THE PROCTER & GAMBLE COMPANY

HIPAA PRIVACY RESPONSE TO REQUEST FOR

AMENDMENT OF DESIGNATED RECORDS

PLAN'S RESPONSE

The Procter & Gamble Company and its subsidiaries (collectively, the "Company") sponsor certain self-insured group health plans in the United States (collectively, the "Plan").

On _____ [*date*], the Plan received the above-stated request for amendment of Protected Health Information ("PHI"). As of _____ [*date no later than sixty (60) days following date of receipt*], the Plan takes the following action with respect to your request:

☐ Grants all or part of your request. Specifically, the Plan <u>will take</u> the following requested action(s) _____ .

Please notify the Plan in writing of all persons or entities, and their addresses, to which you would like notification of this change to be sent _____ .

☐ Denies all or part of your request. Specifically, the Plan <u>will not take</u> the following requested action(s) _____ ,

based on the following reasons:

☐ The information was not created by the Plan;
☐ The information is not part of your Designated Record Set;
☐ The information is accurate and complete;
☐ Under HIPAA, you are restricted from accessing or amending this information; or
☐ Other _____ .

☐ Additional pages attached.

You have the right to contest this denial of amendment by the Plan by submitting a written statement of disagreement to the Privacy Official of the Plan at the address below. Even if you do not submit a statement of disagreement, you may request in writing to the Privacy Official at the address below that the Plan include your written request for amendment and the Plan's denial thereof with any future disclosures of that information. You also have the right to file a complaint about your denial to the Plan or to the Office of Civil Rights, U. S.

Department of Health and Human Services. **Please contact the Plan's Privacy Official at pgprivacyofficer.im@pg.com to learn about the applicable complaint procedures.**

☐ Requests a thirty (30) day extension of time within which to respond to your request for the following reason(s)_____

_____

_____

The Plan will act on your request by _____ [*date no later than ninety (90) days following date of receipt*].

[Plan]

By: _____

Its: _____

Date: _____