

EFFECTIVE DATE: 6/1/2022

SOUTH BOSTON ON-SITE MEDICAL PLAN

HIPAA NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices ("Notice") describes the legal obligations of the South Boston On-Site Medical Plan ("OSMP" or "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your protected health information may be used and disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. HIPAA requires the Plan to provide this Notice to you.

The HIPAA Privacy Rule protects certain medical information known as "protected health information." Under HIPAA, protected health information is 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 in its role as a sponsor of a group health plan, that relates to (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you. For purposes of this Notice, we will refer to your protected health information as either "medical information about you" or "your medical information."

If you have any questions about this Notice or about the Plan's privacy practices, please contact the OSMP Manager.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. Protecting medical information about you is important to us. This Notice applies to all of the records of your care generated and maintained by OSMP containing your medical information, whether made by health care professionals or other personnel.¹

We are required under HIPAA to:

- maintain the privacy of medical information about you;

¹ Note that the services provided under the OSMP are provided at the same location as the *Vibrant Living Health Center* at the South Boston World Shaving Headquarters. The services provided by the *Vibrant Living Health Center* (e.g., first aid, occupational screenings, emergency care) are not covered by this Notice. This Notice pertains to primary and preventative care services you receive under the OSMP. However, The Procter and Gamble Company also takes care to protect the confidentiality of your information that is used/received by the *Vibrant Living Health Center* outside of the OSMP. For more information about the *Vibrant Living Health Center's* maintenance of your private information, please refer to the Company's Employee Privacy Policy.

- give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- notify you following a breach of unsecured medical information about you, and
- follow the terms of the notice that is currently in effect.

This Notice is a summary of our duties and your rights under the HIPAA Privacy Rule. If a state enacts legislation or imposes standards that provide you with additional rights or protections, we will comply with the additional state requirements. If you have any questions, please contact the OSMP Manager.

Who Will Follow This Notice

All employees, staff and other personnel who may need access to your medical information follow the terms of this Notice.

How We May Use and Disclose Medical Information About You

Under HIPAA, the Plan may use or disclose your medical information under certain circumstances without your permission. We (including third-party administrators) may use and disclose your medical information for treatment, payment and health care operations, as described below.

For Treatment. The Plan may use or disclose medical information about you to facilitate medical treatment or services by health care providers, including doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. For example, the Plan might disclose information about your health to another of your health care providers.

For Payment. The Plan may use or disclose medical information about you to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may inform your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. The Plan may also share medical information about you with a utilization review or precertification service provider. Likewise, the Plan may share medical information about you with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health care Operations. The Plan may use and disclose medical information about you for other Plan operations that are necessary to run the Plan. For example, the Plan may use your medical information in connection with conducting quality assessment and improvement activities; underwriting (subject to certain limitations as described below), premium rating, and other activities relating to Plan 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 Plan administrative activities.

We are also allowed or required to share your medical information, without your authorization, in certain situations or when certain conditions have been met, as described below. ***Health-Related Benefits and Services.*** We may use and disclose medical information about you to tell you about health-related benefits or services under the Plan that may be of interest to you.

As Required By Law. The Plan may disclose medical information about you when required to do so by federal, state or local law. For example, the Plan may disclose your medical information when required by national security laws or public health disclosure laws.

HHS. The Plan may be required to disclose medical information about you to the Secretary of the Department of Health and Human Services if the Secretary is investigating or determining whether the Plan has complied with the HIPAA Privacy Rule.

To Avert a Serious Threat to Health or Safety. The Plan may use and disclose medical information about you to help with public health and safety issues when we are required or permitted to do so, including to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Plan may disclose your medical information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For purposes of administering the Plan, the Plan may disclose medical information about you to certain employees of the Company. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your medical information cannot be used for employment purposes without your specific authorization.

To Business Associates. We may enter into contracts with individuals and entities known as Business Associates that perform services for us. Our Business Associates may need access to your medical information to perform these services. Our Business Associates are required by law and their agreements with us to appropriately safeguard the medical information they receive in connection with providing their services.

Special Situations

In addition to the above, the following categories describe other possible ways that the Plan may use and disclose your medical information without your authorization.

Organ and Tissue Donation. If you are an organ donor, the Plan may release medical information about you to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ bank, as necessary to facilitate organ or tissue donation or transplantation.

