

*ARUP Laboratories
Employee Health Care Benefits Plan*

NOTICE OF PRIVACY PRACTICES STATEMENT

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 PLAN'S PRIVACY PRACTICES

ARUP Laboratories Employee Health Care Benefits Plan ("the Plan") is committed to protecting the confidentiality of your medical and health information ("Protected Health Information") as described in this Notice and maintains the privacy of your Protected Health Information as required by law. You are receiving this Notice because you are enrolled in the Plan. This Notice describes our privacy practices relating to Protected Health Information, including how we may use your Protected Health Information within the Plan and how under certain circumstances we may disclose it to others outside the Plan. This Notice also describes the rights you have concerning your own Protected Health Information. Please review it carefully. If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of the Plan, please contact the Plan Privacy Officer listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION PERMITTED BY LAW

The law permits us to use your Protected Health Information for treating you, billing for services and for health care operations, all of which are explained below. The Plan workforce members who administer and manage this Health Plan may use your Protected Health Information only for appropriate plan purposes (such as for treatment, payment or health care operations), but not for purposes of other benefits not provided by this Plan, and not for employment-related purposes of ARUP.

Your Protected Health Information may be used and disclosed only for the following purposes:

For Communications with Insurance Companies: The Plan provides medical benefits to you in part through insurance companies. The Plan may communicate with these insurance companies to assist you in resolving claims or coverage issues. The Plan also may communicate with these insurance companies to administer the self-insured portion of the Plan. **You should review the Notices of Privacy Practices sent by such insurance companies to see how each of them will handle your health information.**

For Treatment: We may disclose your Protected Health Information to a health care provider for the health care provider's treatment purposes. For example, if your primary care physician or other health care provider refers you to a specialist for treatment, the Plan can disclose your PHI so the specialist to whom you have been referred so the specialist can become familiar with those records. The Plan may also disclose your PHI to the ARUP Family Health Clinic so that it can provide case management assistance to you.

For Payment: We use and disclose your medical information to review bills and pay claims if necessary. We may also share your medical information with other companies to help us with health claims, coordination with health insurance companies, or utilization review. We may communicate with insurance companies to help you resolve problems about payment of claims.

For Plan Operations: We may use or disclose your medical information to assist us with administering the Plan. We may use your medical information for medical necessity review; coordination of care, benefits and other services; program analysis and reporting; audit, accounting or legal services; risk management; detection and investigation of fraud and other unlawful conduct; underwriting and ratemaking; resolution of third party liability; administration of reinsurance and excess or stop loss insurance and coordination with these insurers; data and information systems management; and other business management and planning activities. For example, we may use your medical information to generate data about how we can serve you better. We will not use or disclose PHI that is genetic information about you for underwriting purposes.

To Family Members and Others Involved in Your Care: We may disclose your medical information to a family member, relative, close friend, or any other person the Member identifies for purposes of the family member's or friend's assistance with the Member's care or payment for care. For example, if your spouse calls us to get information about a claim for your care, we may talk with your spouse to assist you in resolving a problem. **If you do not want us to discuss your medical information with your family members or others involved in your care, please contact the Benefits Administrator.**

For Research: We may use or disclose your Protected Health Information without your consent or authorization for research projects, such as studying the effectiveness of a treatment you received, if an Institutional Review Board approves a waiver of authorization for disclosure. These research projects must go through a special process that protects the confidentiality of your medical information.

As Required by Law: Federal, state, or local laws sometimes require us to disclose a member's medical information. For example, we may be required to release information for a workers' compensation claim.

To Law Enforcement Officials: We may disclose Protected Health Information to law enforcement officials as required by law or in compliance with a search warrant, subpoena or court order. We also may disclose Protected Health Information to law enforcement officials in certain circumstances, including, but not limited to the following: (i) to help in identifying or locating a person, (ii) to prosecute a violent crime, (iii) to report a death that may have resulted from criminal conduct, (iv) to report criminal conduct at ARUP and (v) to give certain information in domestic violence cases.

For Judicial Proceedings: We may disclose your Protected Health Information to a third party if we are ordered to do so by a court or if the Plan receives a subpoena or a search warrant.

For Public Health Activities or Public Safety: We may also use and disclose certain Protected Health Information for public health purposes such as preventing or lessening a serious and/or imminent threat to an individual's or

the public's health or safety. We may also report information to ARUP Laboratories as required under laws addressing work-related illness and injuries or workplace medical surveillance. For instance, a positive communicable disease test result may be reported to the State of Utah Department of Health. We also may need to report patient problems with medications or medical products to the Food and Drug Administration (FDA).

For Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your Protected Health Information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose Protected Health Information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

For Health Oversight Activities: We may disclose Protected Health Information to a government agency that oversees the Plan or its personnel, such as the United States Department of Labor, to ensure compliance with state and federal laws.

For Information with Additional Protection: Certain types of Protected Health Information have additional protection under state or federal law. For instance, communicable disease and HIV/AIDS, drug and alcohol abuse treatment, and genetic testing information is treated differently than other types of medical information. In certain circumstances, we would be required to get your permission before disclosure of this special information.

To ARUP Laboratories: ARUP Laboratories is the sponsor of the Plan. Only designated ARUP employees in the Human Resources Department, the Compliance Department, and the Office of General Counsel will have access to medical information to perform functions to assist in administering the Plan. In certain circumstances, the Director of Laboratories will also have access to medical information to perform functions to assist in administering the Plan.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The Plan cannot use your Protected Health Information for anything other than the reasons mentioned above, without your signed “Authorization”. An Authorization is a written document signed by you giving us permission to use or disclose your Protected Health Information for the purposes you specifically set forth in the Authorization. You may revoke the Authorization, at any time, by delivering a written statement to the Plan Privacy Officer identified below. If you revoke your Authorization, the Plan will no longer use or disclose your Protected Health Information as permitted by your Authorization. However, your revocation of Authorization will not reverse the use or disclosure of your Protected Health Information made while your Authorization was in effect.

YOUR INDIVIDUAL RIGHTS

To Request a Copy of Your Protected Health Information: You have the right to look at your medical information that the Plan holds and to get a copy of that information. To see your Protected Health Information, submit a written request to the Plan Privacy Officer. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost.

To Request an Amendment of Your Medical Information: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend that information. To make a request to amend your medical information, submit a written request to the Plan Privacy Officer, and tell us in detail why you believe your medical information is wrong or incomplete.

To Get a List of Certain Disclosures of Your Protected Health Information: You have the right to request a list of certain disclosures we make of your Protected Health Information. If you would like to receive such a list, submit a written request to the Plan Privacy Officer. Your request must state a time period desired for the accounting, which time period must be within six years prior to the date of your request, and may not include dates before April 14, 2003. We will provide the first list to you free, but we may charge you for any additional lists you request during the same twelve (12) month period. We will tell you in

advance what this list will cost, at which time you may withdraw or modify your request.

To Request Special Communications: You have the right to ask us to communicate your Protected Health Information by alternative means of communication or at alternative locations. For example, you can ask us not to call your home, but to communicate with you only by mail. To make such a request, write to the Plan Privacy Officer.

To Request Special Treatment for Your Medical Information: We handle your medical information in the ways we described in this notice. You have the right to ask us not to handle your medical information in a certain way (unless we are required by law to do it). We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request special treatment in the way we handle your medical information, submit your request in writing to the Plan Privacy Officer and describe your request in detail.

Right to receive notification in case of a breach: In the event your personal health information is inadvertently delivered to a person or entity not authorized to receive the information, you have the right to be notified of the event.

To Receive a Paper Copy of This Notice: If you have received this Notice electronically, you have the right to receive a paper copy at any time. You may download a paper copy of the notice from our Web site, at www.aruplab.com, or you may obtain a paper copy of the notice by calling or writing to the Plan Privacy Officer.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose Protected Health Information, or how we will implement the rights of Plan members concerning such information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all Protected Health Information we maintain. If we change these practices, we will publish a revised Notice. You can get a copy of our current Notice at any time by downloading a paper copy of the notice from our Web site, at

www.aruplab.com, or you may obtain a paper copy of the Notice by calling or writing to the Plan Privacy Officer.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions about this Notice, or have further questions about how the Plan may use and disclose your Protected Health Information, please contact the Plan Privacy Officer as set forth below. We also welcome your feedback regarding any problems or concerns you have with your privacy rights or how the Plan uses or discloses your Protected Health Information.

If you have a concern, please contact:

ARUP Health Plan Privacy Officer
500 Chipeta Way, SLC, UT 84108
1-800-242-2787 x5126
ARUPhealthplan@aruplab.com

If for some reason ARUP cannot resolve your concern or complaint, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint.

Effective date of this Notice: September 23, 2013