

## Enterprise Holdings 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 have any questions about this notice, please contact the Enterprise Holdings Privacy Officer.

**Who Will Follow This Notice.** This notice describes the medical information practices of Enterprise Holdings Medical, Dental, Pharmaceutical, Vision, Employee Assistance and Health Care Spending Account, self-funded plans (the "Plan") and that of any third party that assists in the administration of Plan claims.

The Plan, and the Company on behalf of the Plan, normally will not maintain or store any Protected Health Information in its possession which it gathers during the course of Plan operations for purposes such as benefit claim processing and plan operation. This information is routinely kept by the Plan's third party claims processing and administration firms (i.e. UnitedHealthcare, Express Scripts, etc.). So, when this Notice uses the term "We" in describing actions that may be taken regarding, or uses of, your Personal Health Information, it describes actions which typically will be taken by these administrative firms. The Company and Plan will not routinely keep this data in its files on Company premises.

**Our Pledge Regarding Medical Information.** We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

When using or disclosing medical information, the Plan will attempt to minimize disclosures to the extent necessary to accomplish the intended use, given the circumstances and limitations of technology. Full disclosure may be made as required by law, for the Plan to comply with regulations or requests by the Department of Health and Human Services, to comply with your requests for disclosure or to comply with requests for information for treatment.

This notice does not apply to "de-identified" information, i.e. data that does not identify an individual (or which has been scrubbed to remove such information) and does not provide sufficient personal information so that a reasonable basis exists to believe that the information could be used to identify an individual.

**How We May Use and Disclose Medical Information About You.** The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your consent or authorization will fall within one of the categories.

**For Payment (as described in applicable regulations).** We may use and disclose medical information about you 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. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations (as described in applicable regulations).** We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information 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, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**For Treatment (as described in applicable regulations).** Although the Plan does not perform treatment operations, it may be asked by your treatment provider for information to assist with your treatment. Treatment includes, of course, the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals among providers. The Company does not maintain this information and requesting individuals will be referred to the correct Third Party Administrator (TPA) for the Plan. For example, the TPA may disclose to a treating physician the name of another of your treating physicians, if requested, so that the initial physician can obtain relevant health or treatment history from your other physician.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required; except, that such disclosures will only be made if appropriate standards for confidentiality and authority of the requestor are satisfied.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information 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. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

**Disclosure to Health Plan Sponsor.** Information may be disclosed to another health plan maintained by Enterprise Holdings for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to Enterprise Holdings personnel solely for purposes of administering benefits under the Plan as well as any purposes, which involve payment of claims, your treatment or operation of the Plan. The Plan has been amended to protect your medical information as required by law. Also, "summary information" may be disclosed to Enterprise Holdings for purposes of plan costing, service bidding and amending, modifying or terminating the Plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information 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.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you 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 we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, provided that certain conditions are met. These include satisfactory assurance that the requestor has made a proper attempt to provide a written notice to you of the demand which contained sufficient information to permit you to object and either that no objections were raised or they were resolved in favor of disclosure.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- 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, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a hospital; 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.

#### **Coroners, Medical Examiners and Funeral Directors.**

We may release medical information to a coroner 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 of a hospital to funeral directors as necessary to carry out their duties.

#### **National Security and Intelligence Activities.**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Domestic Abuse or Violence.** When authorized by law, the Plan may report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may have been victimized in this regard. In such case, the Plan would inform you that a disclosure has been made or will be made unless serious risk of harm would result from the disclosure. Regarding minor dependents, disclosure would generally be made to the minor's parents.

#### **Your Rights Regarding Medical Information About You.**

You have the following rights regarding medical information we maintain about you. These rights may also be exercised by a personal representative as long as the appropriate documentation is provided proving delegation to that authority.

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Enterprise Holdings Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If access is denied for any reason, you will be provided a written

statement including the reasons for denial and a description of how you may appeal the denial to the Secretary of the U.S. Department of Health and Human Services.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us 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 Enterprise Holdings Privacy Officer. In addition, you must provide a reason that supports your request.

We 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, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, health care operations, or pursuant to your authorization.

To request this list or accounting of disclosures, you must submit your request in writing to the Enterprise Holdings Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 2003. 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, we may charge you for the costs of providing the list. We 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.

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

We are not required to agree to your request.

To request restrictions, you must make your request in writing to the Enterprise Holdings Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Enterprise Holdings Privacy Officer. We will not ask you the reason for your request. 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 or More Information.**

You have the right to a paper copy of this notice. You may ask us 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.

You may obtain a copy of this notice at our web site, [YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com).

To obtain a paper copy of this notice, contact the Enterprise Holdings Privacy Officer. If you have questions or need more information about this notice, contact the Enterprise Holdings Privacy Officer, 600 Corporate Park Drive, St. Louis, MO 63105, (314) 512-5000.

**Changes to This Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Enterprise Holdings Privacy Officer. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

**Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Use of your medical information by the Plan is regulated by a federal law known as the Health Insurance Portability and Accountability Act. You may find those rules at Title 45, Code of Federal Regulations, Parts 160 and 164. This notice summarizes mandatory disclosures under the regulations. The Plan will operate in compliance with those regulations and they will supercede any discrepancy between this notice and those regulations.

This Notice is effective commencing with uses and disclosures of medical information made by the Plan commencing on and after April 14, 2003.