

**October 2018**

Dear CenturyLink Health Care Plan or CenturyLink Retiree and Inactive Health Plan Participant:

The privacy rules under the Health Insurance Portability and Accountability Act (“HIPAA”) require the CenturyLink Health Care Plan and the CenturyLink Retiree and Inactive Health Plan, (the “Plan”), to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that Notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (“PHI”) and how the Plan may use and disclose PHI. PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form. For your convenience, we have provided you with the full Privacy Notice as stated below.

**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.**

#### **General Information About This Notice**

#### **Privacy Officer Designation/Contact Information**

Linda Gardner is the designated Privacy Officer. The Privacy Officer has designated the HIPAA Compliance Committee or its designee to answer any questions regarding this Notice or the subject addressed in it. Please forward inquiries to the:

#### **HIPAA Compliance Committee**

CenturyLink, Inc.  
600 New Century Pkwy, Floor 01  
New Century, KS 66031

-or-

E-Mail: [askHIPAA@centurylink.com](mailto:askHIPAA@centurylink.com)

-or-

Call the CenturyLink Integrity Line at **800-333-8938**. Select Option 1 (Personal Health information or HIPAA issues)

This Notice relates to the use and disclosure of your medical information by the Plan maintained by CenturyLink, Inc.

The term “Plan” as used in this Notice means only the portions of this plan that provide group health benefits

(for example, medical, dental, vision, employee assistance and medical expenses reimbursement).

The Plan continues its commitment to maintaining the confidentiality of your medical information for the purpose of your Plan coverage. This Notice describes the Plan’s legal duties and privacy practices with respect to that information. This Notice also describes your rights and the Plan’s obligations regarding the use and disclosure of your medical information. Your personal doctor or health care provider may have different policies or notices regarding the doctor’s or health care provider’s use and disclosure of your health information created in the doctor’s or health care provider’s office or clinic.

This Notice applies to:

- The portions of the Plan listed above that provide group health benefits;
- Any CenturyLink employee, retiree, or other individuals acting on behalf of the Plan; and
- Third parties performing services for the Plan.

The Plan is required by law to:

- Follow the terms of the Notice that are currently in effect;
- Provide you with specific information about your rights with respect to your medical information;
- Maintain the privacy of your medical information;
- Give you this Notice of the Plan’s legal duties and privacy practices with respect to medical information about you.
- Notify you if there is a breach of your unsecured PHI.
- Notify you that it does not discriminate based on race, color, national origin, sex, age, or disability.

#### **Plan Use and Disclosure of Your Medical Information**

The Plan is required by law to maintain the privacy of your PHI. PHI is any information that identifies you, such as your name or address, paired with medical information such as:

- your past, present or future physical or mental health or condition; or
- the provision of health care to you; or
- the past, present or future payment for the provision of health care.

The Plan may use your PHI in certain ways that are described below in more detail. If PHI is intended to be used or disclosed by the Plan for underwriting purposes, be advised that the Plan will not use or disclose an individual’s genetic information for such purposes.

#### **Use or Disclosure for Treatment**

The Plan may use and disclose your PHI to others to facilitate your medical treatment, which includes the provision, coordination, or management of your health care and can include consultation between one or more of your providers. For example, the Plan may disclose information regarding your prior prescriptions to a pharmacist to determine if a pending prescription will conflict with a prior prescription. For these purposes, the Plan may disclose information to business associates of the Plan.

#### **Use or disclosure for Payment**

The Plan may use and disclose your PHI to others, such as a Business Associate, so that the Plan can facilitate proper payment for treatment and services provided to you. This includes, but is not limited to, making coverage determinations, claims management, subrogation and recovery, reviews for medical necessity and appropriateness of care, utilization and preauthorization reviews. For example, the Plan may use your PHI to determine your benefit eligibility or coverage level, to pay a health care provider for your medical treatment or to reimburse you for your direct payment to a health care provider. The Plan may tell a health care provider or Business Associate whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

#### **Use or disclosure for Health Care Operations**

The Plan may use and disclose your PHI to the extent necessary to administer and maintain the Plan. For example, the Plan may use your PHI in the process of negotiating contracts with third party carriers, such as HMOs and provider networks, for legal services, for internal audits (including fraud and abuse compliance programs) business planning, or for the cost management purposes. For these purposes, the Plan may disclose your PHI to business associates of the Plan.

