

THE PROCTER & GAMBLE COMPANY

HIPAA PRIVACY

RESPONSE TO REQUEST FOR ACCESS TO 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 access to Protected Health Information ("PHI"). As of _____ [date no later than thirty (30) 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 will take the following requested action(s) _____.

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

_____, based on the following reason(s):

☐ The information is not part of your designated record set.

☐ Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you are restricted from accessing this information because it falls within one of the following categories:

- ☐ psychotherapy notes;
- ☐ information compiled for civil, criminal, or administrative actions;
- ☐ it is subject to the Clinical Laboratory Improvements Amendments of 1988;
- ☐ regards inmates at correctional institutions;
- ☐ it was created during the course of research and, as you were previously advised, your rights to access the information have been temporarily suspended until _____ [date or event rights reinstated];
- ☐ it is subject to the Federal Privacy Act (5 U.S.C. § 552(a)); or
- ☐ was not created by the Plan and was received under a seal of confidentiality
- ☐ allowed uses that do not need to be disclosed.

You have no right to contest a denial of access by the Plan if based on any of the above-stated reasons.

☐ Access is denied in the discretion of the Plan in the health and safety interests of the individual to which the information pertains or another third party. You have the right to

have this denial of access reviewed by a licensed healthcare professional designated by the Plan who did not participate in the original denial of your request by submitting a written statement to the Plan requesting a review of the denial. You also have the right to file a complaint about your denial to us or to the Office of Civil Rights, U. S. Department of Health and Human Services. Please contact the Plan's Privacy Official at

to learn about the applicable complaint procedures.

☐ other _____

☐ additional pages attached.

☐ The Plan does not maintain the protected health information that is the subject of your request. The information is maintained by, and you should direct your request for access to: _____

☐ 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 sixty (60) days following date of receipt].

[PLAN]

By: _____

Its: _____

Date: _____

A COPY OF THIS DOCUMENT SHALL BE PROVIDED TO THE PARTICIPANT OR BENEFICIARY TO WHOM THE INFORMATION IN THIS REQUEST PERTAINS.

Please direct questions regarding this form or the applicable complaint procedures to:

Band III Director, NA Health & Wellness, My P&G Services & US Benefits Delivery

2 P&G Plaza GO TE3 Cincinnati OH 45201

If related to South Boston On-Site Medical Plan: to the Band III Director Boston Site Medical
Leader

OSMP Manager, South Boston Medical Plan, The Gillette Company, One Gillette Park, Mail Stop
1Y9 South Boston, MA 02127