

**HBC US HOLDINGS LLC**  
**Notice of Privacy Practices for Self-Insured Group Health Plans**

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.

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This Notice of Privacy Practices ("Notice") is effective January 1, 2024 .

HBC US HOLDINGS LLC ("Hudson's Bay Company") offers its employees and eligible retirees a number of health related benefits, including medical, dental, vision, and others. This Notice applies to employees and eligible retirees and their dependents who participate in the following plans. Any reference to "Group Health Plan(s)," "Covered Entity," or "Plan(s)" in this Notice refers to the following:

- Cigna Medical Choice Plan (CDHP)
- Cigna Medical Choice Plus Plan (CDHP)
- Cigna Medical PPO Plan
- Cigna Dental Core Plan
- Cigna Dental Buy Up Plan
- Reliance Matrix Short Term Disability
- WEX Flexible Spending Account

**Note that participants enrolled in an insured plan (including an HMO) will receive a Notice of Privacy Practices related to those benefits directly from the insurance carrier.**

The Group Health Plans are required by federal law (called the "HIPAA Privacy Rule") to safeguard your protected health information. The Plans are required by the HIPAA Privacy Rule to provide you with a copy of this Notice, which describes the protected health information privacy practices of the Plans. The Group Health Plans must abide by the terms of this Notice. This Notice applies only to the Plans listed above. It does not apply to Hudson's Bay Company or to any other plan or entity.

If you have any questions about this Notice or would like further information, contact the HIPAA Privacy Official (see last page of this Notice for contact information).

**DEFINITIONS**

The following terms appearing in this Notice have special meaning, as explained below:

**Business Associate:** A Business Associate is a person or company who, on behalf of the Group Health Plans, performs or assists in the performance of a function or activity involving the use or disclosure of protected health information, including, for example, claims processing or administration, data management, utilization review, quality assurance, billing, benefit management, etc. A Business Associate also means a person or company who provides services for the Group Health Plans, including, for example, legal, actuarial, accounting, consulting, administration, or financial services, and which involves the use and disclosure of protected health information.

A Business Associate includes a person or company that provides data transmission services with respect to protected health information and requires access on a routine basis to such protected health information. A Business Associate also includes a person that offers a personal health record to one

or more individuals on behalf of the Group Health Plans, and a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of a Business Associate.

**Covered Entity:** A Covered Entity is a Group Health Plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form in connection with a transaction covered by the HIPAA Privacy Rule.

**Designated Record Set.:** A Designated Record Set is a group of records maintained by or for a Covered Entity that is: (i) the medical records and billing records about individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a Group Health Plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals.

### **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Protected health information is individually identifiable health information that is maintained or transmitted by a Covered Entity, subject to some exceptions. Individually identifiable health information is health information: (i) that is created or received by a health care provider, Group Health Plan, employer or health care clearinghouse; and (ii) that is related to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you; and (iii) with respect to which there is a reasonable basis for believing that the information can be used to identify you. Protected health information does not include employment records held by Hudson's Bay Company in its role as an employer.

**Genetic Information is Protected Health Information:** In accordance with the Genetic Information Nondiscrimination Act, the Group Health Plans will not use or disclose genetic information for underwriting purposes, which include eligibility determinations, premium computations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

### **WHEN YOUR PROTECTED HEALTH INFORMATION MAY BE USED OR DISCLOSED WITHOUT YOUR WRITTEN AUTHORIZATION**

There are situations in which the Group Health Plans may use or disclose your protected health information without your written authorization. Those situations are:

**Treatment:** Your protected health information may be used or disclosed to those who provide you with health care services or who are involved in your care. For example, for purposes of coordination of care, the name of your primary care physician may be disclosed for purposes of emergency services.

**Health Care Operations:** Your protected health information may be used or disclosed in order to administer the Group Health Plan(s). For example, your protected health information may be used or disclosed for quality improvement, business planning, and cost management purposes. Your protected health information may also be used or disclosed in connection with disease management and wellness programs which are provided under the Group Health Plan(s) in order to provide you with information, educational materials, and health coaching related to specific health conditions that you may have.

