

ONEIDA NATION ENTERPRISES, LLC NOTICE OF PRIVACY PRACTICES

Effective: January 1, 2010
(Rev. Effective January 1, 2012)

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.

This Notice of Privacy Practices describes how the Health Care Plans and the Dental Plans for employees of Oneida Nation Enterprises, LLC (the “Plans” or “we”) may use and give out (“disclose”) your personal health information (“Protected Health Information” or “health information”) to carry out treatment, payment or to operate the business of the Plans and for other purposes. Protected Health Information is information about you that may identify you and is related to your past, present or future physical or mental health and related health care services or the payment for those services and is maintained by the Plans. Protected Health Information (“PHI”) does not include health information that is held by Oneida Nation Enterprises in its role as your employer (for example, health information held for purposes of your employment records).

This Notice also will tell you about your rights and our duties with respect to your Protected Health Information. In addition, it will tell you how to complain if you believe we have violated your privacy rights and who (the person or office) to contact for further information about the Plans’ privacy practices.

I. Uses and Disclosures of Protected Health Information

The main reasons for which we may use and disclose your Protected Health Information are to evaluate and process any requests for coverage and claims for benefits you may make. We will also use or disclose your Protected Health Information for other purposes as described in this Notice. We have established policies to guard against unnecessary disclosure of your health information.

Protected Health Information will generally not be disclosed to Oneida Nation Enterprises in its capacity as Plan Sponsor, except that information regarding enrollment in the Plans may be disclosed. Summary health information may be provided to the Plan Sponsor. Unless authorized by you, your Protected Health Information will not be used by the Plan Sponsor for any employment-related action and decisions.

The following is a summary of the circumstances under which and purposes for which your Protected Health Information may be used and disclosed. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Plans.

For Treatment.

The Plans and individuals and entities who the Plans have engaged to assist in their administration (called “business associates”) may use your health information about you to provide, coordinate or manage your health care and related services by both the Plans and health care providers. We may disclose health information about you to doctors, nurses, hospitals and other health facilities who become involved in your care.

For Payment.

The Plans may use and disclose health information about you to pay for premiums or benefits provided to you. Payment includes actions to determine coverage and payment, including billing, claims management, subrogation, review for medical necessity, and utilization review. We may also disclose Protected Health Information to an insurance carrier to coordinate benefits with respect to a particular claim.

For Health Care Operations.

The Plans may use and disclose health information about you for our own health care operations or business such as conducting or arranging for medical review, legal services, business planning and development and general administration duties. These uses and disclosures are necessary for us to operate and to maintain quality health care for our employees. For example, the Plans may use health information about you to review the services we provide. Protected Health Information may also be disclosed to reinsurers for underwriting or claim review reasons.

Disaster Relief.

The Plans may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

Required by Law.

The Plans may use or disclose health information about you when we are required to do so by any applicable law.

Public Health Activities.

The Plans may disclose health information about you for public health activities and purposes, for example to prevent or control disease, injury or disability, report disease, injury vital events such as birth or death and the conduct of public health surveillance, investigations and interventions, as required by law.

Victims of Abuse, Neglect or Domestic Violence.

The Plans may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence.

Health Oversight Activities.

The Plans may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations,

inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Judicial and Administrative Proceedings.

The Plans may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process but only if satisfactory assurances are given to the Plans that (a) the requesting party has made a good faith attempt to provide the written notice to you, or (b) the party seeking the information has made reasonable efforts to secure a qualified protective order.

Disclosures for Law Enforcement Purposes.

The Plans may disclose health information about you to a law enforcement official for certain law enforcement purposes.

Coroners and Medical Examiners, Funeral Directors.

The Plans may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining your cause of death. We may disclose health information about you to funeral directors as necessary for them to carry out their duties with respect to your funeral arrangements.

Organ, Eye or Tissue Donation.

To facilitate organ, eye or tissue donation and transplantation, the Plans may disclose health information about you to organ procurement organization or other entities engaged in the procurement, banking or transplantation of organs, eyes, or tissue.

Research.

Under very select circumstances, the Plans may use or disclose health information about you for research. Before we disclose health information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information.

To Avert Serious Threat to Health or Safety.

the Plans may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to your health or safety or to the health and safety of the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

Military, National Security, Protective Services.

