

Portland Country Club Group Health Plan Summary of Privacy Practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed by the Portland Country Club Group Health Plan (the “Plan”) or others in the administration of your claims, and certain rights that you have. Effective October 1, 2020, the Plan consists of the Aetna Funding Advantage Plan (AFA) and a health reimbursement arrangement administered by Group Dynamic, Inc. (HRA). For a complete, detailed description of all privacy practices, as well as your legal rights, please refer to the accompanying AFA and HRA Notices of Privacy Practices (Attachments A and B). This Summary is not intended to be a comprehensive statement of your privacy rights. In case of conflict between this Summary and the complete Notices, the Notices will control.

Our Pledge Regarding Medical Information

We (the Plan) are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures as in effect.

How We May Use and Disclose Medical Information about You

We may use and disclose your personal health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We may disclose your medical information to specified employees of Portland Country Club who perform necessary plan administrative functions. We will disclose the minimum amount of information necessary for the specific function, and those employees cannot use your information for employment-related purposes. We may also use and disclose your personal health information without your permission for the reasons stated in the Notice and as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Medical Information

You have the right to inspect and copy your medical information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communications about your medical information be made in different ways or at different locations.

How to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. Portland Country Club will not retaliate against you if you file a complaint.

ATTACHMENT A

Portland Country Club and Aetna

Aetna Funding Advantage (AFA) Notice of Privacy Practices

The HIPAA Privacy Rule restricts the use and disclosure of member personal health information by "Covered Entities" and their "Business Associates." As the sponsor and funding source of your health benefits under an Aetna Funding Advantage (AFA) Plan, Portland Country Club ("Plan Sponsor") is subject to the Privacy Rule as a "Covered Entity." Aetna processes claims under your AFA Plan and so is also subject to the Privacy Rule as our "Business Associate."

This Notice of Privacy Practices describes addresses how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Plan Sponsor

As a practical matter, we may rarely, if ever, come in contact you're your personal health information. With limited exception, most use and disclosure of personal health information will be handled by Aetna. For that reason, you'll see that most of this Notice addresses Aetna's handling of personal health information and your related interactions with Aetna.

In the event that Plan Sponsor comes into contact with any of your personal health information, we will not use or disclose that information in any way that is inconsistent with the restrictions and requirements described below as applicable to Aetna, to the extent those restrictions and requirements apply to us as your employer. For example, we will not use that information in connection with any benefit determinations, because that is Aetna's responsibility. And we may not use any personal health information for any employment purpose unrelated to participation in the AFA Plan. On the other hand, we could be required to respond to federal and state law enforcement in appropriate cases. In addition, you have all of the Legal Rights described below with respect to any personal health information that we may have.

If you have any questions, comments or complaints about Plan Sponsor's handling of personal health information, please contact the Controller.

Aetna

When Aetna uses the term “personal information,” we mean information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By “health information,” we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care).

How Aetna Uses and Discloses Personal Information

To process claims under your AFA Plan, Aetna needs personal information about you, and we obtain that information from many different sources – particularly you, your employer or benefits plan sponsor if applicable, other insurers, HMOs or third-party administrators (TPAs), and health care providers. In administering your health benefits, we may use and disclose personal information about you in various ways, including:

Health Care Operations: We may use and disclose personal information during the course of administering AFA Plans – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operational activities requiring use and disclosure include administration of stop loss; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of Aetna with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

Payment: To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the covered employee). In addition, we make claims information contained on our secure member website and telephonic claims status sites available to the subscriber and all covered dependents. We also use personal information to obtain payment for any mail order pharmacy services provided to you.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may use personal information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes.

Additional Reasons for Disclosure

We may use or disclose personal information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** – to Your Employer, as sponsor and funding source of your AFA Plan, subject to specified conditions.
- **Research** – to researchers, provided measures are taken to protect your privacy.

- **Business Partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).

Disclosure to Others Involved in Your Health Care

We may disclose health information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Member Services number on your ID card.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Member Services number on your ID card – or have your provider contact us.

Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan(s),
- before disclosing any psychotherapy notes,
- related to the sale of your health information, and
- for other reasons as required by law.

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Member Services number on your ID card.

Your Legal Rights

The federal privacy regulations give you several rights regarding your health information:

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information (e.g. Explanation of benefits (EOB) and other claim information) to a different address from that of your subscriber. We will accommodate reasonable requests.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of health information that is contained in a "designated record set" – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.

