

# 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.

## Who Will Follow This Notice

This notice describes the legal obligations of the ConocoPhillips Medical and Dental Assistance Plan (“Medical Plan”) and the ConocoPhillips Flexible Spending Plan (“Flex Plan”) and the ConocoPhillips Employee Assistance Plan (“EAP”), ( individually, called a “Plan” and collectively, “the Plans”), under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individuals enrolled in Aetna International will receive a separate Privacy Notice from the insurance company.

***We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.***

## Our Pledge Regarding Medical Information

ConocoPhillips Company makes available medical and dental coverage through a number of different options. The Medical Plan has been designated by the Plan Sponsor as part of an Organized Health Care Association along with the Flex Plan and the EAP in order to share certain information, such as lifetime maximums, deductibles, enrollment from one plan into another plan or similar circumstance.

ConocoPhillips Company and the administrators of the Plans (hereinafter referred to as “we”) understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health claims reimbursed under the Plans for plan administration purposes. This notice applies to all medical records we maintain under the Plans. Your personal doctor or health care provider may have different policies and notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic. The Plans are required by law to:

- Maintain the privacy of your Protected Health Information (“PHI”);
- Provide you a copy of the Plan’s uses and disclosures of PHI;
- Provide you with certain rights with respect to your PHI;
- Inform you of your right to file a complaint with the respective Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- Inform you of the person or office to contact for further information about the respective Plan’s privacy practices.

The term PHI includes all individually identifiable health information created, collected or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan, that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past present or future payment for the provision of health care to you.

## **Section 1. Notice of PHI Uses and Disclosures**

### ***Required PHI Uses and Disclosures***

Upon your request, each Plan is required to disclose to you certain PHI in order to inspect and copy it. We are also required, upon request, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operation, and if the PHI was not disclosed pursuant to your individual authorization.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the respective Plan's compliance with the HIPAA privacy regulations.

### ***Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations.***

As permitted by law, the Plans and their respective Business Associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Plans will also disclose PHI to the Plan Sponsor, ConocoPhillips Company, for purposes related to treatment, payment and health care operations. The Plan Sponsor has amended the respective Plan document to protect your PHI as required by federal law. All of the ways we are permitted to use and disclose information will fall into one of the below-described categories.

*Treatment* is the provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Plans may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

*Payment* includes but is not limited to actions to determine eligibility, make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorization). For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plans.

*Health Care Operations* are uses and disclosures that are necessary to run the Plans. They include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general Plan administrative activities. The Plan is prohibited from using or disclosing PHI that is genetic information about an individual for underwriting purposes.

*Business Associates.* The Plans may contract with individuals or entities to perform various functions on the Plans' behalf or to provide certain types of services. To perform these functions, the Business Associate will receive, create, and maintain your PHI, but only after, the Business Associate agrees in writing with the Plan to implement appropriate safeguards regarding protection of your PHI. These uses and disclosures are necessary to administer each Plan. For example, the Plan may give your information to a Business Associate to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing, but only after the Business Associate enters into a Business Associate Agreement with Plan.

*As Required By Law.* The Plans will disclose PHI about you when required to do so by federal, state or local law. For example, the Plans may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

*To Avert a Serious Threat to Health or Safety.* When consistent with applicable law and standards of ethical conduct if the Plans, in good faith, believe 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 and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat. For example, the Plans may disclose your PHI in a complaint proceeding regarding the licensure of a physician.

*To Plan Sponsor.* PHI may be disclosed to certain employees of the Plan Sponsor but solely for purposes of administering benefits under the Plans or as otherwise required by HIPAA. Your PHI cannot be used for employment purposes without your specific authorization. In addition, PHI may be disclosed to personnel in the HR Shared Services organization and the Centers of Excellence (COE) US Benefits of ConocoPhillips Company solely for purposes of administering benefits under the Plans or as otherwise allowed by HIPAA, unless you have authorized further disclosures.

### ***Special Situations***

In addition to the above, the following categories describe other possible ways that the Plan may use or disclose your PHI. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

*Organ and Tissue Donation.* If you are an organ donor, the Plans may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

*Military and Veterans.* If you are a member of the armed forces, the Plans may release PHI about you as required by military command authorities. The Plans may also release PHI about foreign military personnel to the appropriate foreign military authority.

*Workers' Compensation.* The Plans may release PHI about you to the extent necessary to comply with Workers' Compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

*Public Health Risks.* The Plans may disclose PHI about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition;
- to notify the appropriate government authority if the Plan believes a Participant has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.
- to notify a school of proof of immunization related to an individual who is a student or prospective student of the school.

*Health Oversight Activities.* The Plans may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, the Plans may disclose PHI about you in response to a court or administrative order. The Plans may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

*Law Enforcement.* The Plans may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, the Plans are unable to obtain the victim's agreement;
- about a death if the Plan believes the death may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

*Coroners, Medical Examiners and Funeral Directors.* The Plans may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plans may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

*National Security and Intelligence Activities.* The Plans may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

*Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans may disclose PHI about you to the correctional institution or law enforcement official. This disclosure must be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

*Research.* The Plan may disclose your PHI to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

### ***Other Disclosures***

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

- a 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 Plans retain 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 or it is not in your best interest to treat the person as your personal representative. This also applies to personal representatives of a minor.

