

HIPAA NOTICE OF PRIVACY PRACTICES FOR  
PROTECTED HEALTH INFORMATION (“PHI”)

**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. \*\*\***

Dear Participant:

This is your Health Information Privacy Notice from the Health Plans provided by Alexander & Baldwin, Inc. & its Subsidiaries (“**Company**”), the sponsor of the Plan. **Please read it carefully.** You have received this notice because you are a participant in at least one of the following Health Plans (collectively called the “Plan”):

Adult Dental A&B	Community Group Medical Plan HMSA/Kaiser
Mainland Medical/Dental Plan (includes Guam)	Children’s Dental A&B, Inc.
Family Dental McBryde (BU)	Family Dental HC&S (BU)
Medical Plan McBryde (includes KCOF)	Medical Plan HC&S
Flexible Benefits Program	Stevedore Medical Plan Matson
Stevedore Dental Plan Matson	Stevedore Medical Plan KT&S
Stevedore Dental Plan KT&S	

The Plan strongly believes in protecting the confidentiality and security of information the Plan collects about you.

This notice describes how the Plan protects your personal health information that it has about you, and how the Plan may use and disclose this information. **PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services.** This notice also describes your rights with respect to your PHI and how you can exercise those rights.

The Plan is required to provide this Notice to you by the Health Insurance Portability and Accountability Act (“**HIPAA**”). You may submit questions directly to: *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801.*

The Plan is required by law to:

- maintain the privacy of your PHI;
- provide you this notice of the Plan’s legal duties and privacy practices with respect to your PHI; and
- follow the terms of this notice.

The Plan **protects** your PHI from inappropriate use or disclosure. Employees of the Company and of other companies that help the Plan to service your health care insurance are required to comply with the Plan’s requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as for purposes related to treatment, payment and health care operations.

The Plan will **not disclose** your PHI to any other company for their use in marketing their products to you. However, the Plan will use and disclose your PHI for business purposes relating to your health care insurance coverage and for other appropriate purposes as described below.

**USES & DISCLOSURES**

The main reasons for which the Plan may **use** and may **disclose** your PHI are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures, together with some examples.

**1. Uses and disclosures to carry out treatment, payment and health care operations**

- **For Treatment:** The Plan may use or disclose your PHI for purposes of providing, coordinating, or managing health care and its related services by one or more of your providers. For example, the Plan may use information about your claims to refer you to a disease management program.

- **For Payment:** The Plan may use and disclose PHI to pay for benefits under your health care insurance coverage. For example, the Plan or the third party administrator may review PHI contained on claims to reimburse providers for services rendered. The Plan may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, the Plan may disclose PHI to a health plan or an administrator of an employee welfare benefit plan for various payment related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- **For Health Care Operations:** The Plan may also use and disclose PHI for insurance operations. These purposes include evaluating a request for health care insurance products or services, administering those products or services, and processing transactions requested by you. The Plan may also disclose PHI to affiliates, and to business associates outside of the Company, if they need to receive PHI to provide a service to us and have agreed to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates are billing companies, data processing companies, or companies that provide general administrative services. PHI may be disclosed to re-insurers for underwriting, audit or claim review reasons. PHI may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

2. **Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release**

- **Disclosure to Family Members:** Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
  - a. The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
  - b. You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

3. **Uses and disclosures for which consent, authorization or opportunity to object is not required**

- **Where Required by Law or for Public Health Activities:** The Plan discloses PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. The Plan may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety:** The Plan may disclose PHI to avert a serious threat to someone's health or safety. The Plan may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services:** The Plan may use PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** The Plan may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. The Plan may disclose PHI about you to federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you are or your estate is involved in a lawsuit or a dispute, the Plan may disclose PHI about you in response to a court or administrative order. The Plan may also 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 PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **Other Uses of PHI:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to the Plan will be made only with your written authorization or that of your legal

representative. If the Plan is authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time. You should understand that the Plan will not be able to take back any disclosures the Plan has already made with authorization.

