

# Notice of Privacy Practices for the Erie Indemnity Company Pre-Tax Payment 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"), as well as the regulations promulgated under these laws, require health plans, health care providers and health care clearinghouses to take a number of steps to protect personally identifiable health information.

Since the Erie Indemnity Company Pre-Tax Payment Plan (the "Plan") allows participants to establish medical reimbursement accounts, the

medical reimbursement accounts under the Plan are treated as a health plan under HIPAA.

The Plan has adopted privacy policies and procedures to protect the security and privacy of your PHI. "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 (including the 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.

This Notice describes the Plan's privacy practices, which includes how the Plan may use, disclose, collect, handle and protect Plan participants' PHI. The Plan is a party to an agreement with a Third Party Administrator ("TPA"). The TPA may use, disclose, collect and handle your protected health information in order to administer Plan benefits. The TPA is required to abide by the terms of the Notice.

The Plan is required to give you this Notice about its privacy practices, legal duties, and your rights as a Plan Participant concerning your PHI. The Notice describes how the Plan may use, disclose, collect, handle, and protect Plan participants' PHI. The Plan is 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 Plan replaces it.

The Plan is 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.

The Plan reserves the right to make changes to its privacy practices and to this Notice, and to apply the terms of the revised Notice to all PHI maintained by the Plan. 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 attempts to summarize 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.

## Uses and Disclosures of Protected Health Information

In order for the Plan to administer medical reimbursement accounts effectively, it 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, Health Care Operations and Treatment**

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

#### **Payment**

The Plan may use or disclose your PHI for activities that are included within the definition of "payment" as set out in the HIPAA Privacy Rule, such as processing claims for reimbursement from the medical reimbursement accounts.

**Example:** The Plan may use or disclose your PHI to reimburse you from your medical reimbursement account for out-of-pocket medical expenses incurred by you, your spouse or your covered dependent, or to determine whether an

out-of-pocket expense can be reimbursed from your medical reimbursement account.

### **Health Care Operations**

The Plan may use or disclose your PHI for activities that are included within the definition of “health care operations” as set out in the HIPAA Privacy Rule, such as Plan administration activities.

**Example:** The Plan may use or disclose your PHI to conduct an audit of the Plan to ensure that the Plan’s operations comply with Plan provisions.

### **Treatment**

The Plan may disclose your PHI to health care providers for activities that are included within the definition of “treatment” as set out in the HIPAA Privacy Rule.

**Example:** The Plan may disclose your PHI regarding prescriptions for which it has reimbursed you for out-of-pocket costs to your physician

so that your physician does not prescribe medications that have dangerous interactions with medications you are currently taking.

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

The Plan may also use and disclose PHI to business associates or other covered entities.

### **Business Associates**

In connection with its payment and health care operations activities, the Plan contracts with other entities (called “business associates”) to perform various functions on the Plan’s behalf or to provide certain types of services. For example, a Third Party Administrator (“TPA”) processes claims for reimbursement from medical reimbursement accounts, making the TPA a business associate of the Plan. To perform Plan functions or provide services to the Plan, a business associate will receive, create, maintain, use and/or disclose

PHI, but only after the Plan requires the business associate to agree in writing to contract terms designed to appropriately safeguard your information.

### **Other Covered Entities**

The Plan may use or disclose your PHI to assist other covered entities in connection with their treatment, payment or health care operations activities. For example, the Plan may disclose your PHI to another group health plan to ensure that you are not reimbursed for out-of-pocket medical expenses more than once.

## **C. Other Possible Uses and Disclosures of Your Protected Health Information**

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

### **To the Plan Sponsor**

The Plan may disclose your PHI to Erie Indemnity Company, the Plan sponsor, to permit Erie Indemnity Company to perform Plan administrative functions. For example, Erie Indemnity Company may contact the TPA of the Plan to assist a participant in resolving a claim. The Plan may also disclose PHI to assist the Plan Sponsor in auditing claims, or in determining amounts due to the TPA under the Administrative Services Agreement between the Plan sponsor and the TPA.

### **Required by Law**

The Plan may use or disclose your PHI to the extent that federal or state law requires such disclosure. For example, the Plan must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether the Plan is in compliance with federal privacy rules.

### **Public Health Activities**

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

### **To Health Oversight Agency**

The Plan may disclose your PHI to a health oversight agency for activities required by law, such as (i) audits; (ii) investigations; (iii) inspections; (iv) licensure or disciplinary actions; or (v) civil, administrative or criminal proceedings or actions.

### **Abuse or Neglect**

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

### **Legal Proceedings**

The Plan may disclose your PHI in the course of any judicial or administrative

proceeding or in response to an order of a court or administrative tribunal.

The Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process provided that certain requirements of the HIPAA Privacy Rule are met.

### **Law Enforcement**

Under certain conditions, the Plan may disclose your PHI to law enforcement officials. Disclosures to a law enforcement official may be:

- In response to a court order, summons, subpoena, warrant or similar document;
- To locate or identify a suspect, fugitive, missing person or material witness;
- About the victim of a crime if the victim's agreement cannot be obtained because of incapacity or other emergency situation;
- About criminal conduct; and
- About a death if the Plan suspects the death was the result of

criminal conduct.

**Coroners, Medical Examiners,  
Funeral Directors, and  
Organ Donation**

The Plan may disclose PHI to a coroner or medical examiner for the purpose 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 Plan may also disclose PHI to a funeral director so he can carry out his duties, provided the disclosure is consistent with applicable law.

Further, the Plan may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

**Research**

The Plan may disclose your PHI to researchers when an institutional review board or privacy board has both (i) reviewed the research proposal and established rules to ensure the privacy of the information; and (ii) approved the research.