*Spouses and Family Members.* With only limited exception, the Plan will send all mail to the attention of the employee. This includes mail relating to the employee's spouse and other family member who are covered under the Plan, and includes mail with information on the use of Plan benefits by the spouse and other family members. If a person covered under the Plan has requested Restrictions or confidential communications (see below under Rights of Individuals), and the Plan agrees to the request, the Plan will send mail as provided by the request.

*Authorizations.* Other uses and disclosures of your PHI not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your revocation.

## **Section 2. Rights of Individuals**

### ***Right to Request Restrictions on PHI Uses and Disclosures***

You may request each Plan to restrict or limit the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care.

However, the applicable Plan is not required to agree to your request except as provided below. If the Plan does agree to the request, the restriction will stand until you revoke it or until the Plan notifies you.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to the Contact Person listed at the end of this notice.

### ***Right to Inspect and Copy PHI***

You have the right to inspect and obtain a copy of certain PHI that may be used to make decisions about your health care benefits. To inspect and copy your PHI, you must submit your request in writing to the Privacy Officer.

The requested information will be provided within thirty (30) days if the information is maintained on site or within sixty (60) days if the information is maintained off site. A single thirty (30) day extension is allowed if the Plan is unable to comply with the deadline.

The Plan has the right to charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

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

## ***Right to Amend PHI***

If you feel that the PHI the Plan has about you is incorrect or incomplete, you may request that the Plans 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 Plans have sixty (60) days after the request is made to act on the request. A single thirty (30) day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or part, the respective 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 that statement included with any future disclosures of your PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI of your designated record set. You must provide a reason to support your request for amendment.

Requests for amendment of PHI in a designated record set should be made to the Contact Person listed at the end of this notice and should contain the reason you wish to amend the PHI.

The Plan has the right to refuse an amendment if it does not include the reason you wish to amend the PHI or if you ask the Plan to amend information that:

- is not part of the information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect or copy; or
- is already accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

## ***The Right to Receive an Accounting of PHI Disclosures***

You have the right to request an accounting of certain disclosures of your PHI. The accounting will not include: (1) disclosures for the purpose to carry out treatment, payment or health care operations; (2) disclosures to individuals about their own PHI; (3) disclosures made to friends or family in your presence or because of an emergency; (4) based on your own written authorization; or (5) disclosures for national security purposes; (6) disclosures made incidental to otherwise permissible disclosures.

If the accounting cannot be provided within sixty (60) days, an additional thirty (30) days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a twelve (12) month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

Requests for an accounting of disclosures by the Plans of your PHI must be made in writing to the Contact Person listed at the end of this notice. You should indicate in what form you want the list (paper or electronic). Your request must state a time period of not longer than six years and may not include dates before April 14, 2003.

### ***The Right to Confidential Communications***

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Contact Person listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

### ***The Right to be Notified of a Breach.***

You have the right to be notified in the event that a Business Associate or we discover a breach of unsecured PHI. Further information regarding breach notifications is provided in the HIPAA Privacy and Security Policy and Procedures.

### ***The Right to Receive a Paper Copy of this Notice upon Request***

You have the right to a paper copy of this notice. To obtain a paper copy of this notice contact HR Connections – Benefits Center by calling 800-622-5501 or 718-354-1344 between 8:00 a.m. to 6:00 p.m. Central Time, Monday through Friday.

You may obtain a copy of this notice at our website, <http://hr.conocophillips.com>.

## **Section 3. The Plans' Duties**

The Plans are required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of their legal duties and privacy practices.

This updated Notice of Privacy Practices is effective September 23, 2013 and the Plans are required to comply with the terms of this notice. However, the Plans reserve the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plans prior to that date. If a privacy practice is changed, a revised version of this notice will be posted on the ConocoPhillips intranet site and furnished to participants and beneficiaries for whom the Plan still maintains PHI.



Any revised portion of this notice will be distributed within sixty (60) days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in the notice.

#### **Section 4. Your Right to File a Complaint with the Plans or the HHS Secretary**

If you believe that your privacy rights have been violated with respect to the Medical Plan or Flex Plan, you may place a complaint with the respective Plan in care of the Privacy Officer, Todd Brooks, 305 S. Johnstone, 650A Plaza Office Building, Bartlesville, OK 74001; (918) 661-3358; e-mail address, [todd.m.brooks@conocophillips.com](mailto:todd.m.brooks@conocophillips.com).

If you believe that your privacy rights have been violated with respect to the EAP, you may place a complaint with the Privacy Officer, Michael Hack, ConocoPhillips Health Services, 600 N. Dairy Ashford, WC 02-2264, Houston, TX 77079; (281) 293-4103; e-mail address, [michael.j.hack@conocophillips.com](mailto:michael.j.hack@conocophillips.com).

##### **All complaints must be submitted in writing.**

You may file a complaint with the Secretary of the U. S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

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

#### **Section 5. Other Uses of PHI**

Other uses and disclosures of PHI not covered in this notice or the laws that apply to the Plans will be made only with your written permission. If you give the Plans permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plans will no longer use or disclose PHI about you for the reasons covered by your written authorization. The Plans are unable to take back any disclosures that have already been made with your permission, and that the Plans are required to retain the Plans' records of that care the Plans provided to you.

#### **Section 6. Contact Person**

For questions, contact HR Connections – Benefits Center by calling 800-622-5501 or 718-354-1344 between 8:00 a.m. to 6:00 p.m. Central Time, Monday through Friday.