

Notice of Privacy Practices for the Erie Indemnity Company Health Protection Plan, Erie Indemnity Company Group Dental Assistance Plan, and Erie Indemnity Company Vision Care Plan

**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.**

Legal Duties

The federal Health Insurance Portability and Accountability Act ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 ("the HITECH Act") and the American Recovery and Reinvestment Act of 2009 ("ARRA"), and the accompanying regulations, require health plans, health care providers and health care clearinghouses to take a number of steps to protect personally identifiable health

information.

The ERIE health plans listed at the top of this Notice ("the Plans") have adopted privacy policies and practices to protect the security and privacy of your protected health information. "Protected health information," or "PHI," is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health

plan, that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

The Plans are required to give you this Notice about their privacy practices, their legal duties, and your rights as a Plan Participant concerning your PHI. This Notice describes how the Plans may use, disclose, collect, handle, and protect Plan Participants' PHI. The Plans are

required to abide by the terms of this Notice. This Notice becomes effective September 23, 2013, and will remain in effect unless and until the Plans replace it.

The Plans are committed to protecting your PHI and will always try to ensure that the use or disclosure of PHI will comply with HIPAA and, where appropriate, be the minimum amount necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

Each of the Plans are parties to agreements with Third Party Administrators (“TPAs”). These TPAs may use, disclose, collect and handle your PHI in order to administer Plan benefits. Each TPA is also required to abide by the terms of this Notice.

The Plans reserve the right to make changes to their privacy practices and to this Notice, and to apply the terms of the revised Notice to all PHI

maintained by the Plans. In accordance with federal distribution rules, any revised version of this Notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices in this Notice.

This Notice summarizes the HIPAA rules, found at 45 *Code of Federal Regulations* Parts 160 and 164. The regulations will supersede any discrepancy between the information in the Notice and the regulations.

Plan Participants may request additional copies of this Notice. For more information about the information contained in this Notice, or to request additional copies of this Notice, please contact the Erie Insurance [Benefits Operations & Planning Section](#) using the contact information listed at the end of this Notice.

I. Uses and Disclosures of Protected Health Information

In order for the Plans to administer their health benefit programs effectively, they will collect, use and disclose PHI for certain Plan activities, including payment, treatment and health care operations. Please note, this Notice does not list every possible use or disclosure of PHI; instead it gives examples of the common uses and disclosures of PHI.

A. Uses and Disclosures of Protected Health Information for Payment, Treatment and Health Care Operations

The following is a description of how the Plans may use and/or disclose PHI about you for payment, treatment and health care operations.

Payment

When and as appropriate, the Plans may use and disclose PHI about you to determine your eligibility for the Plans' benefits, to facilitate payment

for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the Plans, or to coordinate your coverage.

For example:

The Plans may use and disclose your PHI to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by the Plans, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and/or to issue explanations of benefits to the person who subscribes to the Plans in which you participate.

Treatment

When and as appropriate, the Plans may use and disclose your PHI to facilitate medical treatment or services by providers. The Plans may disclose medical information about you to health care providers, including doctors, nurses, technicians, medical

students, or other hospital personnel who are involved in taking care of you.

For example:

The Plans may disclose to a treating emergency room physician the name of your treating primary care physician so that the emergency room physician may ask your primary care physician for information on your current medications.

Health Care Operations

When and as appropriate, the Plans may use and disclose your PHI for the Plans' operations, as needed. The Plans may use and disclose your PHI in connection with: conducting quality assessment and administration improvement; underwriting, premium rating and other activities relating to 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 administrative activities of the Plans.

For example:

The Plans may use your information to review the effectiveness of wellness programs or in negotiating new arrangements with our current or new TPAs. We will not use or disclose your genetic information for underwriting purposes.

B. Uses and Disclosures of Protected Health Information to Other Entities

The Plans also may use and disclose PHI to other covered entities, business associates, or other individuals (as permitted by the HIPAA Privacy Rule) who assist the Plans in administering their programs and delivering health services to Plan Participants.

Business Associates

In connection with their payment, treatment and health care operations activities, the Plans contract with individuals and entities (called “business associates”) to perform various functions on their behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management).

To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after the Plans require the business associates to agree in writing to contract terms designed to appropriately safeguard your PHI.

