

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY
ACT OF 1996 (“HIPAA”) PRIVACY RULES**

**NOTICE OF PRIVACY PRACTICES
OF THE NRECA GROUP BENEFITS PROGRAM
AS REVISED, EFFECTIVE APRIL 14, 2009**

**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 PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

Protecting The Privacy of Your Health Information

This Notice of Privacy Practices (“Notice”) describes the privacy practices of the **NRECA Group Benefits Program** (the “Plan”). The Notice is required by HIPAA and is intended to describe how the Plan will protect your health information that is created or received by the Plan. This Notice also describes the ways in which the Plan may use and disclose your health information, your rights relative to such health information, and the obligations that the Plan has regarding the use and disclosure of your health information.

The Plan provides health benefits to the eligible employees/retirees of the **National Rural Electric Cooperative Association** (the “Plan Sponsor”) and their eligible dependents as well as to the eligible employees/retirees and their dependents of the Plan’s participating employers.

The Plan’s Privacy Obligations

The Plan is required by federal law and applicable state law to protect the privacy of individually identifiable health information about you that it creates or receives (“your Protected Health Information”) and to provide you with this Notice of its legal duties and privacy practices. When the Plan uses or discloses your Protected Health Information (“PHI”), it is required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure).

How the Plan May Use and Disclose Your Health Information

I. Uses and Disclosures With Your Written Authorization

The Plan may use or disclose your PHI to others for any purpose other than the purposes described in Section II below, only when you give the Plan your authorization on its Authorization Form. You may revoke your authorization, except to the extent the Plan has taken action in reliance on it, by delivering a written Revocation Notice to the Plan's Privacy Officer identified below. You may obtain a copy of both the Authorization Form and the Revocation Notice from your benefits administrator and submit the completed form to the Privacy Officer.

II. Uses and Disclosures Without Your Written Authorization

The Plan may use and disclose your PHI to others without your written authorization for the following purposes:

A. Treatment. The Plan may disclose your PHI to your health care providers for the provision, coordination, or management of your health care and related services — for example, for managing your health care with the Plan or for referring you to another provider for care.

B. Payment. The Plan may use and disclose your PHI to obtain payment for your coverage and to determine and fulfill the Plan's responsibility to provide health benefits — for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. The Plan also may disclose your PHI to another health plan or a health care provider for its payment activities — for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

C. Health Care Operations. The Plan may use and disclose your PHI for its health care operations — for example, to do business planning, arrange for medical review and conduct quality assessment and improvement activities. The Plan also may disclose your PHI to another health plan or a health care provider that has or had a relationship with you for it to conduct quality assessment and improvement activities; accreditation, certification, licensing, or credentialing activities; or for the purpose of health care fraud and abuse detection or compliance — for example, for the other health plan to perform case management or evaluate health care provider performance, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills. The Plan may further disclose your PHI to its business associates, with respect to certain services permitted through written agreements, for the purpose of conducting disease management services, including population-based activities related to improving health and reducing health care costs – for example, to identify the relative prevalence among Plan participants of major chronic conditions like diabetes; case management and care coordination – for example, to identify you as someone who may benefit from the services of a health coach because you potentially are facing a significant medical decision or experiencing gaps in effective clinical care; and contacting participants with information about treatment alternatives or other health related benefits and services that may be of interest to them – for example, to identify you as someone who may benefit from information provided via mail, e-mail or telephone by a disease management program regarding a particular health condition like asthma.

D. To Comply with the Law. The Plan may use and disclose your PHI to the extent required to comply with applicable law.

E. Disclosures to Your Employer Sponsoring Your Health Plan. The Plan may disclose your PHI to certain employees or other individuals under the control of the Plan Sponsor as necessary for them to carry out the Plan Sponsor's responsibilities to administer Plan payment and health care operations activities. The Plan Sponsor is not permitted to use your PHI disclosed by or on behalf of the Plan for any other purpose. The Plan documents identify by position and job code the specific employees or other individuals under the control of the Plan Sponsor who are authorized to have access to or receive your PHI for the purpose of administering the Plan.

F. Public Health Activities. The Plan may disclose your PHI for the following public health activities and purposes: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports; (3) to report information about a product or activity under the jurisdiction of the U.S. Food and Drug Administration to a person who has responsibility for activities related to the quality, safety or effectiveness of such FDA-regulated product or activity; and (4) to alert a person who may have been exposed to a communicable disease if the Plan is authorized by law to give such notice.

