

**FARM CREDIT FOUNDATIONS BENEFIT PLANS  
EMPLOYEE GROUP HEALTH PLAN  
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.**

If you participate in a fully-insured option, whether through an insurance company or an HMO, please contact that company for its Notice of Privacy Practices.

**Purpose of This Notice**

We understand that information about your health is personal. We are committed to protecting the privacy of your health information. This Notice tells you about the ways we may use and disclose Protected Health Information or PHI about you so that we may administer the Farm Credit Foundations Benefit Plans Employee Group Health Plans. Please note that not every possible use or disclosure within a category of uses or disclosures are included. This Notice will also describe our obligations and your rights regarding the use and disclosure of your PHI.

We are required by the HIPAA<sup>1</sup> Privacy Rule<sup>2</sup> to:

- Protect the privacy of your PHI.
- Provide you notice of our legal duties and privacy practices with respect to PHI.
- Follow the terms of the Notice currently in effect.

**Definitions**

“Employee Group Health Plan” or “Health Plan” means any of the following plans in which you are enrolled.

- Farm Credit Foundations Benefit Plan Medical Plan for Active Employees
- Over Age 65 Retiree Medical Plan for 7<sup>th</sup> District Retirees and Dependents of Retirees over age 65
- Farm Credit Foundations Benefit Plans Under Age 65 Retiree Medical Plans
- Farm Credit Foundations Benefit Plans Dental Plan
- Farm Credit Foundations Benefit Plans Vision Service Plan

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<sup>1</sup> HIPAA means the Health Insurance Portability and Accountability Act of 1996 as amended.

<sup>2</sup> The Privacy Rule refers to the privacy regulations issued by the Department of Health and Human Services pursuant to HIPAA, codified at 45 C.F.R. Parts 160 and 164.

- Farm Credit Foundations Benefit Plans Flexible Benefit Plan Health Expense Reimbursement Account
- Farm Credit Foundations Benefit Plans Employee Assistance Program
- Farm Credit Foundations Benefit Plans Long Term Care Plan

“Protected Health Information” or “PHI,” generally, is information (i) about your physical or mental health or condition, health care provided to you, or the payment of health care provided to you, whether past, present, or future (ii) that is created by or received by us, and (iii) that identifies you or could be used to identify you.

The terms “we,” “our,” and “us” refer to the Health Plan and the terms “you” and “your” refer to individuals enrolled in the Health Plan including covered employees and their dependents.

### **Effective Date of this Notice**

This Notice is effective April 14, 2003 and governs our privacy practices on and after that date. The effective date of any change to this Notice will be located in the upper right hand corner of the first page.

### **Changes to Privacy Practices and this Notice**

We can change our privacy practices and this Notice at any time. Any change will apply to PHI we already have and to PHI we receive or generate after the change. We will send an updated Notice to you within 60 days after any material change in the Notice. At your request, we will give you an updated Notice. We will also post the most current Notice at our web site.

### **For Questions, Additional Information Regarding Privacy Practices, and Complaints**

Contact the HIPAA Privacy Contact Person by calling or writing:

Pamela MacLeod  
AgriBank, FCB  
375 Jackson Street  
St. Paul, MN 55101-1810  
800-892-7924

If you believe your privacy rights have been violated, you may file a complaint in writing with the Privacy Contact Person at the address listed above or with the United States Department of Health and Human Services. *We will not retaliate against you for filing a complaint.*

## **Your Rights Regarding Your Protected Health Information**

You have certain rights regarding your PHI. For details, including the procedures that you must follow to enforce your rights and the procedures we must follow in responding to your requests, please contact the HIPAA Privacy Contact Person.

- ***Obtain a copy of the Notice upon request.*** You have the right to receive a written copy of this Notice at any time (even if you have agreed to receive the Notice electronically). Contact the HIPAA Privacy Contact Person.
- ***Request consideration of a restriction on certain uses and disclosures of PHI.*** You may ask us to limit or not to use or disclose any part of your PHI for the purposes of payment, treatment or health care operations. You may also request that any part of your PHI not be disclosed to family members, friends or others who may be involved in your care or for notification purposes as described in this Notice. *We are not required to agree to these requested restrictions.* However, if we agree we must honor the restrictions you request. To ask for a restriction, send a written request to the HIPAA Privacy Contact Person at the address shown at the beginning of this Notice.
- ***Inspect and obtain a copy of your PHI.*** You have the right to review and copy PHI in a designated record set about you for as long as we maintain the PHI. A designated record set might include information related to enrollment, payment, claims adjudication, and case or medical management. You must send a written request to the HIPAA Privacy Contact Person. We may charge you for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by us.
- ***Request correction of PHI.*** You have the right to request us to correct your PHI that is held in a designated record set. A designated record set might include information related to enrollment, payment, claims adjudication, and case or medical management. You may request a correction for as long as we maintain the PHI. You must send a written request to the HIPAA Privacy Contact Person which must include a reason that supports your request. In certain cases, we may deny your request. If we deny your request for correction, you have the right to file a statement of disagreement with the decision.
- ***Receive a list of disclosures of PHI.*** You have the right to receive a list of certain disclosures of your PHI made by us (subject to exceptions, restrictions, and limitations noted in the Privacy Rule). To request a disclosure list, submit a written request to the HIPAA Privacy Contact Person and specify the time period (which may not be longer than six years or before April 14, 2003). You may be charged for the cost of providing a disclosure list if you make more than one request within a 12-month period. We will notify you of the cost in advance and you may choose to withdraw or modify your request at that time.

