

# 2022 EMPLOYEE BENEFITS PLAN

Annual Health Benefit &  
Creditable Coverage Notices

Prepared for: Timely Industries



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## Medicare Part D Notice of Creditable Coverage

This information can help you decide whether or not you want to join a Medicare drug plan.

**There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered under the plan options are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current coverage with your employer will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back.

### When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with your employer and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### For more information about Medicare prescription drug coverage

- Visit [www.medicare.gov](http://www.medicare.gov);
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help; or
- Call 1-800-MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

## Medicare Part D Notice of Creditable Coverage (cont'd.)

### Limited Income?

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you may call them at (800) 772-1213—TTY (800)-325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

### Questions?

For more information about this notice or your current prescription drug coverage reach out to Human Resources. NOTE: You will receive this notice each year. Notices will be given before the next period in which you are eligible to join a Medicare drug plan and/or if this coverage changes with the employer. You may also request a copy of this notice at any time.

## Women's Health & Cancer Rights Act (WHCRA)

As a Plan participant or beneficiary who elects breast reconstruction in connection to a mastectomy you will also be covered for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. This notice is provided to you for informational purposes; no action is required on your part. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

## Newborn and Mother's Health Protection Act

### Hospital Stay in Connection with Childbirth:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Special Enrollment Rights

### Open Enrollment

Our annual open enrollment is the time of the year when you are free to make changes to your benefit selections such as adding/deleting dependents, switching from one plan to another, etc.

### Qualification Events

Qualifying events are events that occur mid-year making you or your dependents eligible for benefits when they have occurred: marriage, birth of a child, adoption, involuntary loss of coverage from a qualified group plan, divorce, legal separation, death of spouse or dependent child. You must request enrollment within 30 days after your qualifying event.

# Medicaid & Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or The Children's Health Insurance Program (CHIP) and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below or on the following pages, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

To see if any more states have added a premium assistance program since October 15, 2021 or for more information on special enrollment rights, you can contact either:

US Dept of Labor (EBSA Division)  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 866-444-3272

US Dept of Health and Human Services (CMS Division)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 877-267-2323 menu option 4 ext. 61565

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of October 15, 2021. Contact your State for more information on eligibility.

<p><b>ALABAMA – Medicaid</b>                      Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>                      Phone: 1-855-692-5447</p>	<p><b>FLORIDA – Medicaid</b>                      Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>                      Phone: 1-877-357-3268</p>
<p><b>ALASKA – Medicaid</b>                      The AK Health Insurance Premium Payment Program                      Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>; Phone: 1-866-251-4861                      Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>                      Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p><b>GEORGIA – Medicaid</b>                      Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>                      Phone: 678-564-1162 ext 2131</p>
<p><b>ARKANSAS – Medicaid</b>                      Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>                      Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p><b>INDIANA – Medicaid</b>                      Healthy Indiana Plan for low-income adults 19-64                      Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a>; Phone: 1-877-438-4479                      All other Medicaid                      Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>; Phone 1-800-457-4584</p>
<p><b>CALIFORNIA – Medicaid</b>                      Health Insurance Premium Payment (HIPP) Program                      Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>                      Phone: 916-445-8322                      Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p><b>IOWA – Medicaid and CHIP (Hawki)</b>                      Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>                      Medicaid Phone: 1-800-338-8366                      Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>                      Hawki Phone: 1-800-257-8563                      HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>; HIPP Phone: 1-888-346-9562</p>
<p><b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>                      Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>                      Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711                      CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>                      CHP+ Customer Service: 1-800-359-1991/ State Relay 711                      Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>                      HIBI Customer Service: 1-855-692-6442</p>	

# Medicaid & CHIP (cont'd.)

<p><b>KANSAS – Medicaid</b>  Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b>  Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p><b>KENTUCKY – Medicaid</b>  Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328  Email: KIHIPP.PROGRAM@ky.gov  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEW YORK – Medicaid</b>  Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>LOUISIANA – Medicaid</b>  Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NORTH CAROLINA – Medicaid</b>  Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p><b>MAINE – Medicaid</b>  Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003; TTY: Maine relay 711  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 800-977-6740; TTY: Maine relay 711</p>	<p><b>NORTH DAKOTA – Medicaid</b>  Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b>  Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>; Phone: 1-800-862-4840</p>	<p><b>OKLAHOMA – Medicaid and CHIP</b>  Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p><b>MINNESOTA – Medicaid</b>  Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p><b>OREGON – Medicaid</b>  Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>;  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<p><b>MISSOURI – Medicaid</b>  Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p><b>PENNSYLVANIA – Medicaid</b>  Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>
<p><b>MONTANA – Medicaid</b>  Website: <a href="http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p><b>RHODE ISLAND – Medicaid and CHIP</b>  Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p><b>NEBRASKA – Medicaid</b>  Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633; Lincoln: 402-473-7000;  Omaha: 402-595-1178</p>	<p><b>SOUTH CAROLINA – Medicaid</b>  Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>
<p><b>NEVADA – Medicaid</b>  Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Phone: 1-800-992-0900</p>	<p><b>SOUTH DAKOTA - Medicaid</b>  Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p><b>NEW HAMPSHIRE – Medicaid</b>  Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p><b>TEXAS – Medicaid</b>  Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>