G. Health Oversight Activities. The Plan may disclose your PHI to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid, or other regulatory programs for which health information is necessary for determining compliance.

H. Judicial and Administrative Proceedings. The Plan may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

I. Law Enforcement Officials. The Plan may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.

J. Health or Safety. The Plan may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

K. Specialized Government Functions. The Plan may disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

L. Workers' Compensation. The Plan may disclose your PHI as necessary to comply with workers' compensation laws.

Your Rights Regarding Your Health Information

Right to Request Additional Restrictions. You may request restrictions on the Plan's use and disclosure of your PHI for payment and health care operations in addition to those explained in this Notice. While the Plan will consider all requests for additional restrictions carefully, it is not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a Request for Restriction on Use and Disclosure of PHI Form from your benefits administrator and submit the completed form to the Privacy Officer. You will be given a written response to your request.

Right to Receive Confidential Communications. The Plan will accommodate any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations if the request clearly states that disclosure of that information could endanger you. Please obtain a Request for Confidential Communication of PHI Form from your benefits administrator and submit the completed form to the Privacy Officer.

Right to Inspect and Copy Your Protected Health Information. You may request access to the Plan's records that contain your PHI in order to inspect and request copies of the records. Under limited circumstances, the Plan may deny you access to a portion of your records. If you desire access to your records, please obtain a PHI Access Request Form from your benefits administrator and submit the completed form to the Privacy Officer. If you request copies, the Plan may charge you copying and mailing costs and will inform you of such costs in advance.

Right to Amend Your Records. You have the right to request that the Plan amend your PHI maintained in the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for the Plan and any other records used by or for the Plan to make decisions about individuals. To make such a request, please obtain a Request for Amendment of PHI Form from your benefits administrator and submit the completed form to the Privacy Officer. The Plan will comply with your request unless special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you must contact that provider to amend the information.

Right to Receive An Accounting of Disclosures. You may obtain an accounting of certain disclosures of your PHI made by the Plan on or after April 14, 2003, excluding disclosures made earlier than six years before the date of your request. You may obtain a Group Health Plan Accounting Request Form from your benefits administrator and submit the completed form to the Privacy Officer. If you request an accounting more than once during a twelve (12) month period, the Plan may charge you a reasonable fee for the second and any subsequent accounting statements. The accounting will not include disclosures of your PHI made in accordance with federal law; to carry out treatment, payment or health care operations activities; to you; pursuant to your written authorization; for national security or intelligence purposes; or to correctional institutions or law enforcement officials.

Right to Receive Paper Copy of this Notice. Upon request made in writing to the Privacy Officer, you may obtain a paper copy of this Notice.

Personal Representatives. You may exercise your rights through a personal representative who will be required by the Plan to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized medical power of attorney, a court order of appointment of the person as your legal guardian or conservator, or if you are the parent of a minor child. The Plan reserves the right to deny access to your personal representative. To make such a request, please obtain a Personal Representative of an Individual Form from your benefits administrator and submit the completed form and applicable legal document to the Privacy Officer.

For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that the Plan has violated your privacy rights or disagree with a decision that the Plan made about access to your PHI, you may contact the Plan's Privacy Officer by mail or electronically. You may also file a written complaint, either by mail or electronically with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. The Plan will not retaliate against you if you file a complaint with it or the Secretary.

Effective Date and Duration of This Notice

Effective Date. This Notice, as revised, is effective on April 14, 2009.

Right to Change Terms of this Notice. The Plan may change the terms of this Notice at any time. If the Plan changes this Notice, it may make the new Notice terms effective for all of your PHI that it maintains, including any information created or received prior to issuing the new Notice. If the Plan changes this Notice, it will send the new Notice to you if you are covered by the Plan as of the date of the change. You may also obtain any new Notice by contacting the Privacy Officer or your benefits administrator.

Limitation on Applicability of Notice. This Notice does not apply to information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for its purposes of obtaining premium bids or modifying, amending or terminating the Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Plan Sponsor provides benefits under the Plan and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Plan and Plan Sponsor may also use or disclose eligibility and enrollment information without your authorization.

Privacy Officer's Contact Information

You may contact the Privacy Officer as well as submit forms described in this Notice to:

Privacy Officer
NRECA
4301 Wilson Blvd., MAS9-118
Arlington, VA 22203-1860
Telephone: (703) 907-6601
Fax: (703) 907-6602
E-mail: privacyofficer@nreca.coop