

## OneCall Service Center

PO Box 2115  
104 Union Valley Road, MS-8258  
Oak Ridge, TN 37831-2115  
Call: 574-1500 or toll-free 1-877-861-2255  
Fax: 1-865-241-0531



## Group Health Plan 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.*

*You and your eligible dependents may receive group health benefits such as medical, dental, prescription drug, Employee Assistance Plan (EAP) and health care spending account benefits through the Group Welfare Benefit, Prescription Drug, and Cafeteria Plans (collectively, the "Plan") offered by BWXT Y-12, LLC (the "Plan Sponsor") and UT-Battelle, LLC. The Plan uses and discloses personally identifiable health information about you and other participants in the Plan ("Participants"). This information is referred to as Protected Health Information ("PHI"). The Plan is required by law to protect the privacy of your PHI. As required by law, this provides you with notice of the Plan's legal duties, its use and disclosure of PHI, your privacy rights and who to contact for additional information or to file a complaint.*

*Effective Date: April 14, 2003*

*These privacy practices may not be the same as those adopted by your health care providers. Please check with your providers if you would like to understand their privacy practices. You may also receive separate privacy notices from the insurance companies that insure any of your group health benefits. This Notice does not apply to medical information relating to disability, workers' compensation, life insurance benefits or any other health information not created or received by the Plan.*

## Uses and Disclosures for Treatment, Payment and Health Care Operations

The Plan may use, disclose, or share between the benefits mentioned previously, your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining a specific written permission from you, known as an "authorization."

**For Treatment.** The Plan may use and disclose PHI as needed for the treatment of Participants. For example, PHI may be used and disclosed to coordinate and manage the activities of different health care providers who provide you with health care services covered under the Plan.

**For Payment.** The Plan may use and disclose your PHI as part of activities related to the Plan's payment for health care services. For example, the Plan may disclose your PHI to a doctor or hospital that calls to find out if you are eligible for coverage under the Plan. The Plan also will disclose your PHI to third parties, including third-party administrators and insurers hired by the Plan to make health benefit coverage determinations, to pay health care providers, to determine subrogation rights and coordinate benefits.

**For Health Care Operations.** The Plan may use and disclose PHI as part of its general business operations as a group health plan. For example, the Plan may disclose PHI to assess the overall performance of the Plan, to audit claims processing and payment activities, for legal services, for premium rating and for medical reviews. The Plan will use and disclose your PHI for the management and administrative activities of the Plan.

## Other Uses and Disclosures For Which Authorization is Not Required

In addition, the Plan may use and disclose PHI without your written authorization:

**As Required by Law.** The Plan may use or disclose PHI when required to do so by law.

### **As Required for Judicial or Law Enforcement Purposes.**

The Plan may disclose PHI in a judicial or administrative proceeding and in response to a subpoena or other legal process (in certain circumstances), if the Plan is assured that the requesting party has made a good faith attempt to provide written notice of such disclosure to you. The Plan may also disclose your PHI for law enforcement purposes, such as reporting certain types of wounds, identifying or locating a suspect, fugitive, material witness, or missing person. Except as otherwise required by law or in the case of an emergency, the Plan will disclose PHI about a Participant who may be a victim of a crime only if that individual agrees to the disclosure.

### **For Public Health Activities and Public Health Risks.**

The Plan may disclose PHI to a public health authority in charge of collecting information, such as about births and deaths, injury, preventing and controlling disease, reports of child abuse or neglect, reactions to medications or product defects or problems, or to notify a person who may be at risk for contracting or spreading a communicable disease. The Plan may disclose PHI about whom the Plan reasonably believes to be a victim of abuse, neglect or domestic violence if required by law to report such information, if the victim agrees to such disclosure, or the Plan believes disclosure is necessary to prevent serious harm and the victim is unable to consent due to incapacity.

**For Health Oversight Activities.** The Plan may disclose PHI to the government for oversight activities such as audits, investigations, inspections, licensure or disciplinary actions, and other activities for monitoring the health care system, government programs, and compliance with civil rights laws.

### **Coroners, Medical Examiners, and Funeral Directors.**

The Plan may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Organ, Eye, and Tissue Donation.** The Plan may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

**Research.** The Plan may use and disclose PHI for medical research purposes, subject to certain conditions.

**To Avoid a Serious Threat to Health or Safety.** The Plan may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

**Specialized Government Functions.** The Plan may use and disclose PHI of military personnel and veterans under certain circumstances. The Plan may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

**Workers' Compensation.** The Plan may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

**Health-related Benefits and Services; Marketing.** The Plan may use and disclose your PHI to inform you of treatment alternatives or other health-related benefits and services covered under the Plan or available to Participants; to inform you regarding the health care providers participating in the Plan's networks; to inform you about replacement of or enhancement to the Plan; and to inform you of other similar matters that may be of interest to you, such as disease management programs. The Plan may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

**Disclosures to Plan Sponsor.** The Plan may disclose your PHI to the Plan Sponsor and business associates, and may permit insurance companies that provide benefits under the Plan to disclose your PHI to the Plan Sponsor and business associates in accordance with its privacy policies.