- ***Request confidential communications of PHI by alternative means or at alternative locations.*** You can ask that we communicate with you by alternative means or at alternative locations. We will accommodate such a request if it is reasonable and states that disclosure of the information in the ordinary manner could endanger you. You must make such a request in writing to the HIPAA Privacy Contact Person at the address shown at the beginning of this Notice. We may refuse to accommodate your request if you have not provided information as to how payment, if applicable, will be handled and specify how or where you wish to be contacted.

### **Required Disclosures of Protected Health Information**

We will disclose PHI to you in accordance with your right to access your PHI or to receive an accounting of disclosures of your PHI as specified in this Notice. We will also disclose PHI to the Department of Health and Human Services when required by that department to investigate or determine our compliance with the requirements of the Privacy Rule.

### **Common Reasons for Our Use And Disclosure of Your Protected Health Information**

- ***Payment.*** We 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, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary to determine whether the Plan will cover the treatment. We may also share your PHI with a utilization review or precertification provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- ***Health Care Operations.*** We may use and disclose your PHI for Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use your PHI in connection with conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs; business planning and development such as cost management and business management and general Plan administrative activities.
- ***Business associates.*** We work with other companies and consultants which perform certain functions on our behalf or provide services to us. For example we work with claims administrators, organizations to help us manage utilization or prescription drug usage, outside attorneys and other contracted services. We will amend or enter into contracts with our business associates to include certain promises to comply with the Privacy Rule as required by the Privacy Rule.

- **Health Plan Sponsors.** We may provide enrollment and disenrollment information and Summary Health Information<sup>3</sup> about you and other group health plan participants to the sponsor of the health plan in which you participate (the “Plan Sponsor”). We may release your PHI to the Plan Sponsor if the Plan Sponsor amends the Plan Document to include the HIPAA Privacy compliance promises required by the Privacy Rule (including a promise by the Plan Sponsor not to use PHI for employment purposes or for other employee benefit plan purposes) and certifies to us that it has amended the Plan Document to include the compliance promises required by the Privacy Rule.
- **Individuals involved in your care or payment for your care.** Unless you object, we may release PHI about you to a family member, other relative, or a close personal friend of yours or any other person identified by you. We will disclose only PHI that is directly relevant to the person’s involvement with your health care or payment related to your health care.
- **As required by law.** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

#### **Less Common Reasons for Our Use And Disclosure of PHI**

- **Judicial and administrative proceedings.** We may, upon certain conditions, disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process.
- **Provide benefits information to you.** We may use and disclose your PHI to inform you about health-related benefits and services that may be of interest to you.
- **Worker’s compensation purposes.** We may disclose your PHI to workers’ compensation insurers, state administrators, employers, and other persons involved in workers’ compensation systems as authorized by workers’ compensation or similar programs required by law.
- **Food and Drug Administration (FDA).** We may disclose your PHI to a person or company subject to the jurisdiction of the FDA, for the purpose of activities related to the quality, safety, or effectiveness of products regulated by the FDA.
- **Public health activities.** We may disclose your PHI to a public health authority authorized to collect such information for certain purposes, including, but not limited to, preventing or controlling disease, injury or disability; reporting disease or injury; reporting vital events such as births or deaths; conducting public health surveillance, public health investigations and public health interventions; at the direction of a public

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<sup>3</sup> Summary Health Information means information that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan; and from which certain information has been deleted, including, but not limited to, names, Social Security numbers, street addresses, telephone numbers, account numbers, and medical record numbers.

health authority, to an official of a foreign government agency acting in collaboration with a public health authority; or reporting child abuse or neglect.

- ***Health oversight activities.*** We may disclose your PHI to a health oversight agency for any oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, criminal or administrative actions or proceedings; or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards or compliance with applicable civil rights laws.
- ***To social services or law enforcement about victims of abuse or neglect.*** We may disclose PHI about an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence 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, to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law.

#### **Uncommon Reasons for Our Use And Disclosure of PHI**

- ***To avert a serious threat to public health or safety.***
- ***National security and protective services for the President and other Heads of State.***
- ***Coroners, medical examiners, and funeral directors.***
- ***To a jail or prison about its inmates.***
- ***To the military about its members or veterans.***
- ***For organ or tissue transplant purposes.***
- ***Research pursuant to waiver approval by Institutional Review Board or Privacy Board.***
- ***To law enforcement.***

#### **Uses and Disclosures with Your Written Permission**

***PHI Will Not Be Used or Disclosed for Other Purposes Without Your Written Permission.*** We will obtain your written permission (called “Authorization” under the Privacy Rule) before using or disclosing your PHI for purposes other than those provided in this Notice (or as otherwise permitted or required by law).

***You May Revoke Your Permission.*** You may revoke your permission at any time but must do so in writing. Upon receipt of the written revocation, we will stop using or disclosing PHI in accordance with the written permission, except to the extent we have already acted in reliance on your written permission.