

EAGLES LAKE RESERVE, INC

NOTICE OF PRIVACY PRACTICES

THIS INFORMATION 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 is provided to you on behalf of Eagles Lake Reserve, Inc. (the "Employer") and relates to following employee welfare benefit plan options sponsored by Silvi Concrete Products, Inc. (the "Plan Sponsor") in which employees of the Employer participate: medical, dental, vision, and health FSA.

Effective Date of Notice

This Notice is effective 1/1/2022.

General Information

Individually identifiable information about your past, present, or future health or condition (including genetic information), the provision of health care to you, or payment for the health care is considered "Protected Health Information" or "PHI". The Plan is required by the Health Insurance Portability and Accountability Act of 1996 and its regulations (the "Law") to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices with respect to PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan will abide by the terms of the Notice currently in effect, but it reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. You will be notified about the changes and the availability of a revised Notice, or a revised Notice will be delivered to you, at least 60 days prior to the date that it will become effective.

The Plan is required by law to tell you:

- The Plan's uses and disclosures of your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person to contact for further information about the Plan's privacy practices.

Notice of PHI Uses and Disclosures

The Plan will use and disclose your PHI as follows:

- Upon your request, the Plan will give you access to your PHI so that you can look at or copy it.
- The Plan may be required by the Secretary of the Department of Health and Human Services to disclose your PHI in connection with an investigation to determine the Plan's compliance with the privacy regulations.
- The Plan, the Employer and any business associates may use or disclose your PHI to carry out claims payment activities and healthcare operations. The Plan will also disclose your PHI to the Plan Sponsor and/or the Employer related to claims payment activities and healthcare operations. The Plan Sponsor has amended its plan documents to protect your PHI as required by law. For example, the Plan or a business associate may tell your doctor whether you are eligible for coverage and the limits on your coverage.
- The Plan may disclose your PHI to the Plan Sponsor or the Employer for obtaining premium bids or modifying, amending or terminating the Plan. The Plan may disclose only summary information. Summary information does not include any information that has been determined under the Law to be capable of identifying you in any way. Genetic information includes information about your genetic tests, the genetic tests of your family members, the manifestation of a disease or disorder in your family or any request for or receipt of genetic services or participation in clinical research by you or a family member.

THE PLAN IS PROHIBITED FROM USING PHI THAT IS GENETIC INFORMATION FOR UNDERWRITING PURPOSES.

- The Plan may disclose your PHI as required by law, including disclosures about victims of abuse, neglect or domestic violence (but then must inform you (with certain exceptions) that the disclosure has been made), disclosures for law enforcement purposes, and disclosures for judicial or administrative proceedings.
- The Plan may disclose your PHI for public health activities for the purpose of preventing or controlling disease, injury or disability.
- The Plan may disclose your PHI to a coroner, medical examiner, or a funeral director for the purpose of performing their duties as authorized by law.
- The Plan may use or disclose your PHI when it believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, but only to someone who can prevent or lessen the threat.
- The Plan may disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- Except as otherwise indicated in this Notice, the Plan will disclose your PHI only with your written authorization and subject to your right to revoke that authorization.

The Plan's Duties with respect to Use and Disclosure of your PHI

The Plan will use and disclose (and will request disclosure of) only the minimum amount of PHI about you as needed under the circumstances, taking into consideration any practical and technological limitations. This requirement does not apply when disclosing information to a provider for treatment, when disclosing information to you or at your request, when disclosing information to the Secretary of the Department of Health and Human Services, or when disclosing information that is required by law or regulations.

This Notice does not apply to information that does not identify you, or for which there is no reason to believe that it can be used to identify you.

The Plan's Duty to Notify you in the Event of Breach

In the event that the Plan's PHI is unsecured based on standards set by the DHHS, the Plan will notify you within 60 days of the date of discovery of any breach of your PHI or the date that there is reason to believe that there has been a breach of your PHI. A breach does not include a disclosure where there is a low probability that the PHI has been compromised. The Plan will determine this based on the following factors: (1) the nature and extent of the PHI involved including the possibility of re-identification; (2) the unauthorized person who used the PHI or to whom the disclosure was made; (3) whether the PHI was actually acquired or viewed; and (4) the extent to which the risk to the PHI was mitigated. The notice will include the circumstances of the breach, the date of the breach, the date of discovery of the breach, the type of information involved, steps you should take to protect yourself, steps that the Plan is taking to mitigate the harm and protect against future breaches.

Your Rights

The Law provides you with the following rights with respect to your PHI that the Plan and its business associates or subcontractors maintain:

- **Right to Request Restrictions.** You have the right to request restrictions on our uses and disclosures of PHI. You may request that we limit disclosures of your PHI only for our payment or healthcare operations and to certain individuals. However, we are not required to agree to your request. We will accommodate reasonable requests to receive communications by alternative means or at alternative locations.
- **Right to Inspect and Copy.** You have the right to inspect and copy the PHI that the Plan maintains or to receive an electronic copy. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if it is maintained off site. We may request a 30-day extension of this time frame but will notify you if we elect the extension and will provide you with the reason. If we deny you access to your PHI, we will provide you with a written denial, which will include the reason for the denial along with other relevant information.
- **Right to Request Amendment.** You have the right to request that we amend your PHI. Within 60 days of receiving your request we will respond. We may request an additional 30-day extension, but if we do this we will explain our reasons. If we deny your request, we will provide you with a written denial that clearly explains why

we denied it. You will then be given the opportunity to give us a statement of disagreement. We will include your statement with the PHI that is the subject of your request.

- Right to Receive an Accounting. You have the right to receive a list of our disclosures of your PHI, except for those disclosures that are made in connection with claims payment or our health care operations. We will also not include any disclosures we have made to you or at your request, or any disclosures made prior to April 14, 2004. We will provide you with the list within 60-days after we receive your request, except that we may request a 30-day extension. If you request more than one accounting within a 12-month period, we will charge you a reasonable fee for each subsequent request.
- Copy of Notice. You have the right to receive a copy of this Notice upon request.

In order to exercise any of these rights, you will be required to complete a form that we will provide to you upon request. All requests should be made to the individual contact shown at the end of this Notice.

Complaints

If you feel that your privacy rights as described in this Notice have been violated, you may complain to the Plan as described under Contact Information, below. You may also file a complaint with the Department of Health and Human Services at the Office for Civil Rights:

Online at: ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Or print out the Health Information Privacy Complaint Form Package at: <https://www.hhs.gov/sites/default/files/ocr-60-day-frn-hip-complaint-form-508r-11302022.pdf>

and email the completed complaint and consent form to OCRComplaint@hhs.gov

or mail it to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue,
S.W. Room 509F HHH Bldg.
Washington, DC 20201

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

Contact Information

Silvi Concrete Products, Inc.
355 Newbold Rd
Fairless Hills, PA 19030