



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 CAREFULLY.

Information We Have. We collect protected health information (“information”) about you that is necessary to enroll or dis-enroll you or a dependent in SVRC sponsored Health Plans/Insurances (“health plan”) that you have selected. The information required for you and each dependent includes date of birth, sex, identification number and other personal information. We may also engage in transactions with Health Plans and Business Associates in connection with specific issues of payment or eligibility that require exchange of protected health information.

Our Privacy Policy. We care about your privacy and we guard your information carefully. We are required by law to maintain the privacy of your information and to provide you with this notice of our legal duties and our privacy practices. We will not sell any information about you. Only certain individuals within SVRC and personnel of companies we utilize as Business Associates are permitted access to your information and only for the limited purpose of carrying out transactions and administrative functions mandated by the Health Plan documents. Information we exchange with a Health Plan or Business Associates will not be used or disclosed for any employment-related actions or decisions and will be maintained in secure files. Information we receive from a Health Plan or Business Associates will be destroyed once it is no longer needed for carrying Health Plan administrative functions and transactions.

Health Plan Enrollment And Disenrollment. We may use information to enroll or dis-enroll you or a dependent from the Health Plan.

Treatment, Payment and Health Care Operations. We may use and disclose information for purposes of treatment, payment or health care operations. For example, we may use your information to ensure that services for which we have paid the premium were actually delivered in accordance with our contract with a Health Plan. As another example, we may contact a Health Plan or a Business Associate on your behalf if you believe you have not received a service for which you have coverage.

Business Operations. We may use information in connection with our business operations. For example, we may use protected health information to help us determine whether services provided by a Health Plan are economical and of an acceptable quality and efficiency.

As Required By Law. We will release information without authorization when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, certain subpoenas and other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

Authorizations. If you give us a written authorization to do so, we may use and disclose your information as you direct. If you give us a written authorization, you have the right to change your mind and revoke that authorization.

Copies of this Notice. You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

Changes to this Notice. We reserve the right to revise this Privacy Notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. You will be provided a copy of any revised Notice prior to its effective date.

Your Right to Inspect and Copy. Upon written request, you have the right to inspect the information we have about you and to get copies of that information.

Your Right to Amend. If you feel that the information about you in our possession is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. Upon written request, you have the right to receive a list of our disclosures of your information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment or health care operations. We are not required to give you a list of disclosures made before April 14, 2003.

You Have a Right to Request Restrictions on Our Use or Disclosure of Protected Health Information. If you do so in writing, you have the right to request restrictions on the information we may use or disclose about you. However, we are not required to agree to such requests if we feel they are inappropriate.

Your Right to Request 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. Your request must be in writing. For example, you can ask that we only contact you only at home or only at a certain address or only by mail.

How to Use Your Rights Under This Notice. If you want to use your rights under this notice, you may call us or write to the SVRC Human Resources Director. Your request to us must be in writing, and we will help you prepare your written request, if you wish.

Complaints to the Federal Government. If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Region V, Office of Civil Rights
Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: 800-368-1019
Fax: 202-619-3818
TDD: 800-537-7697
Email: ocrmail@hhs.gov

Complaints and Communications to Us. If you want to exercise your rights under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can contact our Human Resources Director follows:

SVRC Industries, Inc
Attention: Human Resources Director
203 S Washington Ave
Saginaw, Michigan 48607
Telephone: (989) 245-4650

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.
THIS NOTICE OF PRIVACY PRACTICES IS EFFECTIVE APRIL 14, 2003.**