**Payment:** Your protected health information may be used or disclosed for payment activities such as determining your eligibility for benefits under the Group Health Plan(s), or facilitating payment to those who provide you with health care services or who are involved in your care. For example, the Group Health Plans may provide information to a provider or a third-party payor, such as an insurance company, regarding amounts that are covered under the Group Health Plans.

**Explanation of Benefits:** When a claim for benefits is processed under the Group Health Plan(s), an explanation of benefits ("EOB") will be mailed to the Plan Participant at the address on file. These EOBs contain protected health information and may be for the claim(s) of the Plan Participant or dependent(s) of the Plan Participant covered under the Plan(s).

**Disclosure to Plan Sponsor:** Your protected health information may be used or disclosed to certain Hudson's Bay Company personnel solely for purposes of performing Plan administration functions under the Group Health Plan(s).

**Disclosure to Business Associates:** Your protected health information may be used or disclosed to Business Associate(s) who perform various services to help administer the Group Health Plan(s). Before your protected health information is shared with other organizations, the organizations must agree to protect your protected health information.

**Protected Health Information About Decedents:** The Group Health Plans are permitted to disclose a decedent's protected health information to a family member, close personal friend, or any other person identified by the individual, who was involved in the decedent's care or payment of care, unless doing so is inconsistent with the individual's expressed preference (provided such preference is known to the Group Health Plans). The Group Health Plans will safeguard the protected health information of a deceased individual in accordance with the HIPAA Privacy Rule for a period of fifty years following the individual's death.

**Separate Statement of Uses and Disclosure for Appointment Reminders:** The Group Health Plan(s) may also use your protected health information to provide you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **OTHER PERMITTED OR REQUIRED USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

**Uses and Disclosures Required by Law:** Your protected health information may be used or disclosed where required by local, state or federal law. For example, protected health information must be disclosed to the Secretary of Health and Human Services for investigations or determinations related to the Plans' compliance with the HIPAA Privacy Rule.

**Public Health Activities:** Your protected health information may be used or disclosed to authorized public health officials so they may carry out their public health activities. Such activities may include, for example, prevention or control of disease, injury or disability.

**Victims of Abuse, Neglect, or Domestic Violence:** Your protected health information may be used or disclosed to a government authority that is authorized to receive reports of abuse, neglect, or domestic violence.

**Health Oversight Activities:** Your protected health information may be used or disclosed to government agencies authorized by law to conduct audits, investigations, inspections, etc. These government agencies monitor the operation of the health care system, government benefit programs (such as Medicare and Medicaid) and compliance with government regulatory programs and civil rights laws.

**Judicial and Administrative Proceedings:** Your protected health information may be disclosed if so ordered by a court that is handling a lawsuit or other dispute. Information may be disclosed in response to a subpoena, or other lawful request by someone else involved in the dispute, but only if efforts have been made by the party seeking the information to tell you about the request or to obtain a court order protecting the information from further disclosure.

**Law Enforcement:** Your protected health information may be disclosed to law enforcement officials for some of the following reasons:

- To comply with court orders, subpoenas, or laws.
- To assist law enforcement officers with identifying or locating a suspect, fugitive, material witness, or missing person.
- To inform law enforcement officers about the victim of a crime.

**Coroners, Medical Examiners and Funeral Directors:** Protected health information may be used or disclosed about decedents to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. The Plans may also disclose this information to funeral directors as necessary to carry out their duties.

**Cadaveric Organ, Eye and Tissue Donation:** Your protected health information may be used or disclosed to organizations that handle organ procurement or transplantation as necessary to facilitate organ, eye or tissue donation and transplantation.

**Certain Limited Research Purposes:** Protected health information may be used or disclosed for certain limited research purposes provided that a waiver of authorization required by the HIPAA Privacy Rule has been approved.

**To Avert A Serious Threat To Health Or Safety:** Protected health information may be used or disclosed when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

**Specialized Government Functions:** Protected health information may be used or disclosed for specialized government functions such as disclosures deemed necessary by military authorities, correctional institutions, or authorized federal officials for the conduct of national security activities.