**To Prevent a Serious Threat to  
Health or Safety**

Consistent with applicable federal and state laws, the Plan may disclose your PHI if it believes that (i) the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or (ii) the disclosure is necessary to identify or apprehend an individual who has either been a participant in a violent crime or escaped from jail or prison.

**Military and Veterans; National  
Security; Protective Services**

If you are a member of the Armed Forces, the Plan may, under certain conditions, disclose your PHI for activities deemed necessary by appropriate military command authorities. If you are a member of a foreign military service, the Plan may disclose your PHI to the appropriate foreign military authority if certain conditions are met. The Plan 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 foreign heads of state.

**Inmates**

If you are an inmate or are in the lawful custody of a law enforcement official, the Plan may disclose your PHI to the correctional facility or law enforcement official for: (i) the provision of healthcare to you; (ii) your health and safety, and the health and safety of others; (iii) law enforcement on the premises of the correctional facility; and (iv) the safety and security of the correctional facility.

**Workers Compensation**

The Plan may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

### **Others Involved in Your Health Care**

Unless you object, the Plan may disclose your PHI to a family member or friend that you have identified as being involved with your health care. The Plan may also disclose your PHI 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 are unable to agree or object due to incapacity, the Plan may, using its professional judgment, determine whether a disclosure is in your best interests.

### **Health-Related Activities**

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

## **D. Required Disclosures of Your Protected Health Information**

The following is a description of disclosures the Plan is required to make:

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

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

### **Disclosures to You**

The Plan is 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 Plan is also required to provide, upon your request, an accounting of disclosures of your PHI if the disclosure was for other than payment, health care operations or treatment, or was not disclosed pursuant to your written authorization.

## **E. Other Uses and Disclosures of Your Protected Health Information**

The Plan 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 Plan 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 Plan 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.

## 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, the Plan will not allow you to inspect or copy psychotherapy

notes or certain other information that may be contained in a designated record set.

You may request that the Plan provide copies in a format other than photocopies. The Plan will use a format you request unless it is not practicable for the Plan to do so. You must make a request in writing to obtain access to your PHI.

To inspect or obtain copies of your PHI, you should obtain a form to request access from the [Benefits Operations & Planning Section](#) by using the information at the end of this Notice. You may also request access by sending the Plan a letter to the address at the end of this Notice.

Your first request for access within a 12-month period is free. If you request access again within a 12-month period, the Plan may charge a reasonable, cost-based fee for responding to each additional request within the 12-month period. If you request copies in an alternative format, the Plan may charge a cost-based fee

for providing your PHI in that format.

If you prefer, the Plan will prepare a summary or an explanation of your PHI for a fee. Contact the [Benefits Operations & Planning Section](#) using the information at the end of this Notice to obtain a full explanation of the Plan's fee structure.

The Plan 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 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 Plan does not maintain the health information, but knows 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 payment, health care operations or treatment. 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 Other Possible Uses and Disclosures of Your PHI above. Most disclosures of PHI by the Plan will be for payment or health care operations.

An accounting will include the date of each 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 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, 2004. Your request should indicate in what form you want the list (for example, paper or electronic).

The first accounting you request within a 12-month period will be free. If you request any additional accountings from the Plan during the 12-month period, the Plan 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 Plan's 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 we acquired the electronic health record.

## **C. Right to Request a Restriction**

You have the right to request a restriction on the PHI the Plan may use or disclose for payment, health care operations or treatment. The Plan is not required to agree to any restriction, but if it does, the Plan will abide by its agreement unless the information is needed to provide emergency treatment to you. Any agreement that the Plan may make to a request for additional restrictions must be in writing signed by an



authorized Plan representative. The Plan will not be bound by any agreement that is not 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 you must include: (i) the information whose disclosure you want to limit; and (ii) how you want the Plan to limit the use or disclosure.

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

If you believe that the disclosure of all or a part of your PHI may endanger you, you may request the Plan to communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you might request that the Plan only contact you 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. The request should be made to the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice. The Plan must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit the Plan to reimburse claims according to the Plan's terms.

#### **E. Right to Request Amendment**

If you believe that your PHI is incorrect or incomplete, you may request an amendment to your PHI. Your request must be in writing and it must explain why your PHI must be amended. The request should be made to the Erie Insurance [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice.

The Plan may deny your request if the Plan did not create the information you want amended or for certain other reasons. If the Plan denies your

request, it will provide you with a written explanation of the reasons for the denial. You may respond with a statement of disagreement that will be appended to the information you wanted amended. If the Plan accepts your request to amend, it will make reasonable efforts to inform others of the amendment, including people you name, and to include the amendment in any future disclosures of that information.

#### **F. Right to a Paper Copy**

If you receive this Notice by electronic mail (e-mail), you are entitled to a copy in written form. Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice.

#### **Breach Notification**

Pursuant to changes to HIPAA required by the HITECH Act and ARRA, new federal breach notification requirements have been imposed on the Plan 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 Plan will respond as required by the HITECH Act and the accompanying regulations, by providing notice to you and others as required under the circumstances.

## Questions and Complaints

If you want more information about the Plan’s privacy policies or practices, or have questions or other concerns, please contact the [Benefits Operations & Planning Section](#) using the information listed below.

If you are concerned that the Plan 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 Plan communicate with you in confidence by alternative means or at an alternative location, you may complain to the Plan through the [Benefits Operations & Planning Section](#) using the information listed below.

You may also 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 Plan or the U.S. Department of Health and Human Services.

## 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
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