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## PRIVACY OF PROTECTED HEALTH INFORMATION

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This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It applies to the benefits in the Kentucky Retirement Systems Health Plans that pay for the cost of, or provide, health and/or prescription drug benefits. We will refer to these benefits in this Notice as “the Plan.” If you receive health benefits through a third party administrator (such as Humana) that provides benefits administration services through and to the Plan, you may also receive a notice from the third party administrator. That notice will describe how the insurer will use your health information and provide your rights.

This Notice also describes your rights to access and control your protected health information, as well as certain obligations we have regarding the use and disclosure of your protected health information. “Protected health information” (“PHI”) is medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. It also includes information related to the payment for these services such as claims, eligibility, and enrollment for benefits. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of this Notice as currently in effect.

This Notice will be followed by the Plan and all of the employees, staff and other individuals who assist in the administration of the Plan. This notice also covers our third party “business associates” who perform various activities for us to provide you benefits and to administer the Plan. Before we disclose any of your PHI to one of our business associates, we will enter into a written contract with them that contains terms to protect the privacy of your PHI.

### Uses And Disclosures Of Your Protected Health Information

This Notice sets forth different reasons for which we may use and disclose your PHI. The Notice does not list every possible use and disclosure; however, all of our uses and disclosures of your PHI will fall into one of the following general categories.

- **For Treatment.** We may disclose your PHI to health care providers who treat you.
- **For Payment.** We will use your PHI for “payment” purposes. For example, we may use and disclose your PHI so that we may provide reimbursement for health care services you received. We may also use or disclose your PHI to obtain premiums for insurance coverage, to determine whether you are eligible for health benefits or coverage, or to make determinations whether treatment is medically necessary for you.
- **For Health Care Operations.** We may use and disclose your PHI for purposes of health care operations. These uses and disclosures are necessary to manage the Plan and to make sure that all of its participants receive quality health care. Your PHI may be used to assess the quality of service our staff has provided to you or to help us evaluate the benefits of the Plan. It also may be used to apply for a Medicare Part D subsidy.
- **Treatment Alternatives and Health Related Benefits.** We may use and disclose your PHI to inform you of or recommend possible treatment alternatives or health related benefits or services that may be available to you.
- **Plan Sponsor.** We may use and disclose your PHI, as needed, to employees of the Kentucky Retirement Systems who have a need to know your PHI to help administer the Plan and answer your questions about your benefits.

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- **Individuals Involved in Your Health Care or Payment for Your Health Care.** We may disclose your PHI to a parent, if you are a minor, or to a personal representative who is involved in your medical treatment or care. We may also disclose this information to a person who is responsible for your medical bills or otherwise involved in paying for your health care. We will generally try to obtain your written authorization before releasing your PHI to your spouse. However, if you are not present or are incapacitated, we may still release your PHI if a disclosure is in your best interest and directly relevant to the inquiring person's involvement in your health care. In addition, we may use and disclose PHI so that your family can be notified as to your condition, location, or death, or so that care or rescue efforts can be coordinated.
- **As Required By Law.** We will use and disclose your PHI when required to do so by federal, state or local law, to the extent that such use and disclosure is limited to the relevant requirements of such law.
- **Judicial and Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by another person involved in the dispute, but only if we believe that the party seeking the PHI has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested.
- **Public Health Activities.** We may disclose your PHI for purposes of public health activities. These activities generally include activities such as: preventing or controlling disease, injury, or disability; reporting the conduct of public health surveillance, investigations, and interventions; reporting adverse events relating to product defects, problems, or biological deviations; and notifying people to enable product recalls, repairs, and replacement.
- **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to notify an appropriate government authority if we reasonably believe an individual has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities that are necessary for the government to monitor the health care system, government benefit programs, compliance with program standards, and compliance with civil rights laws. These activities might include: civil, administrative or criminal investigations, proceedings, and prosecutions and audits of the Plan by governmental agencies.
- **Law Enforcement.** We may disclose your PHI, within limitations, if asked to do so by a law enforcement official for a law enforcement purpose, if it is: (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime if the individual agrees to the disclosure, or due to incapacity or emergency, we are unable to obtain the individual's agreement; (3) about a death we suspect may have resulted from criminal conduct; and (4) about criminal conduct we believe in good faith to have occurred on our premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner as necessary to identify a deceased person or determine a cause of death. We may also disclose your PHI, as necessary, in order for the funeral directors to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose your PHI to an organ procurement organization or other entity involved in the procurement, banking, or transplantation of organs, eyes, or tissue to facilitate the donation and transplantation process.
- **Research.** We may use and disclose your PHI for certain limited research purposes. Generally, the research project must be approved through a special committee that reviews the research proposal and ensures that the PHI is necessary for research purposes.