#### **Disclosure to CenturyLink**

With respect to your Plan coverage, the Plan may use and disclose your PHI to CenturyLink as permitted or required by the Plan documents or as required by law. Certain employees of CenturyLink who perform administrative functions for the Plan may use and disclose your PHI for Plan administration purposes. Any PHI disclosure to CenturyLink by the Plan for other than plan administration purposes will require your written authorization. At no time will PHI be disclosed to CenturyLink for employment-related actions or decisions, except for drug and alcohol test results under certain circumstances.

#### **Disclosures to family, close friends or designated individual**

Under certain circumstances, and as permitted by law, the Plan may release to a family member, other relative, or

someone who is involved in your health care or payment for your care, PHI that is directly relevant to their involvement. Upon your death, the Plan may disclose such PHI to a family member, other relative, or other person involved in your care or payment for health care prior to your death, unless doing so is inconsistent with your known, expressed preference.

#### **Special Situations**

The following are examples of when the Plan may disclose your PHI without your written authorization (this list is not exhaustive and there may be other situations when it would be necessary to disclose PHI that are not addressed here):

##### **Required by law**

The Plan may disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in litigation, such as a malpractice action.

##### **Public health risks**

The Plan may use or disclose your PHI for public health reasons. These reasons may include the following:

- Prevention or control of disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify individuals of recalls of medications or products they may be using; and
- 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.

##### **Victims of abuse, neglect or domestic violence**

As permitted or required by law, the Plan may disclose your PHI to an appropriate government authority if the Plan reasonably believes you are the victim of abuse, neglect or domestic violence. If the conduct does not involve a child, the Plan will make this disclosure only if the victim agrees or when required or authorized by law.

##### **To avert a serious threat to health or safety**

The Plan may use and disclose your PHI when necessary 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 reasonably believed to be able to help prevent the threat.

For example, we may disclose your PHI in a proceeding regarding the licensure of a physician. The Plan may also release medical information about you to authorized government officials for purposes of public health or safety.

#### **Health oversight activities**

As authorized by law, the Plan may disclose your PHI to health oversight agencies. Such disclosure could occur during audits, investigations, inspections, licensure, and other government monitoring and activities related to health care provision or public benefits or services.

#### **Law Enforcement, Judicial proceedings, lawsuits, and disputes**

The Plan may disclose your PHI in response to a court or administrative tribunal order, subpoena, warrant, summons or other lawful process, provided that the Plan discloses only the PHI expressly authorized by such legal process.

If you are involved in a lawsuit or a dispute, the Plan may disclose your PHI when responding to a subpoena, discovery request or other lawful process where there is no court or administrative tribunal order. Under these circumstances, the Plan will require satisfactory assurance from the party seeking your PHI that such party has made reasonable effort either to ensure that you have been given notice of the request or to secure a qualified protective order.

#### **National security and intelligence activities**

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

#### **Military and veterans**

If you are or were a member of the armed forces, the Plan may release your PHI as required by military command authorities. The Plan may also release PHI about foreign military personnel to the appropriate authority.

#### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Plan may disclose your PHI to the institution or officer. This may happen, for instance, if the institution needs to provide you with health care, to protect your health or safety or the health and safety of others or to protect the safety and security of the correctional institution.

#### **Organ, eye and tissue donation**

The Plan may release your PHI to an organization that handles organ procurement or organ, eye or tissue

transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation. This may happen, for instance, if you are an organ donor or are seeking an organ transplant.

#### **Coroners, medical examiners and funeral directors**

Upon your death, the Plan may release your PHI to a coroner or medical examiner for purposes of identifying you or to determine a cause of death, and to funeral directors as necessary to carry out their duties.

#### **Workers' Compensation and Disability Plan**

The Plan may release your PHI to comply with Worker's Compensation or similar programs, such as the Disability Plan.

