

AURA Flexible Spending Account – Health Care Reimbursement Plan

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2004

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

If you have any questions about this notice, please contact the Privacy Officer, Sandra Abbey, Human Resources Manager.

WHO IS COVERED BY THIS NOTICE

The terms of this Notice of Privacy Practices applies to AURA the AURA Flexible Spending Account – Health Care Reimbursement Plan (the Plan)

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

As a sponsor of a this plan AURA is required by law (HIPAA Privacy Rule) to maintain the privacy of our employees' personal health information and to provide members with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. Copies of revised notices will be provided to all members covered under the plan at that time.

This notice applies only to your Protected Health Information (PHI) as maintained by AURA's AURA FSA Healthcare Reimbursement Plan. Health care providers and health care facilities may have different policies and procedures or notices regarding the use and disclosure of your health information created in their offices. For information regarding those policies and procedures, you should contact the health care providers and facilities directly.

Any third party that assists in the administration of the AURA FSA Healthcare Reimbursement Plan will also follow the privacy practices described in this notice. However, if you are covered by one of AURA's health plans, you will receive a notice from the insurance companies regarding the policies and procedures they will follow related to the use and disclosure of your Protected Health Information.

PROTECTED HEALTH INFORMATION (PHI)

Any data, whether in written, spoken, or electronic form:

- Which is created or received by a provider, health plan, insurer or employer as health plan sponsor AND
- Which relates to past, present, or future physical or mental health conditions, treatment status, or payment AND
- Which identifies an individual or there is a reasonable basis to believe the information could be used to identify the individual.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION)

Your Authorization.

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use of disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Disclosures for Treatment.

As the plan sponsor, we do not provide treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or health care provider.

Uses and Disclosures for Payment.

Payment refers to anything related to money coming into the plan (i.e., payroll deductions or premium payments) or going out of the plan (i.e. benefits reimbursement)

Examples of uses and disclosures under this section include:

- determining eligibility for the plan or actual coverage under the plan,
- determining benefits under the plan, including coordination of benefits,
- determining payroll deductions or premiums,
- claims management and related date processing,
- determination of covered expenses and appropriateness.

Uses and Disclosures for Health Care Operations.

Health Care Operations refer to the basic business functions necessary to operate the plan. We will use and disclose your personal health information as necessary, and as permitted by law, for the plan operations. Which include utilization review and management, quality improvement and assurance, reinsurance, compliance, auditing, rating and other functions related to the plan.

Examples of uses and disclosures under this section include:

- conducting quality assessment studies to evaluate the plans performance or the performance of a particular network or vendor,
- the use of PHI in determining the cost impact of benefit design changes,
- the disclosure of PHI to underwriters for the purpose of calculating premium rates and premium equivalents and providing reinsurance quotes to the plan,
- disclosure of PHI to plan consultants who provide legal, actuarial, brokerage, and auditing services to the plan,
- use of PHI in general data analysis used in long-term management and planning for the plan and AURA.

Business Associates.

Certain aspects and components of our services may be performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial service, claims payment, legal services, etc. At times it may be necessary for us to provide certain portions of your personal health information to one or more of these outside persons or organizations who assist us with the plan operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Other Uses and Disclosures Allowed Without Authorization.

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your authorization.

- To you a covered individual;
- We may release your personal health information for any purpose required by law;

- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such release);
- We may release your personal health information to law enforcement officials for law enforcement purposes;
- We may release your personal health information as necessary to comply with worker's compensation laws or similar programs established by law to provide benefits for work-related injuries or illness without regard to fault.
- To another benefit plan sponsored by AURA to facilitate claims payments under that plan. Your PHI may be disclosed to for the purpose of administering the Total Disability Plan or Group Life Insurance Plan.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information.

Covered individuals have the right to inspect and copy their own PHI contained in plan record sets for as long as NOAO or NSO maintains the PHI. Such record sets may include medical and dental enrolment forms, flexible spending account enrollment or claims forms, payroll deduction authorization forms for employee contributions, copies of benefits statements summarizing participation and coverage in benefits plans, and any other documents related to participation in such plans. Information or copies will be provided within 30 days of any such request.

Amendments to Your Personal Health Information.

You have the right to request in writing that personal information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary.

Confidential Communications.

We may communicate with you regarding your claims, premiums, or other services connected with your health plan. You have the right to request that you receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, you may wish to not have messages left on voice mail or sent to a particular address. We will accommodate all reasonable requests for confidential communications. You may request these confidential communications in writing by sending your request to the Privacy Officer listed below.

Accounting for Disclosures of Your Personal Health Information.

You have the right to receive an accounting of all disclosures of your PHI that the plan has made, if any, for reasons other than disclosures for treatment, payment, and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by the plan sponsor after April 14, 2003, and cannot exceed a period of six (6) years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed at the end of this notice.

Restrictions on Use and Disclosure of Your Personal Health Information.

You have the right to request restrictions on certain uses and disclosures of your personal health information made by us for treatment, payment or health care operations by notifying us of your request for a restriction in writing to the Privacy Officer. A restriction request must state the specific restriction request and to whom that restriction would apply.

We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed to restriction by sending such termination notice to the Privacy Officer.

COMPLAINTS.

Complaints about your Privacy Rights, or how FSA Health Reimbursement Plan has handled your health information should be directed to Sandra Abbey by calling 520-318-8386. If Sandra Abbey is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

IF you are not satisfied with the manner in which this office handle your complain, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Ave. SW
Room 509F HHH Building
Washington, DC 20201

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. Requests for a paper copy of this notice should be directed to the Privacy Officer listed in this Notice.

PRIVACY CONTACT.

You may contact the Privacy Officer, Sandra Abbey, Human Resources Manager, for the Plan thorough AURA's Human Resources Office at (52)) 318-8386.