

Notice of Privacy Practices for the Erie Indemnity Company Work/Life Resources Program

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 Work/Life Resources Program (the

"Program") includes an employee assistance program that provides for counseling that may be classified as medical care under federal law, the employee assistance program under the Program is treated as a health plan under HIPAA.

The Program 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 Program), 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 Program's privacy practices, which includes how the Program may use, disclose, collect, handle and protect Program Participants' PHI. The Program 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 Program benefits. The TPA is required to abide by the

terms of the Notice.

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

The Program 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 Program 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 Program. 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 Program 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.

Program 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 Program to administer the employee assistance program effectively, it will collect, use and disclose PHI for certain Program activities, such as payment, health care operations and treatment.

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

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

Payment

The Program may use or disclose your PHI for activities that are included within the definition of "payment" as set out in the HIPAA Privacy Rule. Under the HIPAA Privacy Rule, an activity taken to determine whether you are covered

for benefits under the Program is a payment activity.

Example: The Program provides participants up to a specific number of counseling sessions per problem. The Program may use or disclose your PHI to determine whether a problem you present is a different problem, entitling you to additional counseling, or is the same problem you previously presented to the Program, which may cause you to be ineligible for additional counseling.

Health Care Operations

The Program 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 Program administration activities.

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

Treatment

The Program 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. The entity which performs the counseling services under the employee assistance program is a health care provider.

Example: If the Program receives a request from your physician, it may disclose your PHI regarding counseling treatment you have received under the employee assistance program. However, there are special rules which limit the disclosure of certain psychotherapy notes by the Program without your authorization.

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

The Program 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 Program may contract with other entities (called “business associates”) to perform various functions on the Program’s behalf or to provide certain types of services. For example, the Program could engage an accounting firm to perform a confidential audit of the Program’s operations, which would make the accounting firm a business associate of the Program. To perform Program functions or provide services to the Program, a business associate will receive, create, maintain, use and/or disclose PHI, but only after the Program requires the business associate to agree in writing to contract terms designed to appropriately safeguard your information.

Other Covered Entities

The Program may use or disclose your PHI to assist other covered entities in connection with their

payment or health care operations activities. For example, the Program may disclose your PHI to another group health plan to ensure that you are properly covered for expenses you incur under the other group health plan.

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 Program may without your authorization use or disclose your PHI for the following purposes:

To the Program Sponsor

The Program may disclose your PHI to Erie Indemnity Company, the Program Sponsor, to permit Erie Indemnity Company to perform Program administrative functions. For example, Erie Indemnity Company may contact the entity that provides the counseling services under the employee assistance program to

assist the participant in resolving a claim. The Program may also disclose PHI to assist the Program sponsor in deciding appeals of denied claims or in auditing the Program.

Required by Law

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

Public Health Activities

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

To Health Oversight Agency

The Program 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 Program 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 Program 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 Program 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 Program

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 Program suspects the death was the result of criminal conduct.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

The Program 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 Program 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 Program may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Research

The Program 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 Program 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 Program 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 Program may disclose your PHI to the appropriate foreign military authority if certain conditions are met. The Program 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 Program 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 Program 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 Program may disclose your PHI to a family member or friend that you have identified as being involved with your health care. The Program 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 Program may, using its professional judgment, determine whether a disclosure is in your best interests.

Health-Related Activities

The Program 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 Program may also disclose your PHI to a business associate to assist the Program with these activities.

D. Required Disclosures of Your Protected Health Information

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

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

The Program 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 Program or determining the Program's compliance with the HIPAA Privacy Rule.

Disclosures to You

The Program 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 Program 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 Program 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 Program 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 for marketing purposes, and disclosures that constitute a sale of PHI, will be made only with your written authorization.

If you provide the Program with your written authorization, you may later revoke that authorization in writing.

The revocation will be effective for any future uses and disclosures of PHI, but will not be effective for any information that the Program has already used or disclosed in reliance on your 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 Program 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 Program provide copies in a format other than

photocopies. The Program will use a format you request unless it is not practicable for the Program 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 Program 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 Program 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 Program may charge a cost-based fee for providing your PHI in that format. If you prefer, the Program 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 Program's fee structure.

The Program 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 Program 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 Program 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 Program 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. 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 Program during the 12-month period, the Program 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 Program'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 Program may use or disclose for payment, health care operations or treatment. The Program is not required to agree to any restriction, but if it does, the Program will abide by its agreement unless the information is needed to provide emergency treatment to you. Any agreement that the Program may make to a request for additional restrictions must be in writing signed by an authorized Program representative. The Program 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 Program 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 Program to communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you might request that the Program 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 Program must accommodate your request if it is reasonable and specifies the alternative means or location.

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

The Program may deny your request if the Program did not create the information you want amended or for certain other reasons. If the Program 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 Program 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 Program 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 Program 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 Program'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 Program may have violated your privacy rights, or you disagree with a decision the Program 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 Program communicate with you in confidence by alternative means or at an alternative location, you may complain to the Program 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 Program 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