#### **Your Written Authorization**

Generally, the Plan must have your written authorization to use or disclose your PHI in circumstances not covered by this Notice or the laws that apply to the Plan. For example, the following require your valid authorization prior to the use or disclosure of your PHI:

- **Psychotherapy notes**  
The Plan must have your written authorization for many uses or disclosure of any psychotherapy notes.
- **Marketing**  
We are required to advise that the Plan must have your written authorization for any use or disclosure of PHI for marketing; however, the Plan does not use PHI for marketing.
- **Sale of Protected Health Information**  
We are required to advise that the Plan must have your written authorization for any disclosure for the sale of your PHI; however, the Plan does not sell PHI.

If you provide the Plan with authorization to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. However, you must understand that the Plan is unable to take back any disclosures already made based on your prior authorization.

#### **Your Rights**

You have the following rights regarding your PHI maintained by the Plan:

##### **Right to request a restriction**

You have the right to request a restriction or limitation on the Plan use or disclosure of your PHI for treatment, payment or health care operations purposes. You also have the right to request a limit on the type of PHI the

Plan disclosed about you to someone who is involved in your care or the payment of your care. For example, you may ask the Plan not to disclose your PHI to a certain family member or you may ask the Plan to limit your PHI provided to a large case manager who is assigned to you. In most cases, the Plan is not required to agree to your request. If the Plan does agree, the Plan will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions on the use and disclosure of your PHI, you must complete and submit a written request to the HIPAA Compliance Committee or its designee (e.g. a claims administrator such as United Healthcare or HighMark). Your written request must specify the following:

- The information you want to limit;
- Whether you want the Plan to limit the use, disclosure, or both; and
- To whom you want the restrictions to apply.

#### **Right to receive confidential communications**

You have the right to request that the Plan communicate with you about your PHI in a certain manner or at a certain location. For example, you may request that the Plan contact you only at work and not at home, or the Plan send written correspondence to a post office box.

To request a specific manner to receive confidential communications, you must complete and submit a written request to HIPAA Compliance Committee or its designee (e.g. a claims administrator such as United Healthcare or HighMark). The Plan will accommodate all reasonable requests if you clearly state that you are requesting the confidential communication because you feel that disclosure could endanger you. Your request must specify how or where you wish to be contacted.

#### **Right to inspect and copy documents containing PHI**

In most cases, you have a right to inspect and obtain a copy of your PHI contained in “designated record set,” for as long as the Plan maintains the PHI.

“Designated Record Set” includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses, and not used to make decisions about individuals, is not in the Designated Record Set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single

30-day extension is automatically allowed if the Plan is unable to comply with the 30-day deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to PHI should be made in writing to the HIPAA Compliance Committee or its designee (e.g. a claims administrator such as United Healthcare or HighMark). A reasonable, cost-based fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial and a description of how you may complain to the HIPAA Compliance Committee or the Secretary of the U.S. Department of Health and Human Services.

#### **Right to amend your PHI**

You have the right to request the Plan to amend your PHI or a record about you in a Designated Record Set for as long as the PHI is maintained in the Designated Record Set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is automatically allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have the statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a Designated Record Set should be made to the HIPAA Compliance Committee or its designee (e.g. a claims administrator such as United Healthcare or HighMark). You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set and provide the reasons in support of an amendment to your PHI.

#### **Right to receive an accounting of disclosures of your PHI**

You have the right to request a list of the disclosures of your PHI the Plan has made about you, subject to certain exceptions. For example, the accounting need not include PHI disclosures made:

- To carry out treatment, payment or health care operations; or
- To individuals about their own PHI; or
- Based on your own authorization; or
- Due to emergency; or

- Disclosures incident to other permissible or required disclosures.

To receive an accounting of disclosures, you must submit a written request to the HIPAA Compliance Committee or its designee (e.g. a claims administrator such as United Healthcare or HighMark). Your request must include the following:

- The time period for the accounting, which may not be longer than 6 years prior to the request but may be for a shorter time; and
- The form (i.e., electronic, paper, etc.) in which you would like the accounting.