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**PRIVACY OF PROTECTED HEALTH INFORMATION (continued)**

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- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when we believe in good faith it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to a person able to help prevent the threat.
- **Governmental Functions.** We may disclose the PHI of individuals who are members of the Armed Forces, as required by appropriate military command authorities. PHI may be disclosed for purposes of determining an individual's eligibility for or entitlement to benefits under appropriate military laws. We may also disclose the PHI of foreign military personnel to the appropriate foreign military authority. We may disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law. We may disclose your PHI to authorized federal officials, so they may adequately provide protection to the President, other authorized persons, or foreign heads of state. PHI may also be disclosed to conduct special investigations.
- **Inmates.** We may disclose your PHI, as long as you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official. The disclosure must be necessary: (1) for the institution or law enforcement official to provide you with health care; (2) to protect your health and safety or the health and safety of others in connection with the correctional institution; and (3) for the safety and security of the correctional institution.
- **Workers' Compensation.** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Other Uses and Disclosures Of Your Protected Health Information.** Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us, will be made only with your written authorization. If you have given us your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose the PHI for the reasons covered by your written authorization, except to the extent that we have taken action in reliance on your authorization. Please note that we are unable to withdraw any disclosures we have already made with your written authorization.

**Your Rights Regarding Your Protected Health Information.** You have the following rights regarding your PHI which we maintain, as required by law. To exercise any of the following rights, you must make your request in writing by filling out the appropriate form provided by the Plan and submitting it to General Counsel, Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601, (502) 696-8800.

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## PRIVACY OF PROTECTED HEALTH INFORMATION (continued)

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**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for purposes of treatment, payment, or health care operations. You also have the right to request that we restrict the disclosure of your PHI from those involved in your health care or the payment for your health care, such as with a family member or friend. For example, you may request that we not use or disclose your PHI relating to a procedure you may have had. We are not required to agree with your request for restrictions. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If we agree to your request, either you or we may revoke the restriction; however, if we revoke it, it will only apply to PHI that we obtain after the revocation. The only instance in which we must agree to a restriction is when you request to restrict a disclosure to another health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment), provided your health information pertains solely to a health care item or service for which a health care provider involved has been paid out of pocket in full. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or children.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house. We may require that your request contain a statement that the disclosure of all or part of the PHI for which you are requesting a restriction could harm you if disclosed. We will accommodate all reasonable requests. However, we may condition granting your request on receiving appropriate information regarding payment, as well as you specifying how or where you would like us to contact you.

**Right to Inspect and Copy.** You have the right to inspect and copy your PHI that is kept in a designated record set. This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) PHI that is maintained by the Plan to which access is prohibited by law. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents. We may provide you with a written denial of your request to inspect and copy in certain very limited circumstances: (1) the PHI you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a health care provider and if you were granted access you could find out the identity of the source.

If you are denied access to your PHI, for reasons other than those listed above, you may request that the denial be reviewed. A licensed health care professional chosen by the Plan will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

**Right to Amend.** You have the right to request that we amend your PHI in a designated record set if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Plan within a designated record set. You must be prepared to provide a reason to support your request for an amendment.

We may deny your request for an amendment if the request does not include a reason to support the request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend PHI that: (1) was not created by us, unless the person or covered entity that created the PHI is no longer available to make the amendment; (2) is not part of the health information kept by or for the Plan within the designated record set; (3) is not part of the information that you would be permitted to inspect and copy by law; or (4) is accurate and complete.

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**PRIVACY OF PROTECTED HEALTH INFORMATION (continued)**

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**Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures we have made of your PHI. Your request must state a time period that may not be longer than six years, but that may be shorter, and may not include dates before September 1, 2005. The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request, before any costs have been incurred. You have a right to receive an accounting of disclosures made by the Plan within the past six years from the date of your request, except for disclosures that have been made: (1) to carry out treatment, payment or health care operations; (2) to you; (3) incident to a use or disclosure permitted or required by law; (4) pursuant to an authorization; (5) to those involved in your care or for notification purposes; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials; (8) as part of a limited data set; and (9) prior to September 1, 2005.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may request that we give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy.

**Receive Notice of a Breach.** You have the right to be notified in writing following a breach of your medical information that is not secured in accordance with certain security standards.

**Changes To This Notice.** We reserve the right to change the terms of this Notice. We reserve the right to make the new Notice provisions effective for all PHI we currently maintain, as well as any information we receive in the future.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing the complaint. To file a complaint with the Plan, contact the Privacy Officer, Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601. You will need to submit your complaint in writing. The Privacy Officer or designated staff will review and investigate your complaint and provide you with a written response within 30 days, or within 60 days if additional time is needed. You will be notified in writing if additional time is needed. If you wish to have your complaint further reviewed after receiving the written response, you may contact the KRS General Counsel to request additional review and action on your complaint. You may request review directly by the General Counsel if you have requested access or amendment and your request has been denied. To request additional review contact KRS General Counsel, Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, KY 40601. You will receive written notification within 30 days or 60 days if additional time is needed and you are notified of the delay regarding the review of your claim.