



Chevron Phillips Chemical Company LP Health & Welfare Benefit Plan

Notice of Privacy Practices

Effective April 14, 2003

Updated September 23, 2013

*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.***

Introduction

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a federal law that, in part, requires group health plans such as the Chevron Phillips Chemical Company LP Health & Welfare Benefit Plan (the “Plan”) to take reasonable steps to protect the privacy and security of your protected health information. As a group health plan, HIPAA requires that we provide you with a copy of this Notice of Privacy Practices (the “Notice”), which describes our protected health information privacy practices. We must abide by the terms of this Notice. This Notice applies only to the Plan and the component Benefit Plans, which are medical plans and which provide benefits through the Plan. It does not apply to Chevron Phillips Chemical Company LP or to any other plan or entity.

Protected Health Information

“Protected Health Information” is individually identifiable health information that is maintained or transmitted by the Plan, subject to some exceptions. Individually identifiable health information is health information:

- (i) that is created or received by a health care provider, health plan, employer or health care clearinghouse; and
- (ii) that is related to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you; and
- (iii) with respect to which there is a reasonable basis for believing that the information can be used to identify you. Protected health information does not include employment records held by Chevron Phillips Chemical Company LP in its role as an employer.

Uses and Disclosures of Your Protected Health Information Without Your Written Authorization

There are situations in which we are allowed to use and disclose your Protected Health Information without your permission (known as your “authorization”). Those situations include:

Treatment: Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more health care providers. For example, the Plan may disclose to a surgeon the name of your primary care physician so that the surgeon may ask for your X-rays from the primary care physician.

Health Care Operations: We may use and disclose your Protected Health Information in order to administer the Plan. For example, we may use and disclose Protected Health Information for purposes of determining plan rates and evaluating plan designs.

Payment: Payment includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

Explanation of Benefits: When we process a claim for benefits under the Plan, we will mail an explanation of benefits (“EOB”) to the primary participant at the address we have on file. These EOBs contain Protected Health Information and may be for the claim(s) of the primary participant or dependent(s) of the primary participant covered under the health plan(s).

Disclosure to Plan Sponsor: We may disclose your Protected Health Information to Chevron Phillips Chemical Company LP personnel solely for purposes of administering benefits under the health plan(s). Chevron Phillips Chemical LP agrees not to use or disclose your Protected Health Information other than as permitted or required by the Plan documents and by law. Further, Chevron Phillips Chemical LP cannot use health information obtained from the Plan for any employment-related actions. However, health information collected by Chevron Phillips Chemical LP from other sources, for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs is not protected under HIPAA (although this information may be protected under other federal or state laws).

Disclosure to Business Associates: We may disclose your Protected Health Information to “Business Associate(s)” who perform various services to help us administer the Plan. Before we share your Protected Health Information with other organizations, they must agree to protect your Protected Health Information. A “Business Associate” is a person or company who, on our behalf, performs or assists in the performance of a function or activity involving the use or disclosure of Protected Health Information, including, for example, claims processing or administration, data, utilization review, quality assurance, billing, benefit management, etc. A Business Associate also means a person or company who provides services for us, including, for example, legal, actuarial, accounting, consulting, administration, or financial services, and which involves the use and disclosure of Protected Health Information.

Uses and Disclosures Required by Law:

We may use or disclose your Protected Health Information where required by local, state or federal law. For example, we must disclose Protected Health Information to the Secretary of Health and Human Services for investigations or determinations related to our compliance with HIPAA.

Public Health Activities: We may disclose your Protected Health Information to authorized public health officials so they may carry out their public health activities. Such activities may include, for example, preventing or controlling disease, injury or disability; reporting births or deaths; or reporting child abuse or neglect.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your Protected Health Information to a government authority that is authorized to receive reports of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose your Protected Health Information to government agencies authorized by law to conduct audits, investigations, inspections, etc. These government agencies monitor the operation of the health care system, government benefit programs (such as Medicare and Medicaid) and compliance with government regulatory programs and civil rights laws.

