



## HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

The NXP Health Plans are required by federal law (specifically, the Health Insurance Portability and Accountability Act, known as “HIPAA”) to protect the privacy of your personal health information.

This notice explains:

- How your personal health information (called Protected Health Information) may be used, and
- What rights you have regarding this information.

### How The Group Health Plans May Use Your Information

We are permitted by law to use and disclose your Protected Health Information in certain ways without your authorization:

**For treatment.** We may use and disclose your Protected Health Information to coordinate or manage health care services you receive from providers.

**For payment.** We may use and disclose your Protected Health Information to determine plan eligibility and responsibility for coverage and benefits. For example, to make sure that you receive the correct benefits and claims are paid accurately, we may use your information when we confer with other health plans to resolve a coordination of benefits issue. We may also use your Protected Health Information for utilization review activities.

**For health care operations.** We may use your Protected Health Information in several ways, including Plan administration, quality assessment and improvement, and vendor review. Your information could be used to ensure quality and efficient plan operations, for example, to assist in the evaluation of a vendor who supports us. We also may contact you to provide information about treatment alternatives or other health-related benefits and services available under the Plan.

We may also disclose your Protected Health Information to NXP (the plan sponsor) in connection with these activities or for purposes related to your enrollment or disenrollment in the Plan.

### Other Permitted Uses and Disclosures

Federal regulations allow us to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with law:

- Public health--We may disclose your Protected Health Information to public health authorities that need the information to prevent or control disease, injury, or disability.
- Reporting and notification of abuse, neglect or domestic violence--We may disclose Protected Health Information to appropriate authorities if we have reason to believe that a person has been a victim of abuse, neglect, or domestic violence.
- Oversight activities of a health oversight agency--We may disclose Protected Health Information so that government agencies can monitor or oversee the health care system and government benefit programs and be sure that certain health care entities are following regulatory programs or civil rights laws like they should.
- Judicial and administrative proceedings--We may disclose Protected Health Information in a court or other type of legal proceeding if it is requested through a legal process, such as a court order or a subpoena.
- To law enforcement officials--We may disclose Protected Health Information to law enforcement if it is required by law; if needed to help identify or locate a suspect, fugitive, material witness, or missing person; if it is about an individual who is or is suspected to be the victim of a crime; or if we think that a death may have resulted from criminal conduct.
- To a coroner or medical examiner--We may disclose Protected Health Information to coroners, medical examiners, or funeral directors so that they can carry out their responsibilities.
- To certain organ, eye or tissue donation programs--We may disclose Protected Health Information to organizations involved in organ donation or organ transplants.
- To avert a serious threat to health or safety--We may use or disclose your Protected Health Information to appropriate persons or authorities if we have reason to believe it is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)--We may use or disclose Protected Health Information to the federal government for military purposes and activities, national security and intelligence, or so it can provide protective services to the U.S. President or other official persons.
- Research, as long as certain privacy-related standards are satisfied--We may use or disclose Protected Health Information for research purposes if the privacy of the information will be protected in the research.
- Workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness--We may use or disclose Protected Health Information to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- Other purposes required by law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law--We may use or disclose Protected Health Information as may be required by and as may be enforceable in a court of law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law.

**In Special Situations...**

We may disclose your Protected Health Information to a family member, relative, close personal friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care.

We also may use your Protected Health Information to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

*For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, we are required to have your written authorization. We must obtain your authorization for all treatment and health care operations communications where we receive financial remuneration for making communications from a third party whose product or service is being marketed. We must obtain an authorization for any disclosure which is a sale of protected health information. Such authorization must state that the disclosure will result in remuneration to the Plan. Finally, communications of Protected Health Information containing psychotherapy notes generally require your authorization, except for use by the originator of the psychotherapy notes for treatment, or for use or disclosure by the Plan for defense against a legal action or other proceeding brought by an individual who is the subject of that information.*

*We will make other uses and disclosures only after you authorize them in writing. You may revoke your authorization in writing at any time.*

**Disclosure of Genetic Information**

We are prohibited from using or disclosing your Protected Health Information that is considered genetic information for underwriting purposes. However, to the extent that the Plan is an issuer of long-term care policies, the Plan may use your genetic information for such purposes.

**Your Rights Regarding Protected Health Information**

You have the right to:

- Inspect and copy your Protected Health Information--You have the right to inspect and/or obtain a copy of the Protected Health Information that we have about you, except for information that we are allowed to withhold by law. You have the right to request a readily-producible form in which your Protected Health Information may be delivered. You may also request a summary or an explanation of your health information. Requests for access or a summary or explanation of your Protected Health Information must be made in writing to the address below. The request should indicate the form or format in which you would like to see your health information. We may charge you a fee to copy and mail the information to you or to prepare a summary or explanation. In certain situations, we may deny your request to see your health information, but you may be entitled to have a licensed health care professional review that denial.
- Request that inaccurate information be amended or corrected--You have the right to request changes to the Protected Health Information we have about you. Requests for changes must

be made in writing to the address below and must explain why you think the change is needed. We may decide that the change you request does not need to be made, for example, if the Protected Health Information is already correct and complete.

- Receive a paper copy of this notice, even if you agreed to receive it electronically.
- Receive an accounting of certain disclosures of your Protected Health Information made by us. The Plan will provide you an accounting of disclosures of Protected Health Information made by us for the six years prior to the date on which the accounting is requested.
- However, you are not entitled to an accounting of several types of disclosures including, but not limited to:
  - Disclosures made for payment, treatment or health care operations
  - Disclosures we make to you about your own health information or that you authorized in writing

### **Right to Request Restrictions**

You may ask us to restrict how we use and disclose your Protected Health Information as the Plan carries out payment, treatment, or health care operations. You may also ask the Plan to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. However, we are not required to agree to these requests, except that we must agree to a request to restrict disclosure of Protected Health Information if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and the Protected Health Information pertains solely to a health care item or service for which you, or someone on your behalf, has paid in full.

### **Right to Request Confidential Communications**

You may request to receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have Protected Health Information sent by mail or to an address other than your home.

*For more information about exercising these rights, contact the office below.*

### **Right to Notice of Breach of Unsecured Protected Health Information**

You have the right to receive notice in the event that unsecured Protected Health Information identifying you has been or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner.

### **Complaints**

If you believe that your privacy rights have been violated, you may file a written complaint without fear of reprisal. Direct your complaint to the office listed below under “Contacting Us” or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

## **About this Notice**

We are required to provide you this notice regarding our privacy policies and procedures, and to abide by the terms of this notice, as it may be updated from time to time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we materially change this notice, you will receive a new notice by e-mail or hard-copy mail.

## **Contacting Us**

You may exercise the rights described in this notice and get additional information by submitting a written request to the address provided below:

NXP USA, Inc.  
Human Resources Department –HIPAA Privacy Inquiries  
6501 William Cannon Drive West, OE 331  
Austin, Texas 78735

or

[usbenefits.office@nxp.com](mailto:usbenefits.office@nxp.com)