

**NOTICE OF PRIVACY PRACTICES FOR THE SAINT FRANCIS HEALTH SYSTEM, INC.
GROUP MEDICAL BENEFIT PLAN, GROUP DENTAL PLAN AND
TAX SAVER PLAN (MEDICAL REIMBURSEMENT PLAN)**

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

This notice describes the protected health information practices of the Saint Francis Health System, Inc. Group Medical Benefit Plan, Group Dental Plan and Tax Saver Plan (Medical Reimbursement Plan). It also describes the rights of participants in the respective plans regarding the use and disclosure of protected health information, as governed by the Health Insurance Portability and Accountability Act's privacy regulation (the "Privacy Rule"). The plans are required by law to: (i) maintain the privacy of your protected health information; (ii) give you this notice of their legal duties and privacy practices with respect to protected health information; and (iii) follow the terms of the notice that is currently in effect. The original effective date of this notice was April 14, 2003. The effective date of this restated notice is November 1, 2009.

CommunityCare Managed Healthcare Plans of Oklahoma, Inc., has prepared a separate notice that describes the health information practices applicable to the CommunityCare HMO. If you are a participant in the CommunityCare HMO, please contact CommunityCare for more information on how to receive a copy of that notice.

For purposes of this notice, the term "protected health information" ("PHI") means information created or received by a plan that may identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following categories describe different ways that we may use and disclose your PHI without your written authorization. Please note that not every use or disclosure in a category will be listed.

For Treatment Purposes. We may use or disclose PHI to facilitate medical treatment or services by health care providers who are involved in taking care of you. For example, we may disclose your plan enrollment status to a hospital in connection with a planned admission without your authorization.

For Payment Purposes. We may use or disclose your PHI for our payment activities. For example, we may disclose your PHI without your authorization to determine eligibility for plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the plan or to coordinate plan coverage. We may also disclose your PHI to another covered entity, such as another health plan maintained by the plan sponsor, or a health care provider for its payment activities. For example, without your authorization, we may disclose your PHI to a health care provider who has filed a claim for payment for health care services provided to you. We may also share your PHI with a utilization review or a precertification service provider.

For Health Care Operations. We may use and disclose PHI for our own health care operations activities, as permitted by the Privacy Rule. We may also disclose your PHI to another covered entity for its own health care operations activities, including another health plan maintained by the plan sponsor or a health insurance issuer or HMO with respect to the plan. Health care operations activities for this purpose include: (i) quality assessment and improvement activities, (ii) population-based activities relating to reducing health care costs, (iii) case management and care coordination, (iv) evaluating health plan performance, (v) underwriting, premium rating and similar activities and (vi) the general business management and general administrative activities of the entity for whom the health care operations activities are performed. For example, without your authorization, we may use or disclose information about your claims to project future benefit costs or audit the claims processing functions.

Required Disclosures. We must disclose your PHI to you when you ask to inspect or amend it, or if you ask for an accounting of certain types of disclosures. We must also disclose your PHI to the Secretary of the Department of Health and Human Services without your authorization for an investigation of our compliance with the Privacy Rule.

Disclosure to the Employer as Plan Sponsor. We, or a health insurance issuer or HMO with respect to the plan, may disclose your PHI to the sponsor of the plan, as permitted by the Privacy Rule. For example, without your authorization, we may disclose certain PHI to the plan sponsor so that it may evaluate plan design changes. In addition, your PHI may be disclosed to plan sponsor personnel to carry out plan administration functions that the plan sponsor performs. Your PHI cannot be used for employment purposes without your authorization.

To Business Associates. We may contract with individuals or entities known as “business associates” to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide these services, business associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a business associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation.

Additional Services and Benefits. We may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS

Disclosures Required By Law. We may use or disclose your PHI without your authorization when required by law.

Threat to Health or Safety. We may use or disclose your PHI without your authorization when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Workers’ Compensation. We may disclose your PHI without your authorization when authorized by and to the extent necessary to comply with workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI if we reasonably believe that you are a victim of abuse, neglect or domestic violence. We may only make this disclosure to a government authority (including a social service or protective services agency) authorized by law to receive reports of such abuse, neglect or domestic violence. We will make this type of disclosure only if you agree to the disclosure or if the disclosure is otherwise required or authorized by law.

Public Health Activities. We may disclose your PHI without your authorization for certain public health activities. Examples of public health activities include the collection of information by public health authorities: (i) to prevent or control disease, injury or disability, (ii) regarding vital events such as birth or death and (iii) regarding child abuse or neglect.

Lawsuits and Disputes. We may disclose your PHI without your authorization in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your PHI without your authorization to law enforcement officials under limited circumstances. For example, in response to a warrant or subpoena, or for the purpose of identifying or locating a suspect, witness or missing person or to provide information concerning victims of crimes.

Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI without your authorization to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

Health Oversight Activities. We may disclose your PHI without your authorization to a public health oversight agency for certain activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and other activities necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

National Security and Intelligence Activities. We may disclose your PHI without your authorization to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Organ and Tissue Donation. If you are an organ donor, we may disclose your PHI without your authorization to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may disclose your PHI without your authorization as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI without your authorization to the correctional institution or law enforcement official under certain circumstances.

For Research. We may use or disclose your PHI for research without your authorization. A number of conditions must be met before we use or disclose your PHI for research.

For Care and Notification. We may use or disclose your PHI without your authorization to your family member, other relative or a close personal friend or other person you identify. Our disclosure will be limited to PHI that is directly relevant to your care or payment related to your care. We may also, in certain circumstances, disclose your PHI without your authorization to notify a family member or a person responsible for your care of your location, general condition or death, as permitted by the Privacy Rule.

Incidental to a Use or Disclose Permitted by the Privacy Rule. We may use or disclose your PHI without your authorization if the use or disclosure is incidental to a use or disclosure otherwise permitted by the Privacy Rule. We will make reasonable efforts to limit PHI used and/or disclosed to the minimum necessary to accomplish the intended purpose of the use and/or disclosure.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights regarding PHI we maintain about you. For more information or to exercise these rights, please contact the plans' Privacy Officer at (918) 502-8300 option 2 or at the address provided below.

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your plan benefits. You must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may in some circumstances request that the denial be reviewed.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and must provide a reason that supports your request. We may deny your request but we must give you a written statement why we denied the change and how you can file a written disagreement. We can rebut your statement of disagreement. You may also ask us to have your first request, our denial, your statement of disagreement and our rebuttal be included in future disclosures.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" of your PHI. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may deny your request for an accounting in certain circumstances, as permitted by the Privacy Rule.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You must make your request in writing. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing and clearly state that our disclosure of all or a part of that communication could endanger you. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at the Saint Francis employee intranet site, [Healthnet](#)

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. If we change the notice, you will be notified and we will post a copy of the current notice on the website or, if the change is material, send you a copy in the mail. We may send the notice to you via electronic mail if you have agreed to receive electronic notice. You can also call the Saint Francis Health System Benefits Department at (918) 502-8300 option 2 and ask us to send you a copy in the mail.

COMPLAINTS AND REQUESTS FOR ADDITIONAL INFORMATION

If you believe your privacy rights have been violated, you may file a complaint with the plans or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint. To file a complaint with the plan or to request further information about the matters covered by this notice, please send a written request/complaint to Saint Francis Health System Human Resources, Attn: Privacy Officer, 6600 South Yale Avenue, Suite 1100, Tulsa, OK 74136; (918) 502-8300 option 2.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your PHI not covered by this notice or the laws that apply to the plans will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please note that that we are unable to take back any disclosures we have already made with your authorization.