Your first request within a 12-month period will be free. The Plan may charge you a reasonable, cost-based fee for providing you any additional accounting. The Plan will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any costs.

If the accounting cannot be provided within 60 days, a single 30-day extension is automatically allowed if the Plan is unable to comply with the deadline.

#### **Right to receive a paper copy of the Notice**

You have the right to receive a paper copy of this Notice, even if you previously agreed to receive this Notice electronically.

To receive a paper copy, you must submit a written request to the HIPAA Compliance Committee. Active employees may also obtain a copy of the Notice on the Company Intranet.

#### **Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action on your behalf. Proof of such authority may take one of the following forms:

- The power of attorney for health care purposes notarized by a Notary Public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. The Plan also retains discretion to deny access

to a parent to PHI of a minor child where permitted by law.

#### **Filing a Complaint Against the Plan**

If you believe your rights have been violated, you may file a written complaint with the Plan. The written complaint should contain a brief description of how you believe your rights have been violated. You should attach any documents or evidence that supports your belief, along with the Plan Notice of Privacy Practices provided to you, or the date of such Notice. The Plan takes complaints very seriously. You will not be retaliated against for filing such a complaint. Please call the CenturyLink Integrity Line at **800-333-8938** and select Option 1 (Personal Health information or HIPAA issues) for additional information. Please send all written complaints to:

HIPAA Compliance Committee  
CenturyLink, Inc.  
600 New Century Parkway, Floor 1  
New Century, KS 66031

-or-

E-mail: [askHIPAA@centurylink.com](mailto:askHIPAA@centurylink.com)

You may also file complaints with the United States Department of Health and Human Services, which may be contacted at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
**800-368-1019**

The Plan will not retaliate against you for filing a complaint.

#### **Additional Information About this Notice**

##### **Changes to this Notice**

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

This notice has been in effect and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, or if the Plan needs to amend this Notice due to changes in its operation, then this Notice will be amended, and an updated Notice will be made available to you. Any revised version of this Notice will be distributed



and made available on Company Intranet (for active employees) within 60 days of the effective date of any material change to the Plan or other privacy practices stated in this Notice.

**No guarantee of employment**

Nothing contained in this Notice shall be construed as a contract of employment between CenturyLink and any employee, nor as a right of any employee to be continued in the employment of CenturyLink nor as a limitation of the right of CenturyLink to discharge any of its employees, with or without cause.

**No change to Plan**

Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Plan. You should refer to the Plan documents, including your summary plan description and summaries of material modifications, for complete information regarding any rights or obligations you may have under the Plan.

**IMPORTANT INFORMATION IF YOU NEED ASSISTANCE:**

**If you have a disability and require assistance with accessing this Notice or your PHI, the Plan will provide timely assistance to you free of charge. Contact the CenturyLink Service Center at 800-729-7526.**

**Timely help is available, free of charge:**

In Chinese if you live in San Francisco County, CA. Please call **800-729-7526**.

如果您居住在加州旧金山，可以获得中文协助。请于**800-729-7526**。

In Tagalog if you live in Aleutians West Census Area and Aleutians East Borough Counties in AK. Please call **800-729-7526**.

Mayroong makukuhang tulong sa Tagalog kung ikaw ay nakatira sa Aleutians West Census Area at sa Aleutians East Borough Counties sa AK. Pakitawagan. Please call **800-729-7526**.

In Navajo if you live in Apache County, AZ, McKinley County, NM and San Juan County, UT. Please call **800-729-7526**.

Tah dine'keh ji' yahti gho shi'ka a'dol wol niin ziin gho' Dziil ghaa ii beh woo'ji ha'ghii (Apache County, AZ), Hoozdoh ji doo, Yooto' altsi'gho ha'da'haasdzoo', ghii, (McKinley County, NM and San Juan County, UT), ee 'dii koh'ji' Ho'diil ni. Please call **800-729-7526**.

In Spanish. Please call **800-729-7526**.

Se ofrece ayuda en español. Por favor, llame al. Please call **800-729-7526**.