

**SPELMAN COMPANY
HEALTHCARE FLEXIBLE SPENDING ACCOUNTS
NOTICE OF PRIVACY PRACTICES**

**Effective: April 14, 2004
Revised: October 21, 2012**

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

Purpose of this Notice:

Spelman Company (“the Company”) permits you to establish health care flexible spending accounts, which permit you and your dependents to be reimbursed for qualifying medical expenses. These accounts are collectively referred to in this Notice as the “the Plan.”

In connection with administering the Plan, the Plan may create or obtain information about you that is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations at 45 C.F.R. part 160 and part 164, subparts A and E (the “Privacy Rule”). This information is called “protected health information” or “PHI” and is defined below. Members of the Plan’s workforce (i.e., Company employees designated to administer the Plan) may have access to protected health information on behalf of the Plan in performing administrative functions for the Plan. In addition, the Plan’s agents, who are called “business associates” under the Privacy Rule, may also create or obtain protected health information about you on behalf of the Plan.

This Notice describes how the Plan may use and disclose your PHI, as well as the Plan’s obligation to protect that information. It also describes your right to access and review your PHI. This Notice does not apply to any of the Company’s fully insured health plans listed at Exhibit A to this Notice. If you participate in one or more of those plans, you will receive a separate privacy notice directly from the insurance Company that provides those benefits.

If you have any questions regarding the contents of this Notice, please contact the Privacy Officer whose contact information is listed at the end of this Notice.

PART I: PROTECTION OF YOUR HEALTH INFORMATION

The Privacy Rule restricts the Plan’s ability to use and disclose your “protected health information” or “PHI”. PHI is information that is created or received by the Plan that:

- identifies you or could reasonably be expected to be used to identify you, and
- relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you.

The Plan’s Obligations to Protect Your PHI:

The Plan is required by law to:

- make sure that your PHI is kept private;
 - provide you with certain rights with respect to your PHI;
 - give you this notice of the Plan’s legal duties and privacy practices with respect to your PHI;
- and

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

The Plan may revise this Notice from time to time and make those revisions applicable to all PHI being maintained by the Plan as of that date. If the Plan deems the revision to be a material revision, it will provide you with a copy of the revised notice.

How the Plan May Use and Disclose Your Protected Health Information

Generally, the Company will need to use and disclose to certain entities your PHI so that it may properly administer the Plan. By “administer the Plan” we mean making payments for qualifying medical expenses, adjudicating claims for reimbursement, and dealing with companies who help the Company administer the Plan (called the Plan’s “business associates”). A complete list of these companies is at Exhibit B. For the most part, even though the Plan is self-insured (meaning that the Company pays directly for your qualifying medical expenses), these companies will handle most of the day-to-day work to administer the Plan. Therefore, the Plan will need to share your PHI with each of these companies, and they may need to share such information amongst themselves, to help the Company properly administer the Plan.

Under the law, the Plan or the Plan’s business associates on the Plan’s behalf (collectively, “we”) may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use or disclose your PHI. For each category or uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in each category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one of the categories.

Payment. We use and disclose your PHI in order to reimburse you for qualifying medical expenses. For example, we may use your PHI to process claims or be reimbursed by another insurer that may be responsible for payment. We may use and disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine the Plan’s responsibility for providing benefits to you, or to coordinate Plan coverage. In connection with our payment activities, we will mail explanation of benefits forms and other mailings containing PHI to the address we have on record for the Plan participant.

Health Care Operations. We may use and disclose your PHI in order to perform our Plan activities and operate the Plan, such as quality assessment activities or administrative activities, including data management or customer service. We may also use your PHI in connection with activities relating to Plan coverage, and business management and general Plan administrative activities.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions on our behalf or to provide certain types of services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to administer claims, but only after the Business Associate enters into a Business Associate Agreement with us.

To Plan Sponsors. To administer the Plan, we may disclose to certain employees of the Company PHI. However, these employees will only use or disclose that information only as necessary to perform plan administrative functions or as otherwise required under the Privacy Rule, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

Other Permitted Disclosures:

As Required by Law. We may disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

Public Health Activities. We may disclose your PHI to public health agencies for various reasons such as to prevent or control disease, injury or disability. These generally include the following:

- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications, problems with products or other adverse events.
- 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 we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence. [Note: We will only make this disclosure if you agree or when required or authorized by law.]

Health Oversight Activities. We may disclose your PHI to government oversight agencies (e.g., state insurance departments) 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.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

Law Enforcement. We may disclose your PHI to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; to provide information about the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim's agreement; about a death that we believe may be the result of criminal conduct; about criminal conduct; and in emergency situations to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors. We may release your PHI to a coroners or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to allow them to carry out their duties.

Research. We may disclose your PHI to researchers when either (i) the information identifying you has been removed, or (ii) when an institutional review board or privacy board has reviewed the research proposal, established protocols to ensure the privacy of the information and approved the research.

To Avert a Serious Threat to Health or Safety. We may disclose your PHI, with some limitations, 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 to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

Special Government Functions. We may disclose your PHI as required by military authorities or to authorized federal officials for national security and intelligence activities.

Workers' Compensation. We may disclose your PHI to the extent necessary to comply with state law for workers' compensation or similar programs.

Disclosure to Our other Health Plans. We may disclose your PHI to another one of our health plans for purposes of facilitating claims payments under that plan.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Inmates. If you are an inmate at a correctional institution or are under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (i) for the institution to provide you with health care, (ii) to protect your health and safety or the health and safety of others, or (iii) for the safety and security of the correctional institution.

Required Disclosures

Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the Privacy Rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment or health care operations and was not made pursuant to your written authorization.

