

# 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.**

This Notice of Privacy Practices (the “Notice”) is required by law under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”). This Notice describes the legal obligations of the Samsung Research America, Inc. Health and Welfare Plan maintained by Samsung Research America, Inc. (the “Plan”), as well as your legal rights regarding your Protected Health Information (“PHI”) held by the Plan. The Plan is a hybrid entity under the HIPAA Privacy Rule that includes health care components subject to HIPAA and non-health care components that are not subject to HIPAA. This Notice applies only to the health care components subject to HIPAA.

PHI includes all “individually identifiable health information” held or transmitted by the Plan or its business associate, in any form or media, whether electronic, paper, or oral. “Individually identifiable health information” is information collected from you or created or received by a health care provider, the Plan, the Plan sponsor, or a business associate, including the third-party administrator for the 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,

and that identifies you or for which there is a reasonable basis to believe it can be used to identify you. Individually identifiable health information includes, for example, your name, address, birth date, and Social Security Number.

The Plan is required by law to:

- Ensure that health information that identifies you is kept private, except as such information is required or permitted to be disclosed by law.
- Describe the Plan’s legal duties and privacy practices with respect to your PHI.
- Abide by the terms of this Notice that are currently in effect.
- Notify affected individuals following a breach of unsecured PHI.

The Plan and our business associates—vendors that assist us in administering the Plan or providing services to you—use and disclose PHI in the ways described below. For purposes of this Notice, any reference to “we” or “the Plan” includes our business associates. We will not use or share your PHI other than as described in this Notice unless you tell us we can in writing.

The Plan, with respect to the underlying health plan benefits, is part of an organized health care arrangement under the HIPAA Privacy Rule. As applicable, the Plan and the insurers participating in the organized health care arrangement will share PHI with each other as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement. The insurers are separate covered entities under HIPAA and if you are enrolled in an insured health plan, the applicable insurer will provide you with a separate notice describing the insurer’s own privacy practices.

## **HOW WE MAY USE YOUR HEALTH INFORMATION**

*This section describes the different ways that the Plan is legally allowed or required to use and disclose your PHI without your prior written authorization.*

**Treatment.** The Plan may use or disclose your PHI to providers, including physicians, nurses, or other hospital staff, who are involved in your medical treatment. For example, a doctor sends us information about your diagnosis and treatment plan so we can arrange for additional services.

**Payment.** We may use and disclose your PHI to process and pay your health benefits claims. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under the Plan, or we may use your PHI to determine if a treatment that you received was medically necessary.

**Healthcare Operations.** The Plan may use and disclose your PHI for healthcare operations that are necessary to run the Plan or for healthcare fraud and abuse detection and compliance. For example, we may use your PHI to: (i) provide you with information about one of our disease management programs; (ii) respond to a customer service inquiry from you; (iii) review the quality of medical services being provided to you; or (iv) conduct audits or medical review of claims activity.

We will not use your genetic information to decide whether to provide coverage, or how to price that coverage.

**For Plan Administration.** The Plan may disclose your PHI to your health plan sponsor for the purpose of Plan administration.

**Disclosures to You.** At your request, the Plan is required to provide your PHI, including medical records, billing records, and an accounting of most disclosures of your PHI, to you.

**For Public Safety or Health Purposes.** The Plan can share your PHI under certain public safety situations, including, but not limited to, preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety. We may also disclose PHI if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Research.** The Plan may use or disclose your PHI for research approved by an institutional review or privacy board and where appropriate steps have been taken to protect such PHI.

**As Required by Law.** The Plan will share your PHI if state or federal laws require it, including with the Department of Health and Human Services, in order to show that the Plan is complying with federal privacy law.

**Organ or Tissue Donation; About Decedents.** The Plan can share your PHI with organ procurement organizations or with a coroner, medical examiner, or funeral director after you die.

**Workers' Compensation, Law Enforcement, and Other Government Requests.** The Plan can use or share PHI for workers' compensation claims; for law enforcement purposes or with law enforcement officials; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, the Plan may disclose health PHI in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process, but only if a consumer notice has been served within the meaning of the California Confidentiality of Medical Information Act.

## YOUR CHOICES REGARDING YOUR HEALTH INFORMATION

*The following categories describe ways that we and our business associates may use and disclose your PHI after you have been informed in advance of such use or disclosure and have had the opportunity to agree or object. If you are not available to give your permission, we may generally share your PHI if it is in your best interests.*

**Friends and Family Involved in Your Care and Disaster Relief.** Unless you object, the Plan may share your PHI with a family member or another person who you have identified as being involved with your care.