If you are a member of the Armed Forces, the Plans may use and disclose health information about you for activities deemed necessary by the appropriate military

command authorities. We may disclose information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law. We may disclose health information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

Inmates, Persons in Custody.

The Plans may disclose health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) the safety, security and good order of the correctional institution.

Workers' Compensation.

The Plans may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault when required by law.

II. Other Permitted Uses and Disclosures That May Be Made After Providing You With An Opportunity to Object.

The Plans may use or disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to the use or disclosure of the Protected Health Information. If you are not present or able to agree or object to the use or disclosure of the Protected Health Information, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

Individuals Involved in Your Care.

The Plans may disclose to a family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with your care or payment related to your care. If there is a family member, other relative or close personal friend that you do not want us to disclose health information about you to, please notify our Privacy Officer.

Communication Barriers.

The Plans may use and disclose your Protected Health Information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Special Protections for Genetic Information.

Notwithstanding the above, special protections are given to your genetic information. The Plans are not permitted to use or disclose your genetic information for underwriting purposes, which includes (1) determining whether you are eligible for benefits; (2) determining the premium for coverage; (3) determining whether you are subject to a pre-existing condition exclusion; and (4) other activities related to the creation, renewal or replacement of the coverage

provided by the Plans. Genetic Information includes genetic tests of an individual or family member, family medical histories, and genetic services (e.g., counseling, education and evaluation of genetic information). Family members include immediate family members and extended family members, up to the fourth degree of kinship.

III. Uses and Disclosures Requiring Authorization.

For other uses and disclosures not covered by this Notice, the Plans are required to have your written authorization. An authorization can be taken back (“revoked”) in writing at any time to stop future uses and disclosures except to the extent we have already undertaken an action in reliance upon your authorization.

IV. Your Rights With Respect to Your Health Information. **You have the following rights with respect to Protected Health Information that we maintain about you:**

Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other personal identified by you; or (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time. You or your personal representative will be required to complete a form to request a restriction. If you request a restriction, you should do so to our Privacy Officer and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction, except that effective February 17, 2010, the Plans must agree to your request to restrict disclosure of Protected Health Information for payment or health care operations if you have paid the provider in full out-of-pocket. If we do agree to any restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

Right to Receive Confidential Communications.

You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only conduct communications pertaining to your health information with you privately with no other family members present. We will abide by your request if you clearly state that the disclosure of all or part of the information could endanger you.

If you want to request confidential communication, you must do so in writing to our Privacy Officer. Your request must state how or where you can be contacted.

Right to Inspect and Copy.

With a few very limited exceptions, you have the right to inspect and obtain a copy of health information, including billing records about you. To inspect or copy health information about you, you must submit your request in writing to our Privacy Officer. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the cost of the copies.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy health information in certain limited situations. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial.

Right to Amend.

You have the right to ask us to amend health information about you, if you believe that your health information is incorrect or incomplete. You have this right for so long as the health information is maintained by us.

To request an amendment, you must submit your request in writing to our Privacy Officer. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the health information maintained by us; or,
- c. Is accurate and complete.

If we deny your request we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it.

All of that will then be included with any subsequent disclosure of the information. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of your Protected Health Information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another permitted use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where information that would directly identify you has been removed);
- j. Disclosures made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Please note that, effective February 17, 2010, you have a right to an accounting of electronic health record disclosures of PHI (including disclosures for purposes of treatment, payment, or health care operation) but only for a three-year period prior to the date of the request. The Plans may charge a fee for responding to such a request.

Right to a Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the Notice electronically. You may request a copy of our Notice of Privacy Practices at any time. To obtain a paper copy of this notice, contact our Privacy Officer.

V. Our Duties**Generally.**

The Plans are required by law to maintain the privacy of health information about you and to provide you with this Notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new Notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new Notice. If we make any material changes to the Notice, you will get a new Notice by mail within sixty (60) days of the change.

Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted and on our website. At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting our Privacy Officer.

VI. Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact our Privacy Officer. All complaints should be submitted in writing. To file a complaint with the United States Secretary of Health and Human Services, please contact our Privacy Officer who will provide you with the address. You will not be retaliated against for filing a complaint.

VII. Privacy Officer Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact our Privacy Officer at Oneida Nation Enterprises, LLC, 5218 Patrick Road, Verona, New York 13478. The telephone number is (315) 361- 7607.