Additional Uses and Disclosures of Health Information that you May Limit:

Family members and close personal friends involved in your care or payment for care. We may disclose your PHI to family members and close personal friends involved in your care or the payment for your care. You may, however, request that confidential communications be directed to you rather than these individuals. We may also disclose your PHI to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

Other Disclosures

Authorizations. Other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke an authorization at any time in writing. Once we receive your revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon your written authorization and prior to receiving your written revocation.

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). We do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be subjected to domestic violence, abuse or neglect by such person;
- treating such person as your personal representative could endanger you; or
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

PART II: YOUR RIGHTS REGARDING YOUR PHI

You have certain rights regarding your PHI that the Plan maintains. These rights are listed below:

Right To Access Your Protected Health Information. You have the right to review and copy PHI that may be used to make decisions about your Plan benefits. Your request to review and/or obtain a copy of your PHI records must be made in writing to either the Plan's Privacy Officer, whose contact information is listed at the end of this Notice, or to the Business Associate responsible for administering the particular Plan benefit. Attached as Exhibit B to this Notice is a list of our Business Associates responsible for administering the various Plan benefits and their contact information. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance. We may deny your request to inspect and copy records in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right To Request That Your Protected Health Information Be Amended. If you feel that your PHI maintained by the Plan to make decisions about your Plan benefits is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing to either the Plan's Privacy Officer, whose contact information is listed at the end of this Notice, or to the Business Associate responsible for administering the particular Plan benefit. Attached as Exhibit B to this Notice is a list of our Business Associates responsible for administering the various Plan benefits and their contact information. Your request must include the reason you are seeking a change. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information maintained by 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 already accurate and complete.

If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures by the Plan. You have the right to request an accounting of disclosures we have made of your PHI. The list will not include our disclosures that are (i) related to your treatment or our payment or health care operations, (ii) made to you or with your prior authorization, (iii) made to your friends or family in your presence or because of an emergency, (iv) for national security purposes, or (v) incidental to otherwise permissible disclosures. Your request for an accounting of disclosures must be made in writing to either the Plan's Privacy Officer, whose contact information is listed at the end of this Notice, or to the Business Associate responsible for administering the particular Plan benefit. Attached as Exhibit B to this Notice is a list of our Business Associates responsible for administering the various Plan benefits and their contact information. Your request must state a time period for which you want an accounting. This time period may not be longer than six years, and it may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge you for providing the accounting, but we will tell you the cost in advance.

Right To Request Certain Restrictions on the Use and Disclosure of Your Protected Health Information. You have the right to request that we restrict or limit how we use or disclose your PHI for treatment, payment or health care operations. *We may not agree to your request.* If we do agree, we will comply with your request unless the information is needed for an emergency. Your

request for a restriction must be made in writing to either the Plan's Privacy Officer, whose contact information is listed at the end of this Notice, or to the Business Associate responsible for administering the particular Plan benefit. Attached as Exhibit B to this Notice is a list of our Business Associates responsible for administering the various Plan benefits and their contact information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

Right To Request Confidential Communications Regarding Your Protected Health

Information. You have the right to request that we use a certain method to communicate with you about your PHI or that we send your PHI to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing to either the Plan's Privacy Officer, whose contact information is listed at the end of this Notice, or to the Business Associate responsible for administering the particular Plan benefit. Attached as Exhibit B to this Notice is a list of our Business Associates responsible for administering the various Plan benefits and their contact information. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy. In addition, you may obtain a copy of this Notice from our Human Resource Department. You may obtain a paper copy of this notice at our website, www.Spelman.edu. To obtain a paper copy of this notice, please contact the Plan's Privacy Officer, whose contact information is at the end of this Notice.

Contact Information for Exercising Your Rights. In order to exercise any of the above rights, please contact the Business Associate who administers the particular Plan benefit you wish to address or contact the Plan's Privacy Officer. Contact information for the Plan's Privacy Office is listed at the end of this Notice and attached to this Notice is a list containing the contact information for each of the Plan's Business Associates who is responsible for administering the various Plan benefits. Current employees may also contact the Company's Human Resources Department via email. They will forward the appropriate forms to you or direct you to the party responsible for responding to your request.

MOST OF THESE FUNCTIONS WILL BE UNDERTAKEN BY OUR BUSINESS ASSOCIATES ON BEHALF OF THE PLAN. THEREFORE, YOU MAY BE DIRECTED TO CONTACT OUR THIRD-PARTY ADMINISTRATOR SO THAT THEY MAY HELP YOU WITH YOUR REQUEST. FOR EACH OF THE RIGHTS LISTED ABOVE, SEE THE ATTACHED LIST OF VENDORS TO DETERMINE WHO TO CONTACT FOR EACH SPECIFIC REQUEST. YOU MAY ALSO CONTACT THE COMPANY'S HUMAN RESOURCES DEPARTMENT TO OBTAIN THIS INFORMATION.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Officer and/or the Office of Civil Rights at the Department of Health and Human Services. All complaints to the Plan must be submitted in writing, and shall be addressed through the Plan's claims procedures for post-services claims set forth in the Plan Document. You may obtain a from your local Human Resources contact.

You will not be penalized, or in any other way retaliated against, for filing a complaint with us or the Office of Civil Rights. If you file a complaint with the Office of Civil Rights, you must follow the

provisions of 45 C.F.R. § 160.306. For assistance in filing a complaint with the Office of Civil Rights, please call 1-800-368-1019.

Privacy Officer Contact Information:

Jarrett Walton
Benefits Service Manager
404-270-5092

In writing:

Spelman College
Office of Human Resources
350 Spelman Lane Box 1133
Atlanta, GA 30314