

The privacy of your personal health information has always been of paramount importance to the Plan. Recent federal regulations require that the Plan provide all participants with a written notice of its privacy practices. This notice appears below.

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 Screen Actors Guild- Producers Health Plan (the “Plan”) is required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices with respect to that information. The Plan understands that your medical information is personal and we are committed to protect it. This Notice of Privacy Practices gives you information on how the Plan protects your medical information, when we may use and disclose it and your rights to access and request restrictions to the information.

USES AND DISCLOSURES

In most instances, the Plan requires a court order or your written authorization to disclose your medical information. However, the Plan is permitted by law to disclose your medical information without your authorization or court order, as follows:

- **Treatment:** The Plan may share your medical information with doctors and other health care providers for treatment purposes. For example, if you are in the hospital due to an accident or illness, the Plan may share your medical information with all health care providers involved in your care and treatment.
- **Payment:** The Plan may use or disclose your medical information for purposes of processing medical claims (including coordinating benefits with another Plan), verifying your eligibility and authorizing services. For example, your medical information will be used in making a claim determination.
- **Health Care Operations:** The Plan may use or disclose your medical information for purposes of case management, underwriting/premium rating, quality improvement and overall Plan operations. For example, the Plan periodically obtains proposals from health care companies in an effort to select appropriate provider networks or insurance arrangements for Plan participants. It may be necessary to provide the companies with certain health information, particularly in regard to catastrophic illnesses.
- **Business Associates:** The Plan may disclose your medical information to Business Associates. Business Associates are entities retained or contracted by the Plan, such as Blue Cross of California, Private Health Care Systems (PHCS), Delta Dental. The Plan has a contract with each Business Associate, whereby they agree to protect your medical information and keep it confidential.
- **Workers’ Compensation:** The Plan may disclose your medical information to comply with laws relating to workers’ compensation or other similar programs that provide benefits for work-related injuries and illnesses.
- **Public Health:** The Plan may disclose your medical information to a public health authority in connection with public health activities.
- **Personal Representatives:** The Plan will disclose your medical information to personal representatives appointed by you, and, in certain cases, a family member, close friend or other person in an emergency situation when you cannot give your authorization.
- **Trustees:** The Plan may disclose your medical information to the Trustees of the Plan.
- **Secretary:** The Plan will disclose your medical information to the Secretary of Health and Human Services (HHS) or any other officer or employee of HHS to whom authority has been delegated for purposes of determining the Health Plan’s compliance with required privacy practices.
- **As required by law:** The Plan will disclose your medical information as required by law.

The Plan may not use or disclose your medical information for any purposes other than the ones outlined above without your written authorization. You may revoke your authorization at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to inspect and copy: You may inspect and request copies of your medical information by writing to the Plan's Privacy Officer. A fee may be charged to cover copying and mailing costs. In certain instances, your request for medical information may be denied. You have the right to appeal that decision.

Right to Receive Confidential Communications: The Plan normally provides medical information to participants via U.S. mail. You may request that the Plan communicate your medical information to you in a different way. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

Right to Request Restrictions: You have the right to request additional restrictions on how your medical information is used and disclosed. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

Right to Amend: If you believe the medical information the Plan maintains about you is incorrect, you have the right to request an amendment to it. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

Right to Receive an Accounting of Disclosures: You have the right to request a listing of the disclosures we have made of your medical information without your authorization for purposes other than treatment, payment of claims and health care operations. Your request must be made in writing to the Plan's Privacy Officer and cannot be for a period longer than six years and not prior to April 14, 2003. In certain cases, the Plan may charge a fee for this request.

Right to Obtain a Paper Copy of the Plan's Privacy Notice: If you received this Notice electronically (via e-mail or the Internet), you have the right to request a paper copy at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a formal complaint with the Plan's Privacy Officer and/or with the Secretary of the U.S. Department of Health and Human Services. You cannot be retaliated against for filing a complaint.

EFFECTIVE DATE

The effective date of this Notice is April 14, 2003. The Plan is required by law to abide by the terms of this Notice until replaced. We reserve the right to make changes to this Notice and to make the new provisions effective for all medical information the Plan maintains. If revised, a new Notice will be provided to all participants eligible for or covered by the Plan at that time.

CONTACT

To request additional copies of this Privacy Notice, obtain further information regarding our privacy practices and your rights, or to file a complaint, please contact the Plan's Privacy Officer. This Notice is also posted on our Web site: www.sagph.org.

Name: Privacy Officer
Screen Actors Guild – Producers Health Plan

Address: Mailing Address Street Address
P.O. Box 7830 3601 West Olive Avenue
Burbank, CA 91510-7830 Burbank, CA 91505

Telephone: (818) 954-9400

E-mail: privacyofficer@sagph.org