Judicial and Administrative Proceedings: We may disclose your Protected Health Information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made by the party seeking the information to tell you about the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement: We may disclose your Protected Health Information to law enforcement officials for the following reasons:

- To comply with court orders, subpoenas, or laws that we are required to follow.
- To assist law enforcement officers with identifying or locating a suspect, fugitive, material witness, or missing person.
- To inform law enforcement officers about the victim of a crime.
- If we suspect a death resulted from criminal conduct.
- If necessary to report a crime that occurred on our premises.

Coroners, Medical Examiners and Funeral Directors: We may disclose Protected Health Information about decedents to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also disclose this information to funeral directors as necessary to carry out their duties.

Cadaveric Organ, Eye and Tissue Donation: We may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation as necessary to facilitate organ, eye or tissue donation and transplantation.

Certain Limited Research Purposes: We may use or disclose Protected Health Information for certain limited research purposes provided that a waiver of authorization required by HIPAA has been approved by a privacy board.

To Avert a Serious Threat to Health or Safety: We may use or disclose your Protected Health Information when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

Specialized Government Functions: We may use or disclose your Protected Health Information for specialized government functions such as disclosures deemed necessary by military authorities, correctional institutions, or authorized federal officials for the conduct of national security activities.

Workers' Compensation: We may use or disclose your Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Uses and Disclosures Requiring an Opportunity to Agree or Object: In limited circumstances, we may use or disclose Protected Health Information as long as you have the opportunity to agree to, prohibit, or restrict the disclosure of Protected Health Information.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses Protected Health Information for underwriting purposes, the Plan will not use or disclose Protected Health Information that is your genetic information for any such purposes.

Uses and Disclosures With Your Written Authorization

Uses and disclosure of Protected Health Information, not described in the Notice, will only be made with your written authorization, unless otherwise permitted by applicable law. Your written authorization is required for most uses and disclosures before the Plan will use or disclose psychotherapy notes (other than summary information about your mental health treatment) about you from your psychotherapist, and for uses and disclosures of Protected Health Information for marketing, and disclosures that constitute a sale of Protected Health Information.

If you provide us with a valid written authorization, you may revoke that authorization at any time, except to the extent that we have already relied on it. Your request to revoke an authorization must be made in writing and you must identify or adequately describe the authorization that is being revoked.

If you revoke your authorization, we will no longer use or disclose your Protected Health Information, unless we are otherwise permitted or required to do so by law or pursuant to another valid authorization from you. Notwithstanding the foregoing, we are unable to rescind any disclosures we have already made pursuant to your authorization. To revoke an authorization, contact the Privacy Officer.

Your Rights Regarding Your Protected Health Information

How Someone May Act on Your Behalf

Parents and guardians will generally have the right to control the privacy of Protected Health Information about minors unless the minors are permitted by law to act on their own behalf.

If, under applicable law, a parent, guardian, or other person has the authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, we will treat that person as a personal representative with respect to certain Protected Health Information.

If, under applicable law, a person has the authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, such as an authorized legal representative, we will treat that person as a personal representative with respect to certain Protected Health Information.

Right to Request Access to Your Protected Health Information

You have the right to request access to your Protected Health Information in order to inspect and obtain a copy of such Protected Health Information. To request access to inspect or obtain a copy of your Protected Health Information, you must submit your request in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request, if granted.

Sometimes Business Associates hold the Protected Health Information on behalf of the Plan. If we do not maintain the Protected Health Information that you are requesting and we know where the Protected Health Information is maintained, we will tell you where to direct your request. You may also contact the Business Associates directly (see the Summary of Health Care and Income Protection Benefits).

We may deny your request to inspect or obtain a copy of your Protected Health Information under certain limited circumstances. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so, and a description of your rights to have that decision reviewed and how you can exercise those rights.

Right to Request an Amendment to Your Records

If you believe that the Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the Protected Health Information. You have the right to request an amendment for as long as the Protected Health Information is kept in a “Designated Record Set” maintained by us. A “Designated Record Set” is a group of records maintained by or for the Plan that is:

- (i) the medical records and billing records about individuals maintained by or for a covered health care provider;
- (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Plan; or
- (iii) used, in whole or in part, by or for the Plan to make decisions about individuals.

