

## HIPAA 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.

This notice describes the practices of the Usui Medical, Dental and Vision Benefit Provisions of the Usui International Group Health & Welfare Benefit Plan and the Health FSA accounts of the Usui International Corporation Cafeteria Plan (each a "Plan") each sponsored by Usui International Corporation (the "Company") with regard to the Protected Health Information the Plan has about you that relates to your coverage under the Plan, and how the Plan may use and disclose this information. This notice also describes your rights with respect to Protected Health Information and how you can exercise those rights.

In this notice, "you" or "your" refers to anyone who is covered by the Plan, including an employee, an employee's spouse or a dependent child of the employee.

**"Protected Health Information"** ("PHI") includes individually identifiable information that relates to your past, present or future health condition, treatment or payment for health care services, and includes information such as your name, social security number, address and date of birth.

**Our Pledge Regarding Protected Health Information.** The Plan is obligated to safeguard your PHI from use or disclosure that is not required or permitted by law. For administration purposes, the Plan creates a record of the health care claims paid or reimbursed under the Plan. This notice applies to all of the Plan's records that are PHI. In addition, the protections described in this notice also apply to the records maintained by third parties who assist in the administration of the Plan, such as the claims administrator.

The Plan is required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to PHI about you;
- notify you if there is a breach of your unsecured PHI; and

- follow the terms of the notice that is currently in effect.

#### **1. How The Plan May Use and Disclose Information About You**

The primary reasons for which the Plan may use and disclose your PHI are to evaluate and process any requests you may make for coverage and claims for benefits. The following describes these and other uses and disclosures, together with some examples.

**A. For Payment.** The Plan may use and disclose your PHI 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. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. The Plan may also share PHI with a third party who assists in the administration of the Plan, including sharing PHI with the third-party administrator of the Health FSA accounts. Likewise, the Plan may share PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**B. For Health Care Operations.** The Plan may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to administer the Plan. For example, the Plan may use PHI in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan may also share PHI with a third party who assists in the administration of the Plan, such as claims

administrators. PHI which is genetic information may not be used for underwriting purposes.

**C. For Treatment.** The Plan may use or disclose your PHI to facilitate medical treatment or services by providers. The Plan may disclose your PHI to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription would have an adverse reaction with prior prescriptions.

**D. As Required By Law.** The Plan will disclose your PHI when required to do so by law. For example, the Plan may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action. In addition, if you are involved in a lawsuit or a dispute, the Plan may disclose PHI about you in response to a court or administrative order.

**E. Workers' Compensation.** The Plan may disclose your PHI for workers' compensation or similar programs, as authorized by and to the extent necessary to comply with workers' compensation laws.

**F. Public Health Activities.** The Plan may disclose your PHI for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if the Plan believes an individual has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.

**G. Health Oversight Activities.** The Plan may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These

activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**H. Law Enforcement.** The Plan may disclose your PHI if asked to do so by a law enforcement official for reasons such as:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement;
- about a death the Plan believes may be the result of criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**I. To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**J. Disclosure to Health Plan Sponsor.** PHI may be disclosed to Company personnel for purposes of administering benefits under the Plan.

**K. Other Uses of Protected Health Information.** Other uses and disclosures of PHI not covered by this notice or the laws that apply to the Plan will be made only with your written authorization. Your authorization is generally required for any use or disclosure of psychotherapy notes; any use or disclosure of PHI for marketing; or any sale of PHI. If you provide the Plan with authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures the Plan has already made with your authorization.

**2. Your Rights Regarding Protected Health Information**

You have the following rights regarding PHI the Plan maintains about you.

**A. Right to Inspect and Copy.** You have the right to inspect and copy your PHI that is maintained in a "Designated Record Set". A Designated Record Set includes enrollment, payment, billing, claims adjudication, and medical management record systems maintained by or for the Plan that is used to make decisions about individuals.

To inspect and copy PHI in a Designated Record Set, you must submit your request in writing to the Privacy Officer designated below. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If you request an electronic copy of your PHI that the Plan maintains electronically, the Plan may be required to provide you with access to the electronic information in the electronic form and format that you requested, if it is readily producible, or, if not, in a readable electronic form and format as agreed to. To the extent possible and requested, the Plan will provide you with an electronic copy of your PHI.

The Plan may deny your request to inspect and copy in very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

**B. Right to Amend.** If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that:

- is not part of the PHI kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;

- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

**C. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" the Plan has made of your PHI. This accounting or list will not include disclosures made for treatment, payment, or health care operations; made to law enforcement personnel; made pursuant to your authorization; or made directly to you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years. 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, the Plan may charge you for the costs of providing the list. The Plan 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.

**D. Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI the Plan discloses 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 the Plan not use or disclose information about a surgery you had.

The Plan is not required to agree to your request.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. If the Plan agrees to a restriction, it may terminate its agreement to such restriction upon notice to you. Such termination is only effective for PHI created or received by the Plan after the termination.

**E. Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about your PHI in a certain way or at a certain location, if you tell the Plan that

communication in another manner may endanger you. For example, you can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted. Your request may be accommodated if you have clearly shown that disclosure in another manner could endanger you, and the Plan's claims administrators can comply with your request.

**F. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please contact the Privacy Officer.

**G. Personal Representatives.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child.

Your personal representative may be denied access to your PHI if the Plan determines that allowing such access would not be in the best interest of the individual because of a reasonable belief that the individual has been or may be subject to abuse or neglect by the personal representative or that the disclosure would otherwise endanger the individual. This also applies to personal representatives of minors.

### **3. Changes to This Notice**

The Plan reserves the right to change the provisions contained in this notice. The Plan reserves the right to make the revised or changed notice effective for PHI the Plan already has about you as well as any information the Plan receives in the future. The Plan will post a copy

of the current notice at [www.usuius.com](http://www.usuius.com). The notice will contain on the first page, in the top right-hand corner, the effective date. If there is a material change to the provisions contained in the Notice, a revised Notice will be distributed to participants and posted at [www.usuiusa.com](http://www.usuiusa.com).

### **4. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact Timothy Sircy, Usui International Corporation, 44780 Helm Street, Plymouth MI 48170; Phone: (734) 354-3626. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **5. Additional Information**

If you have any questions about this notice, please contact the Plan's Privacy Officer, Timothy Sircy, Usui International Corporation, 44780 Helm Street, Plymouth MI 48170; Phone: (734) 354-3626.