- You have the right to ask us to amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts. Your genetic information cannot be used for underwriting purposes.
- You have the right with very limited exceptions, not to be subjected to pretext interviews. (Aetna does not participate in pretext interviews.)

You may make any of the requests described above (if applicable), may request a paper copy of this notice, or ask questions regarding this notice by calling the toll-free Member Services number on your ID card.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

HIPAA Member Rights Team
 Aetna Inc.
 151 Farmington Avenue AN33
 Hartford, CT 06156

You may stop the paper mailing of your EOB and other claim information by visiting www.aetna.com and click “Log In/Register”. Follow the prompts to complete the one-time registration. Then you can log in any time to view past copies of EOBs and other claim information.

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Remember, that if you have any questions, comments or complaints about Your Employer's handling of personal health information, please contact the department, office or individual that is responsible for human resources at Your Employer.

Safeguarding Your Information

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

Portland Country Club Health Reimbursement Arrangement 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 **Portland Country Club Health Reimbursement Arrangement** (the “HRA”), while providing you with health coverage, will have access to information about you that is considered to be “protected health information,” or PHI, under the Health Insurance Portability and Accountability Act of 1996, as amended, or HIPAA. The HRA has procedures to ensure that your PHI is treated with the level of protection required by HIPAA. This notice describes the health information privacy practices of your HRA, which includes those for Group Dynamic Inc., a third party that administers benefit claims on behalf of the HRA.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by human resources staff at PCC and by individuals at the third party administrator for the HRA, Group Dynamic Inc., for the purpose of providing health care reimbursement benefits to you, to determine the amount of your benefits, to pay your benefit claims, to support the operation of PCC, and any other use required by the HRA or the law. These individuals may only use your PHI for HRA administration functions, provided they do not violate the provisions set forth herein. Any employee of PCC who violates the rules for handling information established herein will be subject to adverse disciplinary action.

Treatment: The HRA will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care benefits under the HRA. For example, obtaining approval for certain health services may require that your relevant protected health information be disclosed by the HRA to secure approval for coverage and reimbursement.

Healthcare Operations: The HRA may use or disclose, as needed, your protected health information in order to manage the health care treatment you receive. We can use your PHI to share it with professionals who are treating you. For example, a doctor sends the HRA information about your diagnosis and treatment HRA so we can arrange additional services. We will use and disclose your health information to Group Dynamic for plan administration and that reimbursements match covered services and other benefits under the HRA.

The HRA may use or disclose your protected health information in certain situations without your authorization: This means as Required By Law for reasons of Public Health and Safety, such as communicable diseases, health oversight, safety threats, and product recalls; Law Enforcement, such as abuse, neglect, and domestic violence; Legal Proceedings such as organ procurement, workers’ compensation, court orders, and subpoenas; and Special Government Functions, such as military activity and national security. We must, however, make disclosures to you promptly if a breach occurs that may have compromised the privacy or security of your information, and when required by the Department of Health and Human Services to investigate or decide our compliance with HIPAA.

Other Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law. The HRA will not use or share your information other than as described in this notice unless you tell us we can in writing. You may revoke this authorization at any time in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. The HRA is not required to agree to a restriction that you may request and we may say “no” if it would affect your care.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. The HRA will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that this person has this authority and can act for you before we take any action.

You have the right to obtain a paper copy of this notice from the HRA, upon request, even if you have agreed to accept this notice electronically. A copy of this notice is also available at the PCC [website](#) (Careers – Benefits).

You may have the right to have the HRA correct your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may say “no” to your request but we will tell you why in writing within 60 days.

You have the right to receive a list of certain disclosures we have made, if any, of your protected health information. The HRA will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting each year without charge.

Complaints: You may complain to us or the government if you believe your privacy rights have been violated by us. The government address is U.S. Department of Health and Human Services for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints/. You may file a complaint with us by notifying our contact below of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice. If you have any questions concerning or objections to this notice, please contact: Elaine Runyon, Controller, 11 Falmouth Road, Falmouth ME 04105, erunyon@portlandcountryclub.org, (207) 835-7253, Attn: HRA Notice of Privacy Practices.

This Notice is effective as of October 1, 2020.