To request an amendment to your Protected Health Information, you must submit your request in writing to the Privacy Officer.

We may deny your request to amend your Protected Health Information under certain circumstances (for example, because the information was not created by us, unless you can provide us with a reasonable basis to believe that the originator of the Protected Health Information is no longer available to act on your requested amendment). If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so, and a description of your rights to have that decision reviewed and how you can exercise those rights.

Right to Receive an Accounting of Disclosures

You have a right to request an accounting of disclosures about how we have shared your Protected Health Information with others. However, the accounting of disclosures will not include any of the following:

- Disclosures made before April 14, 2003;
- Disclosures related to treatment, payment, or health care operations;
- Disclosures we made to you;
- Disclosures you authorized;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates or detainees to correctional institutions or law enforcement officials;
- Disclosures made more than six years ago (the amount of time we are required to maintain records under HIPAA); or
- Disclosures that were made as part of a limited data set.

We may temporarily suspend your right to receive an accounting of disclosures under certain circumstances, such as when we are requested to do so by a health oversight agency or law enforcement official.

To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period for the disclosures you want us to include. You have a right to one free accounting of disclosures in any 12-month period. However, we may charge you for the cost of providing any additional accounting of disclosures in that same 12-month period. We will notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

You have a right to and will receive a notification from the Plan, or a Business Associate of the Plan, if the Plan becomes aware that there has been a loss or disclosure of your unsecured Protected Health Information, in a manner that could compromise the privacy of your health information consistent with HIPAA's standards.

Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your Protected Health Information for treatment, payment or health care operations. You may also request that we limit how we disclose Protected Health Information about you to someone who is involved in your care or the payment for your care.

NOTE: We are not required to agree to your request for a restriction in all circumstances, and in some cases the restriction you request may not be permitted by law. We are required to agree to your request for a restriction involving Protected Health Information used for Plan payment or health care operations, if you pay the provider in full for the services. Depending on the circumstances, either the Plan or you may have the right to revoke the restriction.

To request restrictions, you must submit your request in writing to the Privacy Officer. Your request must include all of the following information:

- (i) what Protected Health Information you want to limit;
- (ii) whether you want to limit how we use the Protected Health Information, how we share it with others, or both; and
- (iii) to whom you want the limits to apply.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, you must submit your request in writing to the Privacy Officer. You must specify in your request how or where you wish to be contacted, however, please note that we are not required to accommodate your request.

How to Obtain a Copy of This Notice

If this Notice has been provided electronically, you also have the right to a paper copy of this Notice. You may request a paper copy at any time by contacting the Privacy Officer or by logging onto our website at <http://ncompass.cpchem.net>.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. To file a complaint with us, contact the Privacy Officer.

Retaliation and Waiver

We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you (or any other individual) for the exercise of any right established under HIPAA, including filing a complaint with us or with the Secretary of Health and Human Services; testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under HIPAA; or opposing any act or practice made unlawful by HIPAA, provided that you (or the individual) have a good faith belief that the practice opposed is unlawful and the manner of the opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.

We will not require you to waive your privacy rights under HIPAA as a condition of treatment, payment, enrollment in a group health plan(s), or eligibility for benefits.

Changes to This Notice

We reserve the right to change our Privacy Policies and Procedures and this Notice at any time. We reserve the right to make the revised or changed Notice effective for Protected Health Information we already have about you as well as any Protected Health Information we receive in the future. If we change our Privacy Policies and Procedures, we will send you a revised copy of this Notice so that you will have a current summary of our practices.

How to Contact the Privacy Officer

The Privacy Officer is David Heinsohn. He may be contacted at 832-813-4853; by e-mail at heinsdb@cpchem.com; or in writing at the Office of Compliance Assurance, 10001 Six Pines Drive, The Woodlands, TX 77380.

Additional Information

If you have any questions about this Notice or would like further information contact the Privacy Officer.



CPChem Benefits Department
10001 Six Pines Drive The
Woodlands, TX 77380

***Important: Notice of HIPAA
Privacy Practices Enclosed***

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