**Workers' Compensation:** Protected health information may be used or disclosed for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Uses and Disclosures Requiring an Opportunity to Agree or Object:** In certain circumstances, protected health information may be used or disclosed as long as you have had the opportunity to agree to, prohibit, or restrict the disclosure of protected health information. If you are not present, or the opportunity to agree or object cannot practicably be provided, the Plans may exercise professional judgment and determine that it is in your best interest to disclose your protected health information.

## **WHEN YOUR PROTECTED HEALTH INFORMATION MAY BE USED OR DISCLOSED PURSUANT TO AN AUTHORIZATION FROM YOU**

Unless otherwise permitted or required by applicable law, the Plans will obtain your written authorization before using or disclosing your protected health information. This includes the use or disclosure of psychotherapy notes, the use or disclosure of protected health information for marketing purposes, and the use or disclosure of protected health information which is a sale of protected health information.

Further, any other uses or disclosures of your protected health information that are not described in this Notice of Privacy Practices will be made only with your prior written authorization.

If you provide the Group Health Plans with a valid written authorization, you may revoke that authorization at any time, except to the extent that the Plans have already relied on it. Your request to revoke an authorization must be made in writing and you must identify or adequately describe the authorization that is being revoked.

If you revoke your authorization, protected health information will no longer be used or disclosed for the reasons covered by your written authorization, unless the Plans are permitted or required to do so by law. Any disclosures already made pursuant to your authorization cannot be rescinded. To revoke an authorization, contact the HIPAA Privacy Official.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**How Someone May Act on Your Behalf:** Parents and guardians will generally have the right to control the privacy of protected health information about minors unless the minors are permitted by law to act on their own behalf.

If, under applicable law, a parent, guardian, or other person has the authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, that person will be treated as a personal representative with respect to certain protected health information, provided additional documentation is attached to the original authorization.

If, under applicable law, a person has the authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, that person will be treated as a personal representative with respect to certain protected health information provided additional documentation is attached to the original authorization.

**Right to Request Access to your Protected Health Information.** You have the right to request access to your protected health information in order to inspect and obtain a copy of such protected health information. To request access to inspect or obtain a copy of your protected health information, you must submit your request in writing to the HIPAA Privacy Official.

A fee for the costs of copying or mailing may be charged to fulfill your request. Sometimes Business Associates hold the protected health information on behalf of the Group Health Plan(s). If the Plans do not maintain the protected health information that you are requesting and the Plans know where the protected health information is maintained, the Plans will tell you where to direct your request

The Group Health Plans may deny your request to inspect or obtain a copy of your protected health information under certain circumstances (e.g., the right to access information does not include access to all documents). If the Plans deny part or all of your request, you will be provided with a written notice that explains the reasons for doing so, and, if the decision is reviewable, a description of how you can request a review of the decision.

**Right To Request An Amendment to Your Records:** If you believe that your protected health information is incorrect or incomplete, you may ask the Group Health Plans to amend the protected health information. You have the right to request an amendment for as long as the protected health information is kept in a Designated Record Set maintained by the Plans. To request an amendment to your protected health information, you must submit your request in writing to the HIPAA Privacy Official.

The Group Health Plans may deny your request to amend your protected health information under certain circumstances (for example, because the information was not created by the Plans, unless you can provide the Plans with a reasonable basis to believe that the originator of the protected health information is no longer available to act on your requested amendment). If the Plans deny part or all of your request, the Plans will provide a written notice that explains the reasons for doing so, and a description of your rights to have that decision reviewed and how you can exercise those rights.

**Right To Receive an Accounting of Disclosures:** You have a right to request an accounting of disclosures about how the Group Health Plans have shared your protected health information with others. However, the accounting of disclosures will not include any of the following:

- Disclosures made before April 14, 2003; or
- Disclosures related to treatment, payment, or health care operations; or
- Disclosures the Plans made to you; or
- Disclosures you authorized; or
- Disclosures made to federal officials for national security and intelligence activities; or
- Disclosures about inmates or detainees to correctional institutions or law enforcement officials; or
- Disclosures made more than six years ago (the amount of time the Plans are required to maintain records under the HIPAA Privacy Rule); or
- Disclosures made incident to a use or disclosure permitted or required by the HIPAA Privacy Rule; or
- Disclosures for a facility's directory or to persons involved in your care or certain other notification purposes; or
- Disclosures that were made as part of a limited data set.