Other Covered Entities

In addition, the Plans may use or disclose your PHI to assist health care providers in connection with *their* treatment or payment activities, or to assist other covered entities in

connection with certain of *their* health care operations. For example, the Plans may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and the Plans may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

II. Other Possible Uses and Disclosures of Protected Health Information

In addition to uses and disclosures for payment, treatment and health care operations, the Plans may without your authorization use and/or disclose your PHI for the following purposes:

A. To Plan Sponsors

The Plans, which are separate legal entities, may disclose your PHI to Erie Indemnity Company, the Plan Sponsor of each of the Plans, to permit the Plan Sponsor to perform

plan administration functions. For example, the Plan Sponsor may contact the Plans’ TPAs regarding a Plan Participant’s question, concern, or issue regarding a claim, benefits, service, coverage, etc. The Plans may also disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about Plan Participants to the Plan Sponsor to assist it in auditing benefits, computing amounts due to TPAs under Administrative Service Agreements or to provide information necessary to decide whether to modify, amend or terminate plan benefits.

B. Required by Law

The Plans may use or disclose your PHI to the extent that federal or state law requires the use or disclosure. For example, the Plans must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining

whether the Plans are in compliance with federal privacy laws.

C. Public Health Activities

The Plans may use or disclose your PHI for public health activities that are permitted or required by law. For example, the Plans may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

D. Health Oversight Activities

The Plans may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with

civil rights laws.

E. Abuse or Neglect

The Plans may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

F. Legal Proceedings

The Plans may disclose your PHI: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once the Plans have met all administrative requirements of the HIPAA Privacy Rule. For example, the Plans may disclose your PHI in response to a subpoena for such information.

G. Law Enforcement

Under certain conditions, the Plans also may disclose your PHI to law

enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; or (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.

H. Coroners, Medical Examiners, Funeral Directors, and Organ Donation

The Plans may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Plans also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, the Plans may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

I. Research

The Plans may disclose your PHI to researchers when an institutional review board or privacy board has:

- (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

J. To Prevent a Serious Threat to Health or Safety

Consistent with applicable federal and state laws, the Plans may disclose your PHI if they believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

K. Military Activity and National Security, Protective Services

Under certain conditions, the Plans may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of

foreign military service, the Plans may disclose, in certain circumstances, your information to the foreign military authority. The Plans also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

L. Inmates

If you are an inmate of a correctional institution, the Plans may disclose your PHI to the correctional institution or to a law enforcement official for:

- (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

M. Workers' Compensation

The Plans may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related

injuries or illnesses.

N. Others Involved in Your Health Care

Unless you object, the Plans may disclose your PHI to a friend or family member that you have identified as being involved in your health care. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then the Plans may, using their professional judgment, determine whether the disclosure is in your best interest.

O. Health-Related Activities

The Plans may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. They may disclose your PHI to a business associate to assist the Plans with

these activities.

III. Required Disclosures of Your Protected Health Information

The following is a description of disclosures that the Plans are required by law to make:

A. Disclosures to the Secretary of the U.S. Department of Health and Human Services

The Plans are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plans' compliance with the HIPAA Privacy Rule.

B. Disclosures to You

The Plans are required to disclose to you most of your PHI that is in a "designated record set" when you request access to this information. Generally, a "designated record set" includes enrollment, payment, billing, claims adjudication and case or

medical management record systems maintained by or for a health plan, as well as other records that are used to make decisions about your health care benefits. The Plans also are required to provide, upon your request, an accounting of any disclosures of your PHI that are for reasons other than treatment, payment and health care operations.

IV. Other Uses and Disclosures of Your Protected Health Information

The Plans will disclose your PHI to an individual whom you have designated as your personal representative, or who is treated as your personal representative under applicable state law. You should provide the Plans with a written notice of anyone you have designated as your personal representative, together with any supporting documents such as a power of attorney.

Other uses and disclosures of your

PHI that are not described above, including uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI, will be made only with your written authorization.

If you provide the Plans with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI.

However, the revocation will not be effective for information that the Plans already have used or disclosed, relying on the authorization.

V. Your Individual Rights

The following is a description of your rights with respect to your PHI:

A. Right to Access

You have the right to look at or get copies of your PHI in a designated record set (see the definition of "designated record set" under Disclosures to You). However, you

may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that the Plans provide copies in a format other than photocopies. The Plans will use the format you request unless they cannot practicably do so. You must make a request in writing to obtain access to your PHI.

