

HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how your medical information may be used and disclosed, as well as how you can get access to this information. Please review it carefully.

This HIPAA Notice of Privacy Practices (the “Notice”) contains important information regarding your medical information. Our current Notice is posted at www.publicisconnections.com. You also have the right to receive a paper copy of this Notice and may ask us to give you a copy of this Notice at any time. If you received this Notice electronically, you are entitled to a paper copy of this Notice. If you have any questions about this Notice please contact the person listed in Part 9, below.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) imposes numerous requirements on employer health plans regarding how certain individually identifiable health information – known as protected health information or PHI – may be used and disclosed. This Notice describes how the Publicis Benefits Connection Group Medical and Prescription Drug Plan, the Publicis Benefits Connection Group Dental Plan, the Publicis Benefits Connection Group Vision Plan, and the Publicis Benefits Connection Flexible Spending Account Plan (collectively, the “Plans”), and any third party that assists in the administration of the Plans, may use and disclose your protected health information for treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information. “Protected health information” is information that is maintained or transmitted by the Plans, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure or request of it. We may create a record of the health care claims reimbursed under Flexible Spending Accounts for the Plans’ administration purposes. This Notice applies to all of the medical records we maintain.

For any insured benefits, our insurers’ Notices of Privacy Practices will apply, except for the limited medical information the Plans may receive and maintain from you when you ask us to assist you in a claims processing or benefit determination dispute, information related to your enrollment or disenrollment in the Plans and certain summary health information. This Notice will only apply to a Plan to the extent it has medical information related to you.

Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information.

- We are required by law to maintain the privacy and security of your protected health information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

It is important to note that these rules apply to the Plans, not MMS USA Holdings, Inc. or its affiliates as an employer.

How We May Use And Disclose Medical Information About You

HIPAA generally permits use and disclosure of your health information without your permission for purposes of health care treatment, payment activities and health care operations. These uses and disclosures are more fully described below. Please note that this Notice does not list every use or disclosure, instead it gives examples of the most common uses and disclosures.

- **Treatment:** We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

- **Payment:** We can use and disclose your health information as we pay for your health services.

Example: We share information about you to coordinate payment for your dental work.

- **Health Care Operations:** We can use and disclose your information to run our organization and contact you when necessary or we can disclose your health information to the health plan sponsor for plan administration.

Example: We use health information about you to develop better services for you.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

We will always try to ensure that the medical information used or disclosed will be limited to a “Designated Record Set” and to the “Minimum Necessary” standard, including a “limited data set,” as defined in HIPAA and ARRA (as defined in Part 4, below) for these purposes. We may also contact you to provide information about treatment options or alternatives or other health-related benefits and services that may be of interest to you.

Other Permitted Uses and Disclosures

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and disclosures other than those described in this Notice will require your written authorization. Your written authorization is required for: most uses and disclosures of psychotherapy notes; uses and disclosures of PHI for marketing purposes; and disclosures that are a sale of PHI. You may revoke your authorization at any time, but you cannot revoke your authorization if the Plans have already acted on it. The privacy laws of a particular state or other federal laws might impose a stricter privacy standard. If these stricter laws apply and are not superseded by federal preemption rules under the Employee Retirement Income Security Act of 1974, the Plans will comply with the stricter law.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your benefits under the Plans.

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. A copy or summary of your health and claims records will usually be provided within 30 days of the request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. 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.

Your 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 Plans.

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 any of the following information:

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

Any denial will generally be provided within 60 days of the request.

Your Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” (that is, a list of certain disclosures the Plans have made of your health information). Generally, you may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in similar situations as those listed above as “Other permitted uses and disclosures.” You do not have a right to an accounting of disclosures where disclosure was made:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted disclosures
- Where authorization was provided
- To family or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a limited data set where the information disclosed excludes identifying information

To request this list or accounting of disclosures, you must include a time period for the accounting/list (no longer than six years prior to the date of the request). 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.

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.

Your 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 that you had.

We are not required to agree to your request. If the Plans do agree to a request, a restriction may later be terminated by your written request, by agreement between you and the Plans (including orally), or unilaterally by the Plans for health information created or received after the Plans have notified you that they have removed the restrictions and for emergency treatment.

To request restrictions, you must make your request in writing and must tell us the following information:

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- 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, or to send mail to a different address.

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 Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

You must make any of the requests described above, to the person listed in Part 9, below.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Breach Notification

Pursuant to changes to HIPAA required by the Health Information Technology for Economic and Clinical Health Act of 2009 and its implementing regulations (collectively, “the HITECH Act”) under the American Recovery and Reinvestment Act of 2009 (“ARRA”), this Notice also reflects federal breach notification requirements imposed on the Plans in the event that your “unsecured” protected health information (as defined under the HITECH Act) is acquired by an unauthorized party.

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. Furthermore, we will notify you following the discovery of any

“breach” of your unsecured protected health information as defined in the HITECH Act (the “Notice of Breach”). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by e-mail if you have previously agreed to receive notices electronically. If the breach involves:

10 or more individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute individual Notice of Breach by either posting the notice on the benefits web site on a company intranet for at least 90 days or by providing the notice in major print or broadcast media where the affected individuals likely reside.

Less than 10 individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute Notice of Breach by an alternative form.

Your Notice of Breach will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and will include, to the extent possible:

- A description of the breach
- A description of the types of information that were involved in the breach
- The steps you should take to protect yourself from potential harm
- A brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches
- Our relevant contact information

Additionally, for any substitute Notice of Breach provided via web posting or major print or broadcast media, the Notice of Breach will include a toll-free number for you to contact us to determine if your protected health information was involved in the breach.

Changes To This Notice

We can change the terms of this Notice at any time. If we do, the new terms and policies will be effective for all of the medical information we already have about you as well as any information we receive in the future. We will send you a copy of the revised notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plans or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plans, contact the person listed in Part 9, below. To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

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 grant 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 may be required to retain our records related to your benefit determinations and enrollment.

Effective Date

The effective date of this Notice is September 1, 2022

Contact Information

All correspondences relating to the contents of this Notice should be directed as follows:

Re:Sources USA Legal Department
Attn: Robert Vyverberg
35 West Whacker Drive
Chicago, Illinois 60601