Your right to receive an accounting of disclosures may be temporarily suspended under certain circumstances, such as when the Plans are requested to do so by a health oversight agency or law enforcement official.

To request this accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Official.

Your request must state a time period for the disclosures you want the Plans to include. You have a right to one free accounting of disclosures in any 12-month period. However, the Plans may charge you for the cost of providing any additional accounting of disclosures in that same 12-month period. The Plans will notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

**Right To Request Additional Privacy Protections:** You have the right to request that the use and disclosure of your protected health information for treatment, payment or health care operations be further restricted. You may also request limits on how disclosure of your protected health information may be made to someone who is involved in your care or the payment for your care.

**NOTE: The Group Health Plans are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted by law.** If the Plans have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, the Plans will also have the right to revoke the restriction.

To request restrictions, you must submit your request in writing to the HIPAA Privacy Official. Your request must include all of the following information: (i) what protected health information you want to limit; (ii) whether you want to limit how the protected health information is used, how it is shared with others, or both; and (iii) to whom you want the limits to apply.

**Right To Request Confidential Communications:** You have the right to request that the Plans communicate with you about your medical matters in a more confidential way. For example, you may ask that you be contacted at work instead of at home. To request more confidential communications, you must submit your request in writing to the HIPAA Privacy Official.

You must specify in your request how or where you wish to be contacted. NOTE: The Plans are not obligated to accommodate your request.

**Right to Notice Upon Breach of Unsecured Protected Health Information:** You will receive notice from the Plans upon the occurrence of a breach of your unsecured protected health information maintained by the Plans.

**Right to Receive Electronic Protected Health Information in a Designated Record Set:** If the Plans maintain electronic protected health information in a designated record set, you have the right to request a copy of such information. The Plans will provide you with a copy of your electronic protected health information in the electronic form and format that you request if it is readily producible, or if not, in a readable electronic form and format that is agreed upon by you and the Plan (e.g., excel, pdf, etc.). The Plans may charge a reasonable fee for responding to such a request for electronic protected health information in a designated record set.

**How To Obtain a Copy of This Notice or a Revised Notice:** If this Notice has been provided electronically, you also have the right to a paper copy of this Notice. You may request a paper copy at any time, even if you have previously agreed to receive this Notice electronically.

To request a copy of the Notice, contact the HBC Benefits Service at 800-498-8705 or visit the [Benefits Enrollment Portal](#).

## **HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with the Plans or with the Secretary of Health and Human Services. To file a complaint with the Plans, contact the HIPAA Privacy Official.

## **RETALIATION AND WAIVER**

The Group Health Plans will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you (or any other individual) for the exercise of any right established under the HIPAA Privacy Rule, including filing a complaint with the Plans or with the Secretary of Health and Human Services; testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under the HIPAA Privacy Rule; or opposing any act or practice made unlawful by the HIPAA Privacy Rule, provided that you (or the individual) have a good faith belief that the practice opposed is unlawful and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA Privacy Rule.

You will not be required to waive your privacy rights under the HIPAA Privacy Rule as a condition of treatment, payment, enrollment in a Group Health Plan(s), or eligibility for benefits.

**CHANGES TO THIS NOTICE**

The Group Health Plans reserve the right to change HIPAA Privacy Policies and Procedures and this Notice at any time. The Plans reserve the right to make the revised or changed Notice effective for protected health information the Plans already have about you as well as any protected health information the Plans receive in the future. If the Plans materially change their Privacy Policies and Procedures, this Notice will be revised so that you will have a current summary of the Plans' practices.

The revised Notice will apply to all of your protected health information, and the Plans will be required by law to abide by its terms.

**HIPAA PRIVACY OFFICIAL**

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HBC US HOLDINGS LLC

TO OBTAIN ADDITIONAL INFORMATION ABOUT THIS NOTICE, CONTACT THE HIPAA PRIVACY OFFICIAL.