To inspect and/or copy your PHI, you may obtain a form to request access by contacting the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice. You may also request access by sending the Plans a letter to the address at the end of this Notice. The first request within a 12-month period will be free. If you request access to your designated record set more than once in a 12-month period, the Plans may charge you a reasonable, cost-based fee for responding to these additional requests. If you

request an alternative format, the Plans will charge a cost-based fee for providing your PHI in that format. If you prefer, the Plans will prepare a summary or an explanation of your PHI for a fee. Contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice for a full explanation of the Plans' fee structures.

The Plans may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by the Plan(s) will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, a denial will not be reviewable. If this event occurs, you will be informed that the decision is not reviewable. If the Plans do not maintain the health information, but

know where it is maintained, you will be informed of where to direct your request.

B. Right to an Accounting

You have a right to an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment or health care operations. You may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in situations similar to those listed in Section II above. You should know that most disclosures of PHI by the Plans will be for purposes of payment or health care operations.

An accounting will include the date(s) of the disclosure, to whom the disclosure was made, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by contacting the [Benefits Operations &](#)

[Planning Section](#) using the information listed at the end of this Notice. Your request may be for disclosures made up to six years before the date of your request, but in no event, for disclosures made before April 14, 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. If you request this list more than once in a 12-month period, the Plans may charge you a reasonable, cost-based fee for responding to these additional requests. Contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice for a full explanation of the Plans' fee structure.

Notwithstanding the foregoing, you may request an accounting of disclosures of any "electronic health record" (that is, an electronic record of health-related information about you that is created, gathered,

managed and consulted by authorized health care clinicians and staff), provided that you must submit your request and state a time period which may be no longer than three years prior to the date on which the accounting is requested. In the case of any electronic health record created on your behalf on or before January 1, 2009, this paragraph shall apply to disclosures made on or after January 1, 2014. In the case of any electronic health record created on your behalf after January 1, 2009, this paragraph shall apply to disclosures made on or after the later of January 1, 2011 or the date the Plans acquired the electronic health record.

C. Right to Request a Restriction

You have the right to request a restriction on the PHI the Plans may use or disclose about you for treatment, payment or health care operations. The Plans are not required to agree to these additional

restrictions, but if they do, they will abide by their agreement unless the information is needed to provide emergency treatment to you. Any agreement the Plans may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on their behalf. The Plans will not be bound unless this agreement is in writing.

You may request a restriction by contacting the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice. In your request indicate: (1) the information whose disclosure you want to limit; and (2) how you want to limit the Plans' use and/or disclosure of the information.

D. Right to Request Confidential Communications

If you believe that a disclosure of all or part of your PHI may endanger you, you have the right to request that the

Plans communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you may ask that the Plans contact you only at your work address or via your work e-mail. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. The Plans must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit the Plans to pay claims according to Plan terms, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice to request confidential communications.

E. Right to Request Amendment

If you believe that your PHI is incorrect or incomplete, you have the right to request an amendment to your PHI. Your request must be in writing, and it must explain why the information should be amended.

The Plans may deny your request if they did not create the information you want amended or for certain other reasons. If the Plans deny your request, they will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If the Plans accept your request to amend the information, they will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this

Notice to request an amendment.

F. Right to a Paper Copy of this Notice

If you receive this Notice by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice to obtain this Notice in written form.

VI. Breach Notification

Pursuant to changes to HIPAA required by the HITECH Act and ARRA, new federal breach notification requirements have been imposed on the Plans in the event that your "unsecured" PHI (as defined under the HITECH Act) is acquired by an unauthorized party.

Following the discovery of any "breach" of unsecured PHI, the Plans will respond as required by the HITECH Act and the accompanying regulations, by providing notice to you and others as required under the circumstances.

VII. Questions and Complaints

If you want more information about the Plans' privacy policies or practices or have questions or concerns, please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice.

If you are concerned that the Plans may have violated your privacy rights, or you disagree with a decision the Plans made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have the Plans communicate with you in confidence by alternative means or at an alternative location, you may complain to the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice.

You also may submit a written complaint to the U.S. Department of Health and Human Services. You will be provided with the address to file your complaint with the U.S.

Department of Health and Human Services upon request.

You will not be retaliated against in any way if you choose to file a complaint with the Plans or with the U.S. Department of Health and Human Services.

VIII. Contact Information

Erie Insurance Group Benefits

Department

Attn: Benefits Operations & Planning
Section

Telephone: 1.800.458.0811,
ext. 2080

Fax: 1.814.461.2893

Address: c/o Erie Indemnity
Company, 100 Erie Insurance Place,
Erie PA 16530