Military and Veterans. If you are a member of the armed forces, the Plan may release medical information about you as required by military command authorities. The Plan may also release medical information about you to foreign military authorities if you are a member of that foreign military.

Correctional Institutions. If you become an inmate of a correctional institution, the Plan may release medical information about you to such institution, when necessary for your health or the health and safety of others.

Workers' Compensation. The Plan may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. The Plan may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. The Plan may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. The Plan may disclose medical information about you in response to a court order, administrative order, subpoena, discovery request, or other lawful procedure, if you are involved in the lawsuit or dispute. The Plan will only disclose your medical information if efforts have been made to inform you about the request or to obtain a protective order with respect to your medical information.

Law Enforcement. The Plan may disclose medical information about you if asked to do so by a law enforcement official (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime, if under certain limited circumstances, you are the victim and the Plan is unable to obtain your agreement; (4) about a death that the Plan believes may be the result of criminal conduct; or (5) about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. The Plan may release medical information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release medical information about you to a funeral director, as necessary to carry out the director's duties.

National Security and Intelligence Activities. The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Research. The Plan may disclose medical information about you to researchers, when individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Personal Representatives. The Plan will disclose medical information about you to individuals you have authorized or individuals designated as your personal representative, attorney-in-fact, etc., so long as you provide the Plan with a written authorization and any supporting documents (such as a power of attorney). However, the Plan is not required to disclose information to a personal representative if the Plan reasonably believes that (1) you have been or may be subject to domestic violence, abuse, or neglect by such person, or (2) treating such person as your personal representative could endanger you, or (3) in the exercise of professional judgment, the Plan decides that it is in your best interests not to treat such person as your personal representative.

Spouses and Other Family Members. The Plan will send all mail related to all covered individuals to an employee, except for limited circumstances. However, if a covered individual requests restrictions or confidential communications (see below) and the Plan has agreed to such request, the Plan will send mail in accordance with such request.

Underwriting. We may use or disclose medical information about you for underwriting purposes, but we are prohibited from using or disclosing any genetic information about you for such purposes.

Authorizations

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to the Plan will be made only with your written authorization. If you provide the Plan with written authorization to use or disclose medical information about you (for a purpose that requires that authorization), you may revoke that authorization, in writing, at any time. If you revoke your authorization, thereafter the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, the revocation is only effective with regard to future uses and disclosures. The Plan is unable to undo any uses or disclosures that were made before such revocation.

The Plan will not use or disclose medical information about you without a written authorization from you in the following specific situations:

Psychotherapy Notes. The Plan will not use or disclose psychotherapy notes about you without a written authorization, unless (a) the disclosure is to the originator of the notes for treatment purposes, (b) the use or disclosure is to defend the Plan in a legal action or proceeding brought by you, (c) the use or disclosure is required by the Secretary of the Department of Health and Human Services, or (d) the use or disclosure is permitted because the disclosure is (i) required by law, (ii) to a health oversight agency for oversight activities authorized by law related to the originator of the notes, (iii) to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause

of death, or other duties as authorized by law, or (iv) to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, where such disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Marketing. The Plan will not use or disclose medical information about you for marketing purposes without a written authorization, unless the communication is (a) a face-to-face communication by the Plan to you, or (b) a promotional gift of nominal value from the Plan to you. Further, the Plan will not receive financial remuneration from a third party with respect to any marketing unless your authorization states that remuneration is involved.

Sale. The Plan will not sell medical information about you without a written authorization that includes a statement that such disclosure will result in remuneration to the Plan.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information about you:

Right to Access. You have the right to inspect and obtain a copy of medical information that we maintain about you in certain records maintained by the Plan. The Plan is required to disclose to you medical information contained in your medical records; billing records; enrollment, payment, claims adjudication, and case or medical management record systems; and any other records used to make decisions regarding your health care benefits.

To inspect and obtain a copy of your medical information, you must submit a written request to the Plan's third-party administrator or your insurance carrier listed in the Summary Plan Descriptions or Summary of Material Modifications. If you request a copy of your medical information, a reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request.

Your request to inspect and copy may be denied in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a request to the P&G Policy Committee.

P&G Policy Committee
c/o Assistant Secretary
Corporate Secretary's Office
P&G Plaza, C9-159
Cincinnati, OH 45202

Right to Amend. If you believe that the Plan's medical information about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the third-party administrator or your insurance carrier listed in the Summary Plan Descriptions or Summary of Material Modifications. In addition, you must provide a reason that supports your request.

Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if you ask to amend medical information that:

- was not created by the Plan, unless you provide a reasonable basis to believe that the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by the Plan;
- is not part of the medical information which you would be permitted to inspect and copy; or
- is already accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement with the Plan's decision, and we may give a rebuttal to your statement.

Right to an Accounting of Disclosures. For most disclosures of your medical information other than those specified below, you have the right to request an accounting of the disclosures we made in the six years prior to the date of your request. An accounting of disclosures will not include (1) disclosures made for purposes of treatment, payment, or health care operations; (2) disclosures made directly to you; (3) disclosures made pursuant to your written authorization; (4) disclosures made to friends or family involved in your care, in your presence or because of an emergency; (5) disclosures for national security purposes; or (6) disclosures incidental to otherwise permissible disclosures. The right to receive an accounting of disclosures of your medical information is subject to certain other exceptions, restrictions, and limitations.

To request an accounting of disclosures, you must submit your request in writing to the third-party administrator or your insurance carrier listed in the Summary Plan Descriptions or Summary of Material Modifications. Your request must state a time period that may not be longer than six years prior to the date of your request. The first accounting you request within a 12-month period will be provided free of charge, but you will be charged for the cost of providing additional accountings within that time period. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions on Certain Uses and Disclosures. You have the right to request that the Plan restrict certain uses and disclosures of your medical information for treatment, payment, or health care operations. You also have the right to request that the Plan limit the medical information about you that the Plan discloses to someone who is involved in your care or the payment for your care, like a family member or friend.

Except as provided in the next paragraph, the Plan is not required to agree to your request. If the Plan agrees to your request, the Plan will comply with your request until you revoke it or we notify you that we no longer agree to such restriction or limitation.

The Plan will comply with a restriction request if the disclosure of your medical information is (1) to another health plan and is for the purpose of carrying out payment or health care operations (but not treatment), (2) not otherwise required by law, and (3) pertains

solely to a health care item or service for which you, or a person on your behalf, has paid out-of-pocket in full.

To request such restrictions, you must make your request in writing to the third-party administrator or your insurance carrier listed in the Summary Plan Descriptions or Summary of Material Modifications. In your request, you must state (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) 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 the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the third-party administrator or your insurance carrier listed in the Summary Plan Descriptions or Summary of Material Modifications. The Plan will not ask you for the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your medical information could endanger you.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please request one in writing from the OSMP Manager.

Changes to this Notice

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed Notice effective for medical information that the Plan already has about you as well as any medical information about you the Plan receives in the future. The Plan will post a copy of the current Notice on our website, at <https://pgone.sharepoint.com/sites/boston/pages/default.aspx> <https://www5.lifeatworkportal.com/portal60/home#/portal/view/HOME>

The effective date of the Notice will be listed on the first page of the Notice.

Complaints

If you have questions or would like additional information about our privacy practices, you may contact the Plan's Privacy Official by sending an email to corporateprivacy.im@pg.com. If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the Healthcare Benefits Manager, at:

Healthcare Benefits Manager
South Boston Medical Plan
c/o U.S. Healthcare Benefits
The Procter & Gamble Company
2 P&G Plaza, TE-3, Box 4A

Cincinnati, OH 45202

If you are an active employee, you also may file a complaint with the Plan's Privacy Official by sending an email to pgprivacyofficer.im@pg.com. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Plan or the Secretary of the United States Department of Health and Human Services.

Privacy Official

The Global Privacy Officer of The Procter & Gamble Company is the Privacy Official for the Plan. Please check www.pg.com/privacy for more information.

Contact Information

OSMP Manager

South Boston Medical Plan
The Gillette Company
One Gillette Park, Mail Stop 1Y9
South Boston, MA 02127
Phone: 617-463-2222
Fax: 617-463-4122

Healthcare Benefits Manager

South Boston Medical Plan
c/o U.S. Healthcare Benefits
The Procter & Gamble Company
2 P&G Plaza, TE-3, Box 4A
Cincinnati, OH 45202

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I, _____, hereby acknowledge that, on the date written below, I received a copy of the South Boston On-Site Medical Plan's HIPAA Notice of Privacy Practices.

Signature of Participant (or Authorized Representative)

Date

Name (Please Print)

Relationship to Participant (if Authorized Representative)