

## FCA US LLC HEALTH CARE PROGRAM 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.**

The FCA US LLC Health Care Plans and the employees who support the Plans (defined below) are required by law to maintain the privacy of your protected health information and to provide you with this Notice pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Plans may use or disclose protected health information about you to pay health care related claims and for day-to-day administrative purposes. Access to protected health information is restricted to those who need access to such information to perform their duties.

### **The Plans' Obligations**

The Plans are required to:

- Maintain the privacy of protected health information;
- Provide you with this Notice of Privacy Practices explaining the Plan's legal duties and privacy practices with respect to your protected health information;
- Abide by the terms of this Notice as currently in effect;
- Notify you if a Plan is unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate protected health information by alternative means or at alternative locations; and
- Accommodate your request for an accounting of disclosures.
- Maintain the privacy of health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- The Plans are required to mitigate any breach of privacy regarding your health information.
- In the event of any breach of the privacy of your health information, the Plans are required to notify you.

The Plans reserve the right to change a privacy practice and the terms of this Notice and to make the new notice effective for all protected health information. Revised notices will be

made available to you in writing as required.

### **Your Health Information Rights**

Provided that your request is in writing to the HIPAA Coordinator (see Contact Information), you have the right to:

- Request a restriction on certain uses and disclosures of your information. The Plans are not required to agree to a requested restriction except where a disclosure is for payment purposes and you have paid your provider in full for a service;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health records (i.e., health information that we maintain about you), including an electronic copy, within the designated record set; The Plans reserve the right to impose a nominal fee for copying costs, mailing, and preparation of your health information.
- Request that your health record be amended;
- Request confidential communications of your protected health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your protected health information.
- In the event the Plans choose to contact you for purposes of fundraising, you will be given the opportunity to opt out of such fundraising communications.

### **How the Plans May Use or Disclose Your Health Information**

Unless otherwise permitted by law, the Plans generally cannot disclose your health information to anyone or use your health information for any purpose not expressly authorized by you in writing. However, the law recognizes that obtaining written authorization for certain types of disclosures and uses of your health information would prove impractical or unduly cumbersome. The Plans do not need your written permission

to disclose and use your health information for the following reasons:

For Payment - The Plans may use and disclose your protected health information to pay claims associated with treatment and services that you receive by virtue of your enrollment in the plans. Such purposes include, but are not limited to, eligibility, claims management, pre-certification or pre-authorization, medical review, utilization review, risk adjustment of payments, billing, and subrogation. For example, information about you may be used to pay a doctor's bill for services rendered by that doctor while treating you.

For Health Care Operations - The Plans may use and disclose health information about you for day-to-day plan operations. Such purposes include, but are not limited to, business management and administration, business planning and developments, cost management, customer service, enrollment, underwriting, premium rating, care management, case management, legal services, audit functions, fraud and abuse detection, performance evaluation, professional training, provider credentialing, due diligence, formulary development, and quality assurance or other quality initiatives. For example, to project future benefit costs, handle claims appeals or audit the accuracy of the claims processing performed by a third party administrator. The Plans may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, generic prescription drug substitutions.

For Treatment - The Plans may use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.

Plan Sponsor - The Plans may disclose health information to the Plan Sponsor as

long as the Plan Sponsor complies with the certification requirements and utilizes this information for legitimate business purposes.

**Business Associates.** The Plans can disclose your health information to a third party (a “Business Associate”) for purposes of plan administration as it relates to payment and health care operations. For example, third-party administrators, auditors, attorneys, consultants, and payroll processors are considered our Business Associates. All Business Associates must enter contracts agreeing to safeguard the confidentiality of your health information received from the Plans.

**Required by Law -** The Plans may use or disclose health information about you as required by state and federal law. For example, the Plans may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information regarding victims of abuse, neglect, or domestic violence;
- To assist law enforcement officials in the performance of their law enforcement duties; and
- To comply with laws and regulations related to Workers’ Compensation.

**Other Uses -** The following types of uses and disclosures generally will not apply to the Plans, however, as part of the regulations we are required to include them in this Notice.

**Public Health –** Your protected health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities in the prevention or control of disease, injury, or disability, or for other activities relating to public health. Your protected health information may be disclosed to avert a serious threat to the health or safety of yourself or any other person pursuant to applicable law.

**Governmental Functions –** Your protected health information may be disclosed to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized. Also, when appropriate conditions apply, protected

health information of individuals who are armed forces personnel may be disclosed when required to do so.

**Decedents –** Protected health information may be disclosed to funeral directors or coroners in order to enable them to carry out their lawful duties.

**Organ/Tissue Donation –** Your protected health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Research –** Your protected health information may be used for research purposes provided that an Institutional Review Board or privacy board (1) approves the waiver of the individual authorization and (2) has reviewed the research proposal and established protocols to ensure the privacy of the information; and (3) approved the research.

**Other uses and disclosures will be made only with your prior written authorization.** You may revoke this authorization except to the extent the Plan has already made a disclosure in reliance on such authorization. In particular, your express written authorization almost always is required in these situations:

**Psychotherapy Notes.** The Plans must receive your authorization in most cases before releasing PHI involving your psychotherapist notes taken during mental health sessions, except when in connection with a legal action or other proceeding brought by the person who is the subject of the notes.

**Marketing Purposes.** The Plans generally must receive your authorization before using or disclosing your health information for certain marketing purposes.

**Sale of Health Information.** The Plans must receive your authorization when the use or disclosure of your health information constitutes a sale of your health information.

#### **No Change to Plans**

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 Plans. You should refer to the Plan documents for complete information

regarding any rights or obligations you may have under the Plans.

#### **Complaints**

You may file a complaint with the FCA US LLC Business Practices Office and/or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated (see Contact Information below). You will not be retaliated against for filing such a complaint.

#### **Contact Information**

If you need additional information, please contact:

HIPAA Coordinator  
FCA US LLC  
1000 Chrysler Drive  
CIMS 485-07-26  
Auburn Hills, MI 48326

For complaints about use or disclosure of health information please send written correspondence to:

FCA US LLC  
Business Practices Offices  
1000 Chrysler Drive  
CIMS 485-02-12  
Auburn Hills, MI 48326

#### **Plans**

Today, the Plans include the following FCA US LLC Health Care Plans (however this list may change from time to time):

FCA US LLC Health Care Benefits Plan for Represented Employees;

FCA US LLC Health Care Benefits Plan for Represented Retirees;

FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Employees; and FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees.

Participants who select long-term care coverage or choose to receive benefits through a health maintenance organization (HMO) will receive a Notice related to those benefits directly from those insurers.

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