### **YOUR RIGHTS REGARDING YOUR PHI**

1. **Right to Inspect and Copy your PHI:** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your Plan benefits. To obtain access to that information, you must submit your request in writing to the *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801*. The requested information will be provided within 30 days if that information is accessible to the Plan on-site and within 60 days if the information is maintained offsite. A single 30-day extension is permitted if the Plan is unable to comply with the deadline. You will be notified in writing if your request for access is denied. The notice will set out the basis for the denial, a description of how you may exercise your right to request a review of the denial, if applicable, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

We may charge you for the cost of copying, mailing or other supplies associated with your request for your PHI.

2. **Right to Amend Your PHI:** You have the right to request that the Plan amend the PHI that is used to make decisions about your Plan benefits if you believe that such information is incomplete or incorrect. You must submit your request in writing to the *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801*. The request must set out the reasons in support of the requested amendment. Generally, we will act on your request for an amendment within 60 days after we receive your request. However, a single 30-day extension is permitted if we are unable to comply with the deadline. You will be notified in writing whether your request for an amendment has been accepted or denied.

If your request for an amendment is denied, in whole or in part, the notice of denial will explain the basis for the denial, your right to submit a statement disagreeing with the denial that will be included in any future disclosures of your PHI and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

3. **Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI that the Plan uses or discloses about you for treatment, payment or health care operations, or that the Plan discloses to someone who may be involved in your care or payment for your care, like a family member or friend. While the Plan will consider your request, **the Plan is not required to agree to it**. If the Plan does agree to it, it will comply with your request. To request a restriction, you must make your request in writing to *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801*. In your request, you must indicate (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). The Plan will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.
4. **Right to Request Confidential Communications:** You have the right to request that the Plan communicate with you about PHI in a certain way or at a certain location if you tell it that communication in another manner may endanger you. For example, you can ask that the Plan only contact you at work or by mail. To request confidential communications, you must make your request in writing to *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801* and specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests.
5. **Right to Receive an Accounting.** You may request an accounting of any disclosures of your PHI that we have made during the six years prior to the date of your request. However, this accounting will not include disclosures of PHI that were made:

- a) For purposes of treatment, payment or health care operations;
- b) To you;
- c) Pursuant to an authorization; or
- d) Before April 14, 2003 (April 14, 2004 for small health plans).

Your request for an accounting should be made in writing to *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801*. If you request more than one accounting in a twelve-month period, we will charge a reasonable fee for each subsequent accounting.

6. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, please contact the *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801*. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.
7. **To Receive a Paper Copy of This Notice on Request.** You may request a paper copy of this notice at any time. To receive a copy, contact the *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801*. Alternatively, you may also obtain a copy of this notice at the following website: [www.flexab.com](http://www.flexab.com)

#### **YOUR PERSONAL REPRESENTATIVE**

Generally, the Plan is required to afford your personal representative the same rights with respect to your PHI as it affords to you. The Plan will recognize a person as your personal representative only if that person provides the Plan with evidence of his or her authority to act on your behalf. Evidence of such authority includes a power of attorney for health care purposes notarized by a notary public or a court order that appoints that person as your conservator or guardian. We also will consider an individual who is the parent of a minor child to be such child's personal representative.

Under certain circumstances, we may decline to recognize an individual as your personal representative if we believe it is in your best interest not to provide such individual with access to your PHI.

#### **CHANGES TO THIS NOTICE**

The Plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains or may maintain in the future. A revised notice will be distributed within 60 days of the effective date of any material change to the uses and disclosures, individual rights, our legal duties or other privacy practices described in this notice. Additionally, a copy of the current notice will be posted at the following website: [www.flexab.com](http://www.flexab.com)

#### **CONTACTING US**

If you have any questions regarding this notice or the subjects addressed in it, contact the *Privacy Officer, Alexander & Baldwin, Inc., P. O. Box 3440, Honolulu, HI 96801* or call (808) 525-8425.

#### **EFFECTIVE DATE**

The effective date of this notice is April 14, 2003.