## Medicaid & CHIP (cont'd.)

<p><b>UTAH – Medicaid and CHIP</b>                  Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>                  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>                  Phone: 1-877-543-7669</p>	<p><b>WEST VIRGINIA – Medicaid</b>                  Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>                  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>VERMONT– Medicaid</b>                  Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>                  Phone: 1-800-250-8427</p>	<p><b>WISCONSIN – Medicaid and CHIP</b>                  Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>                  Phone: 1-800-362-3002</p>
<p><b>VIRGINIA– Medicaid and CHIP</b>                  Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>;  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>                  Medicaid Phone: 1-800-432-5924                  CHIP Phone: 1-800-432-5924</p>	<p><b>WYOMING – Medicaid</b>                  Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>                  Phone: 1-800-251-1269</p>
<p><b>WASHINGTON– Medicaid</b>                  Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>                  Phone: 1-800-562-3022</p>	

## COBRA (Consolidated Omnibus Budget Reconciliation Act)

### Consolidated Omnibus Budget Reconciliation Act of 1985

A covered COBRA employee is any individual currently provided coverage by the group health plan that comes under COBRA provisions as a result of “the performance of services by the individual for one or more persons maintaining the plan (including as an employee defined in 401 (c)(1) of the Internal Revenue Code).”

In addition to the covered employee, COBRA applies to the spouse of the covered employee, any covered dependent child of the employee and any child born to or placed for adoption with the covered employee during the period of continuation of coverage.

If one of the following events should occur you or your eligible dependents are eligible for COBRA coverage:

- Voluntary Termination
- Involuntary Termination (Gross Misconduct Exception)
- Reduction of hours as a result of a layoff or leave of absence
- Death of the Employee
- An Employee’s Medicare Entitlement
- Divorce or Legal Separation
- Dependent becomes ineligible

### Qualified Beneficiary Rights

A qualified beneficiary is entitled to the same rights under the group benefit plans as a “similarly situated active employee.” An employee’s covered spouse (or dependent) has the same rights under the plan as the active employee once the COBRA qualifying event occurs.

# Notice of Privacy Practices

Your Rights	Your Choices	Our Uses and Disclosures
<p>You have the right to:</p> <ul style="list-style-type: none"><li>• Get a copy of your health and claims records</li><li>• Correct your health and claims records</li><li>• Request confidential communication</li><li>• Ask us to limit the information we share</li><li>• Get a list of those with whom we've shared your information</li><li>• Get a copy of this privacy notice</li><li>• Choose someone to act for you</li><li>• File a complaint if you believe your privacy rights have been violated</li></ul>	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none"><li>• Answer coverage questions from your family and friends</li><li>• Provide disaster relief</li><li>• Market our services and sell your information</li></ul>	<p>We may use and share your information as we:</p> <ul style="list-style-type: none"><li>• Help manage the health care treatment you receive</li><li>• Run our organization</li><li>• Pay for your health services</li><li>• Administer your health plan</li><li>• Help with public health and safety issues</li><li>• Do research</li><li>• Comply with the law</li><li>• Respond to organ and tissue donation requests and work with a medical examiner or funeral director</li><li>• Address workers' compensation, law enforcement, and other government requests</li><li>• Respond to lawsuits and legal actions</li></ul>

## Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket, you can ask us not to share that information for purpose of payment or our operations with your health insurer.
  - We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- We will make sure the person has this authority and can act for you before we take any action.

# Notice of Privacy Practices (cont'd.)

## Your Rights

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20211, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways:

- **Treat You:** We can use your health information and share it with professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
*Example: We use health information about you to manage your treatment and services.*
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for services.*
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration.  
*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*



# Notice of Privacy Practices (cont'd.)

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

*This Notice is effective as of January 1, 2022.*

## For Additional Questions Contact:

### Human Resources

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