made for a Covered Person's PH I that is not permitted by this policy, such disclosure will be made only with a Covered Person's written authorization, and the authorization may be revoked by the Covered Person at any time.

PROTECTING THE INFORMATION

The Plan Sponsor is committed to uphold its pledge to maintain the security and privacy of a Covered Person's PHI. To ensure such inform ation is used only for the plan administration functions that the Plan Sponsor performs for the Plan, the Plan Sponsor has instituted the following safeguards:

1. The Plan Sponsor is required to comply with established privacy policies and procedures which exist to protect the confidentiality of a Covered Person's PHI. Any person under the control of the Plan Sponsor who violates the privacy policies will be subject to a disciplinary process;
2. The Plan may disclose summary health information to the Plan Sponsor, if the Plan Sponsor requests the summary health information for the purpose of: (a) obtaining, terminating, or amending the health plans for providing health insurance coverage under the Plan; or (b) modifying, terminating, or amending the Plan. Additionally, the Plan may disclose to the Plan Sponsor information on whether an individual is participating in the Plan, or has enrolled in or disenrolled from a health insurance issuer or HMO offered by the Plan. The Plan Sponsor does not have access to a Covered Person's PHI and is not in a position to receive PHI from the Plan. If an individual controlled by the Plan Sponsor receives PHI pursuant to the initiation of a Covered Person, the individual controlled by the Plan Sponsor shall refer such Covered Person to Claims Administrator.
3. The Plan Sponsor uses manual and electronic security procedures to maintain the confidentiality of the PHI collected and to guard against its unauthorized access. Such methods include locked files, user authentication, encryption and firewall technology.

CONSUMER REPORTING INFORMATION

If required by law and upon written request, the Plan Sponsor will inform the Covered Person if a consumer report was requested, as well as the name and address of the consumer-reporting agency that requested the report.

REVIEW AND ACCESS TO INFORMATION

If required by law and upon written request, the Plan Sponsor will make information from a Covered Person's file available for review for as long as the Plan maintains the PHI. The Plan Sponsor is unable to provide information collected in connection with, or in anticipation of, any claim or lawsuit.

If a Covered Person exercises his right to request that the Plan Sponsor restrict uses and disclosures of his PHI to carryout treatment, payment or health care operations, or to restrict uses and disclosures to Family Members, relatives, friends, or other persons identified by him that are

involved in his care, the Plan Sponsor will consider the request. However, the Plan Sponsor is not required to agree to this request.

If a Covered Person notifies the Plan Sponsor in writing that any information about the Covered Person is incorrect, the Plan Sponsor will review the information. The Plan Sponsor will notify the Covered Person in writing of its decision regarding the change. If the Plan Sponsor agrees, the Plan Sponsor will correct the record. If the Plan Sponsor does not agree, the Covered Person may submit a short statement of dispute which will be included in any future disclosure of PHI.

If a Covered Person has any questions about the right of access or wishes access to the Covered Person's file (as permitted by law), the Covered Person is instructed to contact the Plan Sponsor and to include a copy of the Covered Person's personal identification, such as a driver's license or photo identification and pin number.

If a Covered Person requests an accounting of disclosures, the Plan Sponsor will provide such an accounting for period during the six (6) years prior to the date of the request. However, the accounting does not have to include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to the compliance date.

COMPLAINTS OR CONCERNS

If a Covered Person has any questions, concerns or complaints that his privacy rights were violated, the Covered Person may contact Kathy Aichele in the DeKalb County Finance Office at (815) 895-7274.

If you are not satisfied with the answer provided to a complaint made to the Finance Office, you may wish to file a complaint with the appropriate Regional Office of Civil Rights (OCR) of the Department of Health and Human Services.

CONTINUING COMMITMENT

The Plan Sponsor will continue to provide this Notice, as required by law and will notify Participants of any modification within 60 days of material revision.