**Disclosures to You or for HIPAA Compliance Investigations.** The Plan may disclose your PHI to you or your authorized representative, and is required to do so in certain circumstances in connection with your rights of access to and an accounting of certain disclosures of your PHI. The Plan also must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary to investigate the Plan's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

## Uses and Disclosures to Which You Have an Opportunity to Object

Unless you object, the Plan may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. Plan may also notify those people about your location or condition. In some circumstances, the Plan may make the disclosures identified in this paragraph without first giving you an opportunity to agree or object, such as in an emergency.

## Other Uses and Disclosures of PHI For Which Authorization is Required

Except as otherwise provided in this Notice, all other types of uses and disclosures of your PHI will be made only with your written authorization, which you may revoke in writing at any time. Upon receipt of the written revocation of authorization, the Plan will stop using or disclosing your PHI, except to the extent necessary because the Plan has already taken action in reliance on the authorization.

## Regulatory Requirements

The Plan is required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. The Plan reserves the right to change the terms of this Notice and its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before the Plan makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice. You have the following rights regarding your PHI:

**Restrictions.** You may request that the Plan restrict the use and disclosure of your PHI. The Plan is not required to agree to any restrictions you request, but if the Plan does so it will be bound by the restrictions to which it agrees, except in emergency situations.

**Confidential Communications.** You have the right to request that communications of PHI to you from the Plan be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be made in writing. The Plan will make efforts to accommodate your reasonable requests.

**Right to Inspect.** Generally, you have the right to inspect and copy your PHI that the Plan maintains in a "designated record set" by making the request in writing. The Plan may deny your request to inspect and copy in certain circumstances. Within 30 days of receiving your request (unless extended by an additional 30 days), the Plan will inform you of the extent to which your request has or has not been granted. In some cases, the Plan may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, the Plan may impose a reasonable fee to cover copying, postage, and related costs. If the Plan denies access to your PHI, it will explain the basis for denial and whether or not you have an opportunity to have your request and the denial reviewed.

**Right to Amend.** If you believe that your PHI maintained by the Plan contains an error or needs to be updated, you have the right to request that the Plan correct or supplement your PHI. Your request must explain why you are requesting an amendment to your PHI. Within 60 days of receiving your request (unless extended by an additional 30 days), the Plan will inform you of the extent to which your request has or has not been granted. If your request is denied, the Plan will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and the Plan's denial attached; and (iii) complain about the denial.

**Right to an Accounting.** You generally have the right to request and receive a list of the disclosures of your PHI that the Plan has made at any time during the 6 years prior to the date of your request (but not before April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. Within 60 days of receiving your written request (unless extended by an additional 30 days), the Plan will either provide you with the accounting or notice of the denial of your request. The Plan will provide the list to you at no charge. If the Plan decides to charge for additional requests, you will be informed of the charges at such time.

**Right to Paper Copy.** You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically.

## Complaints

If you believe your privacy rights have been violated, you may complain to the Plan by contacting the individual designated here by submitting a written complaint. You also have the right to file a complaint with the Secretary. The Plan will not penalize you or retaliate against you for filing such a complaint.

## Contact Person

For the medical, dental, prescription drug, BWXT Y-12 EAP and health care spending account benefits, all requests, complaints, submissions required to be in writing, inquiries, questions with respect to your privacy rights and this Notice should be directed to OneCall at:

BWXT Y-12 LLC, OneCall  
PO Box 2115  
104 Union Valley Road, MS-8258  
Oak Ridge, TN 37831-2115  
(865) 574-1500 or 1-877-574-2255

For the UT-Battelle EAP and health care spending account benefits, all requests, complaints, submissions required to be in writing, inquiries, questions with respect to your privacy rights and this Notice should be directed to ORNL Employee Benefits at:

UT-Battelle, LLC  
PO Box 2008  
1060 Commerce Park, MS-6480  
Oak Ridge, TN 37831-6480  
(865) 574-7474

## Privacy Official

The Plan is required to designate a privacy official who is responsible for the development and implementation of the privacy policies and procedures of the Plan.

**For the medical, dental, prescription drug, BWXT Y-12 EAP and health care spending account benefits, the privacy official is:**

Doris A Hummer  
104 Union Valley Road, MS-8267  
Oak Ridge, TN 37830

**For the UT-Battelle EAP and health care spending account benefits, the privacy official is:**

Mark Wagner  
PO Box 2008  
1060 Commerce Park, MS-6480  
Oak Ridge, TN 37831-6480