

**Privacy Notice Relating to The Salvation Army Officers' Health Care Provisions and  
Employee Health Plans**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

This notice gives you information required by law about the duties and privacy practices of The Salvation Army to protect the privacy of your personally identifiable health information ("Health Information") which we receive or disclose in the course of providing health, vision and dental benefits to you under The Salvation Army Officers' Health Care Provisions and Employee Health Plans (the "Plans"). We hire business associates, such as the plan administrator, Chesterfield Resources, Inc., to help us provide these benefits to you. These business associates also receive and maintain your Health Information in the course of assisting us.

The effective date of this notice is April 14, 2003, the effective date of the Federal regulations which require this notice. We are required to follow the terms of this notice until it is replaced. We reserve the right to change the terms of this notice at any time. If we make changes to this notice, we will revise it and send a new notice to you. We reserve the right to make the new changes apply to all your Health Information maintained by us before and after the effective date of the new notice.

**Permitted Uses and Disclosures**

We may use and disclose your Health Information without your consent or authorization for the following purposes:

- **Treatment Purposes.** We may disclose your Health Information to doctors, nurses and other health care personnel who are involved in providing your health care. For example, we may disclose your Health Information to health care providers to facilitate treatment in order to determine which benefits are covered under the Plan.
- **Payment.** We may use or disclose your Health Information in order to bill and collect payment for your health care services. For example, we may use or disclose your Health Information to pay claims for your health care services or to provide eligibility information to your doctor when you receive treatment.
- **Health Care Operations.** We may use or disclose your Health Information in the course of operating the Plan. For example, we may use or disclose your Health Information for (a) underwriting; or (b) conducting or arranging for medical review, legal services and auditing functions. We will not use your Health Information that is genetic information for underwriting purposes.
- **As Authorized or Required by Law.** We may disclose your Health Information when authorized or required to do so by law. For example, we may disclose your Health Information in connection with an audit of our records by the U.S. Department of Health and Human Services and to the extent necessary to comply with workers' compensation or other similar laws.
- **To Business Associates.** We may disclose your Health Information to business associates that assist us in providing benefits provided they agree in writing to protect the confidentiality and security of your Health Information.

- Plan Administration. Subject to applicable law, we may use your Health Information for plan administration functions. For example, we may use your Health Information to determine whether you are enrolled in the Plan. However, we will not use or disclose your Health Information for employment-related activities or for any other benefit or benefit plans of The Salvation Army, and we will not use your Health Information that is genetic information for underwriting purposes.
- Additional Permitted Uses or Disclosures. Subject to applicable law, we may also use and disclose your Health Information without your consent or authorization as follows:
  - To comply with judicial or administrative proceedings, such as a court or administrative order or subpoena.
  - To law enforcement officials for law enforcement purposes.
  - To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to us to do this.
  - To your personal representatives appointed by you or designated by applicable law.
  - To a coroner, medical examiner, or funeral director about a deceased person.
  - To an organ procurement organization in limited circumstances.
  - To avert a serious threat to your health or safety or the health or safety of others.
  - To a governmental agency authorized to oversee the health care system or government programs.
  - To federal officials for lawful intelligence, counterintelligence and other national security purposes.
  - To public health authorities for public health purposes.
  - To appropriate military authorities, if you are a member of the armed forces.
  - To provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We will not sell or use or disclose your Health Information for marketing purposes, and we will not use such information for any other purposes unless you give us your written authorization to do so.

If you give us written authorization to use or disclose your Health Information for a purpose that is not described in this notice, then, in most cases, you may revoke the authorization in writing at any time. Your revocation will be effective for all your Health Information we maintain, unless we have taken action in reliance on your authorization.

In the rare event that we maintain an electronic health record, at your option we will transmit a copy of your Health Information in electronic format to you or to an entity or person whom you clearly, conspicuously, and specifically designate. We may impose a fee not greater than the labor costs in responding to your request for Health Information in electronic format.

Participants are advised that the transmission of genetic information to The Salvation Army or otherwise in connection with a claim for benefits under the Plan is strongly discouraged. In the rare event that Risk Management Personnel or the Officer Health Services Secretary receives unsolicited genetic information, these personnel will comply with the Genetic Information Nondiscrimination Act of 2008 (“GINA”) in the administration of the Plans to the extent applicable.

### **Your Rights**

You may make a written request to us to do one or more of the following concerning your Health Information that we maintain:

- To request restrictions on uses/disclosures. You have the right to ask that we limit how we use or disclose your Health Information. We will consider your request, but are not legally bound to agree to the restriction, except as follows. If you ask that we restrict the use/disclosure of your Health Information and (a) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment), and (b) the Health Information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full, then we are legally bound to agree to that request. To the extent that we do agree to any restrictions on our use/disclosure of your Health Information, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- To choose how we contact you. You have the right to ask that we send you information at an alternative address or by an alternative means if you have certified that your request is necessary to prevent a use or disclosure of your health information that could endanger you. We will agree to your request as long as it is reasonably easy for us to do so.
- To inspect and request a copy of your Health Information. Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your Health Information upon your written request. If we deny you access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your Health Information, a reasonable charge for copying may be imposed.
- To be notified of a breach of your Unsecured Health Information. We are required to notify you in the event of a breach of your Unsecured Health Information in accordance with Federal regulations unless we determine that there is a low probability that your Unsecured Health Information has been compromised, as demonstrated by a Federally-prescribed risk assessment. Unsecured Health Information means such information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by Federal guidance and regulations. Unsecured Health Information may be written, oral, or electronic information. A breach means the unauthorized acquisition, access, use, or disclosure of Unsecured Health Information that violates the Federal regulations regarding the privacy of such information. In the event of a breach requiring notification, this notice will be mailed to you as soon as reasonably possible and in no event later than 60 days after we discover the breach, unless we are asked to delay such notice by law enforcement officials.
- To request amendment of your Health Information. If you believe that there is a mistake or missing information in our record of your Health Information, you may request, in writing, that we correct or add to the record. We may deny the request if we determine that the Health Information is (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to

be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your Health Information. If we approve the request for amendment, we will change the Health Information and so inform you. We may tell others that need to know about the change in the Health Information.

- To find out what disclosures have been made: You have the right to receive a list of disclosures of your Health Information that we and our business associates have made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).

If you want to exercise any of these rights described in this notice, please contact the Officer Health Services Secretary (Officers and Cadets) or the Risk Management Department (employees) for your territory.

### **Complaints**

If you believe your privacy rights have been violated by the Plan, you have the right to file a complaint with the Officer Health Services Secretary (Officers and Cadets) or the Risk Management Department (employees). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.