In the event of a disaster, the Plan may provide your PHI to disaster relief organizations so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

*The following categories describe ways that the Plan may use and disclose your PHI only after receiving your written authorization:*

**Psychotherapy Notes.** In general, and subject to certain narrow exceptions, the Plan will not use or disclose your psychotherapy notes unless we receive your prior written authorization.

**Marketing.** The Plan will not use or disclose your PHI for purposes of marketing unless we receive your prior written authorization.

**Sale.** The Plan will not sell your PHI unless we receive your prior written authorization.

**Special State Protections for Sensitive Information.** Unless otherwise permissible by law, the Plan will not use or disclose PHI related to your genetic information or HIV status unless we receive prior written authorization.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

*This section describes your rights regarding the PHI the Plan maintains about you. Unless noted otherwise below, your requests relating to the Plan must be submitted in writing to your appropriate Privacy Contact Office as listed below under "Contact." You have the following rights with respect to your PHI:*

**Right to Inspect and Copy.** You have the right to inspect and copy your PHI. If the PHI you request is maintained electronically, and you request an electronic copy, we will provide a copy in electronic form and format, if the PHI can be readily produced in that form and format. If the PHI cannot be readily produced electronically, we will work with you to come to an agreement on form and format. The Plan will usually provide you with a copy within 30 days of your request. We may deny your request in writing in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed by submitting a written request to your appropriate Privacy Contact Office as listed below under "Contact."

**Right to Amend.** You have a right to request to amend your PHI if you think it is incorrect or incomplete. You must provide the request and your reason(s) for the request in writing. You will be notified in writing, usually within 60 days, if your request has been denied and provided the basis for the denial. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the PHI in question.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures of your PHI. The Plan will include all disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). The request must be made in writing and state the time period of the request, which may not exceed six years prior to the request. The Plan will usually respond to requests within 60 days. The first request within a 12-month period will be provided to you free of charge, and any additional requests within this time period may be subject to a reasonable, cost-based fee. The Plan will notify you prior to charging a fee.

**Right to Request Restrictions.** You can request restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations. The Plan is not required to agree to all requested restrictions.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. Your request must be in writing and specify how or where you wish to be contacted by the Plan (for example, home or office phone). The Plan will accommodate all reasonable requests.

**Right to Revoke Authorization.** If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time. Any such revocation will not impact any uses or disclosures that occurred while your authorization was in effect.

**Right to Obtain a Copy of this Notice.** You have a right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. A copy of this notice is also available at: [digital.benefitsnow.com/SRA](http://digital.benefitsnow.com/SRA).

**Right to Receive Notification in the Event of a Breach.** You have a right to receive notification if there is a breach of your unsecured PHI, which compromises the security or privacy of the PHI. After learning of a breach, we must provide notice to you without unreasonable delay and in no event later than 60 calendar days after our discovery of the breach, unless a law enforcement official requires the Plan to delay the breach notification.

**Right to File a Complaint.** If you feel that your privacy rights have been violated, you have the right to file a complaint in writing to the Plan by writing to your appropriate Privacy Contact Office as listed below under "Contact." You may also file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be penalized or retaliated against for filing a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. Any revised notices will be provided to you by posting such notice on the benefits administration portal at [digital.benefitsnow.com/SRA](http://digital.benefitsnow.com/SRA), by the effective date of the material change to the notice. The revised notice, or information about the material change to the notice and how to obtain the revised notice, will be sent to you in the Plan's next annual mailing to participants.

## CONTACT

You may file a complaint with us, exercise your individual rights, or ask any questions regarding this Notice by contacting:

	<b>Samsung Research America, Inc.</b>
<b>HIPAA Contact Person (File a Complaint; Questions regarding Notice)</b>	North America Chief Privacy Official 85 Challenger Road Ridgefield Park, NJ 07660 Phone: (201) 229-4000 Email: <a href="mailto:NAPrivacy@sea.samsung.com">NAPrivacy@sea.samsung.com</a>  SRA Delegee: Senior Director, HR
<b>HIPAA Contact Person for Exercising Individual Rights and HIPAA Authorization (Revocation of Authorization)</b>	North American Shared Services Center 1100 Klein Road, Suite 100 Plano, TX 75074 Phone: (855) 557-3247 Email: <a href="mailto:Na.hrssc@samsung.com">Na.hrssc@samsung.com</a> On-line submission: <a href="http://ssc.sec.samsung.net:8084/shr/svc/ssc">http://ssc.sec.samsung.net:8084/shr/svc/ssc</a>
<b>Benefits Administration Portal and/or Website</b>	Website: <a href="http://srabenefits4u.com/">http://srabenefits4u.com/</a>

**Effective Date:** This notice first became effective as of April 14, 2003, and has been updated as of January 1, 2021.